

MPS NEWS

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Editor: Heidi Bunes

February 2021

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

MPS News Design & Layout
 Meagan Floyd

The MPS Council will meet by videoconference on February 9 at 7:30 PM. All members welcome!

President's Column

The MPS Legislative Committee: Working for You

The Maryland General Assembly opened its 2021 session on January 13. The session will close on April 12, 2021. During this three-month period, the assembly is expected to consider approximately 3000 bills. Some of these bills will have a significant impact on the practice of psychiatry in our state and the health of Marylanders if they become law. The Herculean process of sifting through these bills to determine which ones have relevance falls to our lobbyists and our MPS Legislative Committee, which is superbly headed by Drs. Annette Hanson and Jennifer Palmer. We owe all the members of our Legislative Committee a great debt of gratitude.

For many of us, the inner workings of our state government can seem quite opaque. To address this, Dr. Hanson held a wonderful online tutorial on the workings of the Maryland General Assembly on January 14. This online meeting was open to all Maryland psychiatrists and included interested residents, fellows, and medical students. During her presentation, Dr. Hanson reviewed the history and structure of our state government, the legislative process, how to navigate the Maryland General Assembly website, how to track a bill, the MPS Legislative Committee's process, and how psychiatrists can participate in this process. One action that each of us can take is to introduce ourselves to our state senators and delegates and offer to be a resource to them on issues related to psychiatry. You can find your representatives by going to <https://mgaleg.maryland.gov/mgawebsite/Members/District>.

Some of the bills that have already been introduced that pertain to the practice of psychiatry include bills on insurance cover-

age for telehealth visits, long-acting injectables, involuntary admissions and emergency petitions, insurance reimbursement and parity issues, firearm access, and suicide. Other topics that often arise include issues around licensure and certification, mandatory reporting, access to care, reimbursement and preauthorization, scope of practice, school mental health services, trauma informed care, health care disparity, workforce adequacy, and medical privacy. If you would like to review bills yourself you can do so through the Maryland General Assembly's website at <http://mgaleg.maryland.gov/mgawebsite>. If you are interested in joining the MPS Legislative Committee, please contact Meagan Floyd at mfloyd@mdpsych.org.

In the hopes of engaging our younger members in our advocacy efforts, Resident-Fellow Member representatives Drs. Jamie Spitzer and Karen Dionesotes have sent an advocacy survey to help identify those issues of most relevance to them. ECP Councilor Dr. Marissa Flaherty has developed a similar effort targeted to early career members.

This year I am happy to report that our lobbyists now represent all parts of the state of Maryland. Psychiatrists who work in Prince Georges and Montgomery counties are usually members of the Washington Psychiatric Society (WPS). In October 2020, MPS and WPS came to an agreement regarding sharing the cost of our lobbyists and reviewing legislation together. This agreement will allow us to present a unified voice to our legislators. Two WPS members who practice in Maryland are now active members of our legislative committee. I want to sincerely thank Dr. Farooq Mohyuddin and Dr. Steve Israel of the WPS for their assistance in coming to this mutually advantageous agreement.

Presidents Column Continued

I would like to close with a comment about these President's columns. These columns represent my opinion and my opinion only. They are not meant to represent official MPS positions. The MPS is a large organization that consists of members who hold many different viewpoints. All these viewpoints are welcome within our organization. Positions and opinions of the MPS are determined by the MPS Council.

Mark J. Ehrenreich, M.D.

2021 MPS Dues

Please be sure your MPS dues are paid. MPS will send dues invoices again this month via both email and by regular mail. Dues remain the same as last year. Please pay MPS dues to MPS, and APA dues to APA. To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

Thank You!

As of year end, the following members paid additional MPS dues for 2021 even though they qualify for reduced dues because they have reached life status. **We appreciate your support of the Maryland Psychiatric Society!**

| | |
|-----------------------------|-----------------------------|
| Thomas Allen, M.D. | Virginia Ashley, M.D. |
| Harry Brandt, M.D. | Joanna Brandt, M.D. |
| Louis Cohen, M.D. | Mark Ehrenreich, M.D. |
| David Gonzalez-Cawley, M.D. | George James, M.D. |
| Geetha Jayaram, M.D. | Jill Joyce, M.D. |
| Jill RachBiesel, M.D. | Silverine Samaranyake, M.D. |
| Daniel Storch, M.D. | |

Psychiatrists with Immediate Patient Openings Available

The MPS maintains a list of members who can see new patients quickly. It can be accessed from the home page of the website <https://mdpsych.org/>. Look for "MPS Members Actively Taking New Patients: Appointments Within 1-2 Weeks" under the Classified heading. These are updated monthly, usually on the last day of the first week. Members can refer patients to this resource on the website. If patients don't see someone suitable on the immediate availability list, they can also try the Find a Psychiatrist search, although the wait time may be longer.

MPS Best Paper Awards New Deadline February 15

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2020 Paper of the Year Award in two categories:

Best Paper by an Early Career Psychiatrist Member (ECP): Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2020. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2021.

Best Paper by a Resident-Fellow Member (RFM): Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2020. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2021.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper as indicated below by **February 15**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Jennifer M. Coughlin, M.D.
Academic Psychiatry Committee Chair
Johns Hopkins Hospital
600 North Wolfe Street, Meyer 3-181
Baltimore, MD 21287
jcoughl2@jhmi.edu / mps@mdpsych.org

Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2021! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners of prior years' competitions are listed [here](#). Please [click here](#) for complete details about the process and requirements. **The deadline to enter is February 15**. Electronic copies of posters are due **February 15**. For more information, or to apply please [click here](#).

January 12 Council Highlights

Support for MPS Strategic Priorities

Dr. Ehrenreich revisited the [MPS priorities](#) set in 2019. Ms. Bunes reviewed twenty-two initiatives begun since then that align with components of the three priority areas. She also shared a calendar that she and Ms. Floyd developed to guide MPS staff and volunteer activities aimed at member engagement. She requested new ideas that might move the MPS even closer to its strategic goals. Possible areas of focus include scope of practice, insurance company issues and confidentiality (eg, 42CFR). MPS advocacy will be used as a tool to encourage more involvement. Dr. Hanson is leading a training this week introducing psychiatrists to the Maryland legislature and to advocacy. RFMs, other members, non-members and students have been invited.

Executive Committee Report

Dr. Ehrenreich reported that WPS executed a contract with the MPS lobbyist firm Harris Jones Malone and appointed two representatives who serve on the MPS Legislative Committee, which will help greatly to unify the voice of psychiatry in Maryland. MPS signed on to [Legal Action Center comments](#) to the Maryland Insurance Administration regarding draft changes to network adequacy regulations and supported a cross disability rights [letter to Governor Hogan](#) urging vaccination priority for congregate settings, people with disabilities, homeless, and their care providers.

Regarding leadership opportunities, MPS nominated Drs. Adefolake Akinsanya and Idris Leppla to run for the position of Area 3 ECP Deputy Representative and nominated Drs. Jamie Spitzer and Courtnie Beaubian for Area 3 RFM Merit Awards. In further support of members, the MPS shared an APA summary of [EM coding changes](#) for 2021, distributed information about the Sheppard Pratt COVID-19 Vaccination Clinic, and established an [ECP Resource Page](#).

Dr. Ehrenreich described Executive Committee efforts to further MPS initiatives on structural racism, anti-racism and inclusion. He explained the need for updating member data on race and ethnicity and requested feedback on what categories to use. He then presented proposed changes to MPS Vision Mission and Values. Discussion of the changes revealed a need to add a component focused on MPS members. A revised proposal will be presented at the February meeting.

The Executive Committee has decided not to hold in person MPS events before Fall 2021.

Executive Director's Report

Ms. Bunes said 2021 MPS dues notices have been mailed and emailed multiple times and 25% remain outstanding. Quarterly social media data as of 12/31/20 show an expanded MPS presence. She attended an APA webinar on the new Retired and Semi-retired membership categories that will replace the Rule of 95 starting next year - more to come. Telework continues and the office is staffed twice a week.

Ethics Committee Report

Dr. Means described the Ethics Committee's efforts in response to Council's request for a committee self-assessment related to diversity and structural racism. The committee would like to include more minority members but is constitutionally limited to eight members, three of whom must be past MPS presidents. As a result, the committee voted to ask for membership approval of a change to the MPS Constitution aimed at increasing diversity by increasing the size of the committee to ten members and reducing the number of required past presidents to two. This change recognizes the steep learning curve for deciding on ethics complaints and allows the mix of forensic/adult/ child/ academic/ public/ private practitioners currently serving on the committee to remain intact. Council voted unanimously that the 2021 ballot include a question to this effect.

Legislative Committee Report

Dr. Hanson said the 2021 Maryland General Assembly would begin the following day with a completely different format of mostly virtual meetings with full chamber meetings every 2 weeks, as well as limited virtual testimony with new procedures. A huge number of pre-filed bills have been submitted (800 vs 200 usually), some of which are repeated from last year. The Legislative Committee includes many new faces and attendance has been good, including two representatives of the Washington Psychiatric Society.

Membership Committee Report

Dr. Lacap presented a recommendation to drop a member who was on a dues payment plan but did not update his credit card information after it was declined and has not responded to multiple reminders that included the risk of being dropped from MPS and APA membership. Council voted unanimously to approve.

Old Business

The Executive Committee's review of staff compensation included the 2021 MPS operating budget, model DB guidance from APA, comparative data for 2018 from Maryland Non-profits (latest available) and annual CPI. The Executive Committee's recommendation of a 1.4% increase in MPS salaries to adjust for the higher cost of living passed unanimously.

New Business

Dr. Nestadt reported that AARP now has a mental health component of its Maryland legislative presence that has identified unmet behavioral health needs of older adults. The group requested MPS support of its formal proposal to develop a data-driven, multi-year plan, which was circulated for Council review. His motion that MPS agree to be a signatory to the AARP of Maryland resolution, Addressing the Behavioral Health Challenges of the Elder Boom, passed unanimously.

Maryland News

2021 General Assembly Update: Bills of Note for MPS Members

The 442nd session of General Assembly convened in Annapolis on January 13, 2021 and will be in session through April 12, 2021. As of the end of January more than 1200 pieces of legislation have been filed. The MPS Legislative Committee has been hard at work since December (looking through pre-filed bills) screening bills, preparing testimony, etc. To date the Legislative Committee has reviewed more than 45 bills. Several bills of interest to MPS members are noted below.

HB0029: Health - Standards for Involuntary Admissions and Petitions for Emergency Evaluation - Substance Use Disorder: OPPOSE

This bill would allow the involuntary civil commitment of people with substance use disorder to inpatient psychiatric units/facilities. There is no evidence of efficacy but rather some evidence of harm when someone with a substance use disorder is sent to an inpatient psychiatric unit for detox and this bill may delay access to care. Many locked units are not prepared to provide substance use disorder care and the MPS is also very concerned about extended wait times and overcrowding in EDs, and delayed admission for people with serious mental illness.

SB398/HB537: Mental Health Law - Petitions for Emergency Evaluation – Procedures

The current version of the bill would allow police to require a clinician to transport an emergency petition evaluatee. The Maryland Psychiatric Society has concerns with the bill as it is currently written. MPS has suggested amendments which would allow a mental health clinician (MHC) on a mobile treatment time or crisis intervention team to transport an evaluatee on their own initiative, at their discretion, if they are already on site with the patient. If law enforcement assistance is needed before or during transport, the police MUST respond. If the clinician is not in the physical presence of the patient (eg. in an outpatient clinic or inpatient unit and receives third party information that an EP is needed), then the police MUST respond to transport the patient from the patient's current location. One amendment would also create legal protections for clinicians who transport an emergency evaluatee.

SB168/HB209: Maryland Suicide Fatality Review Committee: SUPPORT

The US suicide rate has climbed alarmingly over the past 20 years and is higher now than it has been since WWII. From 2016 to 2017, Maryland's suicide rate rose by nine percent (9%), an increase of 53 lives lost in a one-year span (MVDRS, 2017). In addition to these tragic numbers, the economic burden of suicide is significant. Without a cohesive body specifically dedicated to reviewing and reporting on the circumstances of suicide deaths in the State, it is difficult for public health officials to create and implement effective and sus-

tainable prevention efforts. To combat the rising suicide rates in Maryland, MPS supports creating a Suicide Fatality Review Committee (SFRC) If established, the SFRC would have the authority to compile a wide range of existing data sources (i.e., medical records, death records, healthcare data) concerning those who have committed suicide to enable the SFRC to comparatively analyze the State's data to that of other public and private entities. This would ensure that Maryland conducts more in-depth case and systems reviews to produce more accurate reports and recommendations for future suicide prevention efforts.

Telehealth Legislation: SUPPORT

SB393/HB551: Maryland Medical Assistance Program and Health Insurance - Coverage and Reimbursement of Telehealth Service

Ensuring patients continue to receive clinically safe and efficient care should be a priority for legislators as Maryland continues to grapple with the pandemic. Since the beginning of the pandemic, temporary flexibilities to deliver telehealth have provided continued access to care and have allowed clinics and private practices to stay open when they may have otherwise been forced to close. For patients who lack broadband access or video-only technology, the ability to reach patients over the telephone during the pandemic has been critical to ensuring continuity of care. A recent study found that despite the growth in telehealth this last year, lower video use was also observed among women (8% less likely), Black people (35%), Hispanics (10%), and low-income families (43% less likely for household income less than \$50,000).

HB434: Public Health – Telehealth – Health Care Practitioners and the Maryland Medical Assistance Program

This bill will require the Maryland Medical Assistance Program, subject to a certain limitation, to provide health care services appropriately delivered through telehealth, including services provided using an audio-only call; altering a certain provision of law requiring the Program to provide certain mental health services to include the use of an audio-only call; providing that certain regulations may not prohibit a health care provider from using audio-only calls to provide certain services; etc.

2021 MHAMD Legislative Briefing

From 3 to 5 PM on February 22, the Mental Health Association of Maryland will hold its 2021 Legislative Briefing. This year's event will be different, **entirely virtual and free to all**. Hear from legislators and decision makers about the public policy issues impacting Marylanders' behavioral health. [Learn more and register here.](#)

Maryland News

Results of BHA Survey on Behavioral Health Services During COVID

The Behavioral Health Administration (BHA) [posted](#) results of its follow up survey in late 2020 on *Effects of COVID-19 on Behavioral Health Service Recipients*. Please click to review the [Final Report](#), [Supplemental Report](#), and [BHA Action Steps](#). The latter includes considerations for treatment providers based on the results. Key themes emerged:

- Individuals are keeping their treatment/service appointments more frequently compared to the initial survey in the spring.
- A large proportion of clients continue to take their medications as prescribed.
- Anxiety, depression, and a sense of loneliness or social isolation continue to be prevalent.
- The largest telehealth successes were removing the need to travel, providing easier access to treatment, and increased client participation in treatment.
- The largest telehealth challenges were individuals' access to internet connectivity, access to hardware, and the ability to use telehealth technology.

New Leaders in Top Health Department Posts

On January 13, Governor Hogan [announced](#) the nomination of **Dennis Schrader** as Secretary of the Maryland Department of Health (MDH). Schrader has served as Acting Secretary since December 2020, replacing Robert Neall, who retired. Schrader served as Acting Health Secretary in 2017 and as Deputy Secretary for Healthcare Financing and Chief Operating Officer from January 2018 to December 2020. He continues to manage the state's hospital surge operations, as well as statewide COVID-19 vaccination operations.

In addition, MDH announced the appointment of **Atif Chaudhry** as MDH Deputy Secretary of Operations. Chaudhry served as the Acting Deputy Secretary of Operations since August 2020, and the administration's Director of the [Office of Facilities Management and Development](#) since 2017. The Deputy Secretary of Operations oversees Maryland's Inpatient Psychiatric Hospital Centers and Regional Institutes for Children and Adolescents,. These facilities were shifted to Operations from the Behavioral Health Administration in 2019.

New BHA Survey on COVID Services

The Maryland Behavioral Health Administration (BHA) has conducted two prior surveys [see above] to determine the impact of COVID-19 on services and patient well-being. Prior survey results are at <https://bha.health.maryland.gov/Pages/bha-covid-19.aspx> under the Community section. Deputy Secretary Aliya Jones, M.D. seeks additional data to inform system planning and management, so BHA is conducting a third survey to address the past three months. Please take the third survey even if you were unable to take the earlier ones. Responses are anonymous and confidential and will not be used to negatively evaluate service providers or other system stakeholders. The link to the survey is <https://www.surveymonkey.com/r/9LFNDKH>. Please complete it by Monday, **February 8**.

Operation Courage

Last month The Maryland Department of Health announced Operation Courage, a new support services program addressing the long-term mental health care needs of frontline workers and first responders amid the COVID-19 pandemic.

Operation Courage offers an online assessment followed by a free consultation, which includes an initial 15-20 minute conversation, de-escalation for people experiencing an immediate crisis, and may include recommendations for self-care or referrals to other services, depending on the level of need. After the initial call, people who decide to engage are then offered up to six-weeks of therapy consisting of an evaluation, treatment plan, psychotherapy and ongoing assessments as needed.

"From inside hospitals to grocery stores, employees are working under prolonged and extreme stress. Through Operation Courage, we will support those who continue to answer the calls of a country in crisis, to help them weather this prolonged storm, and to emerge as mentally healthy as possible," said MDH Acting Secretary Dennis R. Schrader.

Learn more: <http://bit.ly/OperationCourage>

MPS Supports Disability Rights Letter on Vaccinations

The MPS signed on to a December 18 [letter to Governor Hogan](#) urging COVID-19 vaccination priority for congregate settings, people with disabilities, people experiencing homelessness, and care providers. The letter includes seven specific recommendations regarding high risk individuals and settings.

Maryland News

Coalition Agenda: Keep the Door Open

The Maryland Behavioral Health Coalition has an ambitious [agenda for the 2021 session](#). Building on a successful 2020 campaign in which many Coalition priorities were enacted, legislators are asked again to **Keep the Door Open** for Marylanders with behavioral health needs by taking the following actions:

- Preserve prior funding commitments to prevent a reduction in access to mental health and substance use treatment.
- Expand value-based payment methodologies, implement uniform systemwide measurement-based care standards, and increase provider flexibility to ensure a more patient-centered system of care.
- Address system failures and structural issues that create racial inequities in the delivery of behavioral health care.
- Meet people where they are by maintaining critical telehealth service flexibilities and expanding school behavioral health supports.
- Expand overdose and suicide prevention efforts, increase Maryland's behavioral health crisis response capacity, provide sufficient access to peer support services and ensure the adequacy of behavioral health provider networks.

MPS Signs on to Draft Network Adequacy Regulation Comments

Working with the Maryland Parity Coalition, the MPS has advocated for changes to Maryland's Network Adequacy requirements that would result in improved access to behavioral health care for patients with private health insurance. The MPS joined several other coalition organizations in supporting the extensive [comments](#) submitted by the Legal Action Center. The proposed revisions are summarized as follows:

- Inclusion of additional MH and SUD providers and facilities that must be tracked under the geographical distance metric;
- Heightened standards for the inclusion of essential community providers of MH and SUD services;
- Greater granularity in appointment wait time reporting for MH and SUD urgent and non-urgent services;
- New data reporting requirements that include reporting the number of providers by Board specialty, out-of-network costs to members when a network provider is not available, zip-code level impact for failure to meet geographical distance requirements, and consumer and provider survey data for appointment wait time compliance; and
- Mandatory submission of waiver information if a carrier fails to meet one or more metric.

COVID-19 Vaccinations

Vaccines became more widely available last month. The Maryland Board of Physicians sent information on signing up for shots via local health departments and the MPS forwarded information about Sheppard Pratt's vaccination clinics for psychiatrists in the community. The State remains at [Vaccination Phase 1C](#), which includes all licensed, registered, and certified healthcare providers. Please contact your local health department about getting your vaccine if they have not yet reached out to you.

The Behavioral Health Administration encourages providers to engage with patients regarding the vaccine to help increase their acceptance once a vaccine becomes available to them.

Coronavirus Emergency Special Enrollment Period

As part of the state's overall response to the coronavirus, and to prioritize health and safety, Maryland Health Connection has a new special enrollment period for uninsured Marylanders to enroll in a private health plan. The coronavirus emergency special enrollment period ends **March 15**. [Click here](#) for more details.

BHA MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for Maryland's behavioral health and medical health care workers of all disciplines, whether working in community or hospital settings. They are designed to enhance both health care worker self-care and resultantly the care they provide, as health care workers combat numerous stressors including the COVID-19 pandemic, social justice issues, and other stressors that can potentially impact delivered care. CMEs are available at no cost. Webinar recordings and slides are archived on the [BHA/MedChi webinar webpage](#). February programs are from 5 to 6 PM as follows:

February 11: [Balancing Work and Parenting During the COVID-19 Pandemic](#).

February 25: [How to Address, Manage, and Heal from the Racial Microaggressions Experienced by Health Care Workers in Everyday Life](#)

If you are interested in delivering a presentation, being a moderator for a specific webinar, or have self-care topics/presenters to suggest, contact Steve Whitefield at <mailto:steven.whitefield@maryland.gov>.

Maryland News

Need Health Coverage?

This tax season, Marylanders have a special opportunity to sign up for health coverage. Check a box on the tax return: "I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage." Shortly after filing, Maryland Health Benefit Exchange will send a letter explaining the individual's eligibility for free or low-cost health coverage. Find out [more about this program](#). For more information about health coverage and taxes, please visit the [taxes page](#).

Call for Nominations

Nominations for the 2021 MPS [Lifetime of Service Award](#) are now open. In 2000, the MPS Council established the annual Lifetime of Service Award given 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 requirements are APA life status and significant contributions to the MPS as an organization. Nominations will be accepted until noon on March 1 or at the March Council Meeting, when voting will occur. Please email [Heidi Bunes](#) with nominations.

Past MPS Lifetime of Service Award Recipients:

| | |
|------------------------------|-----------------------------|
| 2000 Lex Smith, M.D. | 2011 William Prescott, M.D. |
| 2001 Thomas Allen, M.D. | 2012 Chester Schmidt, M.D. |
| 2002 Jonas Rapoport, M.D. | 2013 Steve Sharfstein, M.D. |
| 2003 Bruce Hershfield, M.D. | 2014 Paul McClelland, M.D. |
| 2004 Gerald Klee, M.D. | 2015 Thomas Lynch, M.D. |
| 2005 John Urbaitis, M.D. | 2016 Irvin Cohen, M.D. |
| 2006 Leon Levin, M.D. | 2017 Robert Roca, M.D. |
| 2007 Mayer Liebman, M.D. | 2018 Neil Warres, M.D. |
| 2008 Theodore Feldberg, M.D. | 2019 Arthur Hildreth, M.D. |
| 2009 Betty Robinson, M.D. | 2020 Jesse Hellman, M.D. |
| 2010 Leonard Hertzberg, M.D. | |

March 6 Health Care for the Homeless Virtual Movie Night

Enjoy the premiere of an original documentary and a complement of short films. See the power of family and home through Q Robinson, a Baltimore mom building the life she wants for herself and her daughter. [Click here](#) for info.

Patient Access to Records

Unless there is another pandemic-related delay, as of **April 5** healthcare providers must allow patients full access to their *electronic* medical records health information as per the [Federal Cures Act](#).

Medical Notes to be Shared:

The eight types of clinical notes that must be shared with patients free of charge are outlined in the United States Core Data for Interoperability (USCDI), and include:

- Consultation notes
- Discharge summary notes
- History & physical
- Imaging narratives
- Laboratory report narratives
- Pathology report narratives
- Procedure notes
- Progress notes

Clinical notes to which the rules **do not** apply:

- **Psychotherapy notes that are separated from the rest of the individual's medical record** and are recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. **Note: All clinicians and organizations are required to share medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.**
- Information compiled in reasonable anticipation of, or use in a **civil, criminal or administrative action or proceeding**.

Clinical notes must be shared by health systems by **April 5**, and shared with a patient's 3rd party application ("app") that may be downloaded to a smart phone or other device by **October 6, 2022**.

Public Health Emergency Extended

Secretary of Health and Human Services Alex Azar has [renewed the COVID-19 Public Health Emergency effective January 21](#) to help individuals access needed services. Assuming another full 90-day extension, this will extend the PHE, with telehealth and other flexibilities, through **April 21, 2021**.

Medicare Updates

MIPS Deadlines

Upcoming Merit-based Incentive Payment System (MIPS) deadlines:

March 1 – Deadline for CMS to receive 2020 claims for the Quality performance category. Claims must be received by CMS within 60 days of the end of the performance period. Deadline dates vary to submit claims to the MACs. Check with Novitas for more specific instructions.

March 31 – 2020 MIPS performance year data submission window closes.

Visit <https://qpp.cms.gov/> for more information.

2021 Physician Fee Schedule Lookup

To find 2021 Medicare Part B rates for a procedure code and locality or download a complete fee schedule, visit <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/FeeLookup>.

Doctors and Clinicians Preview Period is Open

The Doctors and Clinicians Preview Period is now open. Preview your 2019 Quality Payment Program (QPP) performance information before it appears on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog](#). Access the secured Preview through the [QPP](#) website. The resources below explain how:

- [Pre-recorded Presentation: Preview Period: Performance Information for Doctors and Clinicians](#)
- [Doctors and Clinicians Preview Period User Guide](#)
- [Care Compare: Doctors and Clinicians Initiative page](#) has more information.

The Preview Period closes on March 25 at 8 PM.

PRMS Resolutions for 2021

PRMS® Risk Managers created [resolutions](#) that psychiatrists may consider for the coming year. You may already be doing everything PRMS suggests, but if not it's never too late to start! The topics relate to virtual practice considerations that affect many psychiatrists during COVID. For example, [Click here](#) for a downloadable contingency planning tool to quickly and easily gather necessary information to aid those assisting the doctor in the event of his/her absence.

CMS Roadmap for States to Address Social Determinants of Health

On January 7, CMS [announced](#) guidance to state health officials on strategies that address the social determinants of health in Medicaid and the Children's Health Insurance Program (CHIP) so states can improve health outcomes, reduce disparities, and lower overall costs. CMS acknowledges that understanding the social, economic, and environmental factors that affect health outcomes of Medicaid and CHIP populations can be an integral component of states' efforts to realign incentives, reduce costs, and advance value-based care. The [guidance](#) details how state Medicaid and CHIP programs can utilize delivery approaches, benefits, and reimbursement methodologies to improve outcomes. States can use federal authorities that provide the flexibility to design an array of services tailored, within the constraints of certain federal rules, to address state-specific policy goals and priorities, including moving from volume-based payments to value-based care, and the specific needs of states' Medicaid and CHIP beneficiaries.

SAMHSA Workforce Report

The [Behavioral Health Workforce Report](#):

- Describes various types of evidence-based models of care, including the various staffing models for both mental health and substance use.
- Estimates the number of providers needed for 13 mental health care models inclusive of three models of care addressing the needs of children and youth with serious emotional disturbance (SED)/serious mental illness (SMI).
- Estimates the number of providers needed for three SUD models of care.
- Enumerates the supply and demand for each behavioral health occupation.

The report indicates 4.5 million additional behavioral health providers are needed, including 200,000 more psychiatrists.

SAMHSA Report on Safe Policing

The [Executive Order Safe Policing for Safe Communities: Addressing Mental Health, Homelessness, and Addiction](#) report points out that a lack of adequate and organized crisis services in the community puts police departments in a difficult position. The report includes various models that reduce police involvement and makes budget recommendations for programs to address community policing efforts.



APA News & Information

APA Apologizes for Its Support of Racism in Psychiatry

On January 18, Martin Luther King, Jr. Day, the APA issued an apology to Black, Indigenous and people of color for its support of structural racism in psychiatry. It is [available here](#), and a historical addendum [is here](#). The Board approved the apology and its timing in recognition of Dr. King's life's work of reconciliation and equality. The APA invites members to engage in this work, and that of the [APA Presidential Task Force to Address Structural Racism Throughout Psychiatry](#). Please send feedback to SRTaskforce@psych.org.

APA Condemns Attack on Capitol

The APA released a [statement](#) condemning the violent action of a pro-Trump mob who stormed the halls of the Capitol, forcing the evacuation of both chambers of Congress during the ceremonial reading of the electoral college votes for President-elect Joe Biden. The statement also warns, "recurring traumatic events can have a detrimental long-term effect across many domains."

Town Hall to Examine How Racism Affects Diversity in Psychiatric Workforce

Register now for the APA town hall "Structural Racism & Psychiatric Residency Training: Recruitment, Retention, and Development," to be held Monday **February 8 at 8 PM**. Panelists will address the disproportionate number of minority psychiatrists, their experiences in different practice settings, and why having diversity in the psychiatric workforce psychiatry is important for everyone. [Learn more and register](#).

APA Annual Meeting May 1-3

The APA's online 2021 annual meeting will be held Saturday to Monday, May 1 to 3. Discounted early-bird registration opens **February 2**. The meeting will include 135 scientific sessions led by experts with live Q&A, poster sessions, an Exhibit Hall, opportunities for member engagement, and more. Participants can earn up to 13.5 CME credits through live sessions. [Learn more](#).

New "Finding Our Voice" Podcast

APA Resident-Fellow Member Trustee-Elect Sanya Virani, M.D., M.P.H. is hosting a new podcast in which she and her guests discuss the impact of social determinants of mental health on minority communities and offer fresh perspectives on difficult issues by sharing their own stories and those of their patients. The podcast is now available on your favorite podcast services, including Spotify and Apple.

APA Ethics Committee Invites Questions

The APA Ethics Committee will present a pre-recorded session "Ethics Dilemmas in Psychiatric Practice" at APA's online 2021 Annual Meeting. The session will be devoted to answering questions from members about ethics dilemmas they have encountered, participated in, or read about. Please email questions no later than **Friday, February 12**. Questions may not relate to any pending ethics complaint. [Submit questions here](#).

FREE APA February Course of the Month

Racism and Climate Change: Impacts on Communities of Color addresses the connection between the unconscious embedded attitudes about race and current specific ways communities of color are impacted by the changes due to climate disruption. They are among the first and most profoundly affected and are often the least able to cope, respond and recover. [Click here to access](#).

Telepsychiatry FAQs

In APA's Telepsychiatry Blog, Drs. Steven Chan and Krysti Vo tackle some [frequently asked questions](#) about telepsychiatry practice and licensing.

MPS Members Out & About

Robert Herman, M.D., DLFAPA had a [letter to the editor](#) of the Annapolis Capital Gazette published on January 1. It emphasized that ADHD is a real disorder that can be helped by treatment.

On January 11, Clinical Psychiatry News published **Dinah Miller, M.D.**'s article "[The psychiatrist and the vaccine](#)," which included comments shared by other MPS members via the member listserv. She also had an Op-Ed in the January 19 Baltimore Sun, "[Baltimore COVID vaccination too slow, difficult to access](#)."

Anne Hanson, M.D. was quoted in the [Frederick News Post](#) and [Southern Maryland Online](#) discussing **HB88**: Police Officers – Mental Health – Employee Assistance Programs, a bill that the MPS supports.

CLASSIFIEDS

POSITIONS AVAILABLE

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to stephen.pasko@medstar.net.

White Marsh Psychiatric Associates, LLC (WMPA) is seeking an Adult Psychiatrist to join our practice. WMPA is an established multi-disciplinary outpatient practice conveniently located off I-95 in White Marsh. We offer a collegial work environment with an excellent support staff, internal billing, and potential for profit sharing. WMPA has contracts with most major insurance carriers that facilitates excellent referral sources and quick caseload development. We are seeking full or part-time providers to join other professionals in a setting that values quality patient care and the freedom that comes from outpatient clinical practice. Please send your resume and cover letter to drfrank@whitemarshpsych.com and/or call Travis Frank, PsyD., President @ 410-931-9280.

Maryland Centers for Psychiatry seeks general psychiatrist and child and adolescent psychiatrist: Busy private group practice in Ellicott City. Flexible hours - part time with a build up to full time as an option. Position includes administrative/office support, collegial multi-disciplinary setting, professional autonomy, desirable office location, premium office space, and significant room for growth. If interested, please email your CV to office@marylandpsychcenters.com.

OFFICE SPACE AVAILABLE

Towson: Professional Condominium for Sale located in Professional Centre. 1158 square feet with 3 large offices, washroom, 2 BR. Contact William Wimmer, M.D. (P) 410-821-7155 or (C) 410-371-7491.

BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or keith@keithmillercounseling.com.

The **FHCB Health System, Baltimore Md. Behavioral Health Department** is seeking a full-time Board-Certified Psychiatrist to fill the role of **Chief of Psychiatry**. We provide outpatient, intensive outpatient, and consult liaison services. We offer flexible hours with competitive comp plans and benefits including \$25K loan repayment, CME reimbursement, 5 weeks paid time off, holidays, 403B match, medical benefits, occurrence based malpractice, and much more! Please e-mail CV to jgreen@fhcb.org.



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Nominations for Anti-Stigma Advocacy Award

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

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize, which is given at the Maryland Psychiatric Society annual meeting in April. Please send nominations to mfp@mdpsych.org by **February 15**. The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS INCLUDING:

Inpatient: Adult Service Line Medical Director, Adult Service Line Service Chief, Adult, Child & Adolescent, Eating Disorders, and Geriatric

Crisis Assessment Services: Medical Director

Residential: Medical Director - The Retreat

Consultation-Liaison

Medical Education Services

Southern Maryland: Medical Director, Adult, Child & Adolescent

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

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

About Sheppard Pratt

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As the practice of psychiatry intersects more with technology through the use of telemedicine, you can count on PRMS® to protect your practice. Our psychiatric professional liability policy includes coverage for telepsychiatry at no additional cost, as well as many other preeminent program benefits including:

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