

MPS NEWS

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June 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
June 8 at 7:30 PM.
All members welcome!**

President's Column

Gratitude for MPS Volunteers

MPS starts a new year with energy and promise. We are grateful for all our members and volunteers. We are looking forward to continued recovery from COVID with vaccinations and the lifting of mask mandates. Some of us may continue telehealth, some may go back to the office and our hospital/institutional colleagues will continue their heroic work. During these stressful times MPS offers support for the difficult issues we face as psychiatrists. Our [committees](#) are the structure we use to do all the amazing work at MPS. Psychiatry is art and science and working together we further our profession into the future.

The Executive Committee is grateful to all our committee chairs and committee members, new and old, who give their time and service to MPS. Working together our committees have worked on diversity and inclusion. Last year we took on some of the issues of systemic racial discrimination by having our committees look at ways to address this issue. Our Community Psychiatry and Diversity Coalition with Co-Chairs Drs. Doris Balis and Ann Hackman took the lead in helping us develop statements against racism and adjusting our [Mission Vision statement](#) to include diversity.

Heading up the Ethics Committee are Drs. Joanna Brandt and Ron Means. The Ethics Committee restructured to have more diversity by adding members. This committee is bound by the bylaws and functions together for a long period of time.

Our Academic Psychiatry Committee has been an excellent way for Early Career Psychiatrists, Residents and Fellows to get involved with the MPS. Our current chair Dr. Jennifer Coughlin has done an excellent job.

Our Distinguished Fellowship Committee headed by Dr. Karen Swartz does an excellent job at shepherding younger members and encouraging members who qualify to apply for Distinguished Fellowship.

The Legislative Committee is extremely active during the Maryland Legislative session. Drs. Anne Hanson and Jennifer Palmer are superior seasoned leaders of this group. Anne Hanson gave an excellent talk on how the General Assembly works during the legislative session.

Dr. Bruce Hershfield has graciously agreed to continue on the Editorial Advisory Board as Editor of *The Maryland Psychiatrist*. Dr. Hershfield is always looking for contributions about members, psychiatric news and articles for [The Maryland Psychiatrist](#).

The Health Policy Advisory Group is getting new energy this year with Drs. Marsden McGuire and Pat Triplett as Co-Chairs.

Our Membership & Recruitment Committee is critical for the life of the organization. Dr. Connie Lacap has been an excellent leader. We have been focusing on retaining Early Career Psychiatrists and finding ways to engage younger members. This year she will be joined by our President-Elect Dr. Jessica Merkel-Keller as Co Chair.

Dr. Paul Nestadt will continue and be joined by Dr. Joshua Chiappelli on the Program & Continuing Medical Education Committee.

Committees are an excellent way to get involved in an area that interests you and work with colleagues. We are looking forward to a robust year with our committees. I am grateful as President to be associated with all of the individuals volunteering.

Ginger Ashley, M.D.

Member Updates and Survey

The MPS sent member information update forms and the [2021 member survey](#) in May. Please watch your US mail and return your updated information promptly!

Member Update Form

The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance networks where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is July 31.**

Member Survey

Please help guide how MPS committees, Council and staff will work for you in the coming year by completing the survey. **INCENTIVE:** Three respondents who complete the entire survey and include their names will be chosen at random for a **\$100 credit** that can be applied toward MPS dues or an MPS event. [CLICK HERE](#) to start – this should take less than 5 minutes!

Please call the MPS office at 410-625-0232 or email mps@mdpsych.org with questions.

Comment on Draft Standards for MOC

On April 20, the American Board of Medical Specialties (ABMS) released new draft Standards for Board Continuing Certification, which will shape the maintenance of certification (MOC) programs for all ABMS boards, including the American Board of Psychiatry and Neurology, for years to come. Members are urged to review the draft and submit comments directly to ABMS. The APA encourages members to also submit any comments about the draft standards to APA at MOCfeedback@psych.org.

Review the [draft standards](#).

[Submit comments](#) to ABMS by July 8.

MPS Member Spotlight: Misty Borst, M.D.

Dr Borst is a psychiatrist but also a dancer/choreographer. This dual identity led to the creation of DISSONANCE, a dance work for film that makes vivid the early pandemic experiences of health care workers. Borst interviewed doctors and nurses around the country about those extraordinary first months and the lingering impacts they feel. Embodied by dancers of Baltimore's Full Circle Dance Company, their stories help viewers more fully perceive and understand experiences that will have lasting consequences. Created with a physician's knowledge and an artist's heart, DISSONANCE is dedicated to health care workers--heroes but also humans. Borst's primary goal is for the film to be seen by health care workers themselves, as well as by those who live with or care about them.

<https://www.youtube.com/watch?v=0wujyxmuJn0&t=3s>

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.

MPS Membership

The following individuals have applied for membership 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.

New Members

Lisa Nawei Chen, M.D.
Anna Yegiants, M.D.

Reinstatement

Hedy Howard, M.D.

Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the APA [membership advancement form](#). This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

New Opportunity for Medical Students

The MPS now offers a category of membership for medical students to help them learn more about psychiatry and connect to potential mentors. This category is free of charge and includes access to MPS communications, interest groups, committees, and listserv. MPS membership is an invaluable opportunity for students looking to enter psychiatry. Email mfloyd@mdpsych.org to volunteer to serve as a resource to medical students.

2021-2022 MPS Committee Chairs

Academic Psychiatry

Jennifer M. Coughlin, M.D., Chair (410) 955-5212
Enhances collaboration between the MPS and the academic community, focuses on its needs and highlights its accomplishments via annual paper and poster contests.

APA Assembly Delegation

Annette L. Hanson, M.D., Co-Chair (410) 724-3149
Elias K. Shaya, M.D., Co-Chair (443) 444-4540
Brian Zimnitzky, M.D., Co-Chair (443) 603-1344
This group of MPS members serving in the APA Assembly is co-chaired by MPS's Assembly Reps. It coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

Community Psychiatry & Diversity Coalition

Theodora G. Balis, M.D., Co-Chair (410) 383-4914
Ann L. Hackman, M.D., Co-Chair (410) 328-2564
Advocates for integrating the elements of diversity into the MPS by acting as a liaison to other community organizations with related interests, both clinically and academically. In addition, it represents the MPS on issues related to community psychiatry, including the proper use and role of psychiatrists in public settings and the quality of psychiatric care for patients. There is a recovery focus on under-served individuals with serious mental illness.

Distinguished Fellowship

Karen L. Swartz, M.D., Chair (410) 955-5212
Selects the MPS nominees for APA Distinguished Fellow in accordance with APA guidelines. Committee members must be Distinguished Fellows or Distinguished Life Fellows.

Editorial Advisory Board

Bruce Hershfield, M.D., Editor (410) 771-4575
Responsible to the Council for supervising and advising the Editor of *The Maryland Psychiatrist* regarding policies, article selections, and general management of the publication.

Ethics

Joanna D. Brandt, M.D., Co-Chair (410) 321-1525
Ronald F. Means, M.D., Co-Chair (410) 724-3000
Reviews ethical dilemmas in psychiatric practice and provides leadership and guidance to members. Also responsible for investigating ethical complaints against members. It is constitutionally limited to ten members, two of whom must be past presidents.

Health Policy Advisory Group

Marsden McGuire, M.D., Chair (202) 461-4161
Patrick Triplett, M.D., Chair (410) 502-6905
Assists MPS committees and the Council in navigating the threats and opportunities resulting from several state government initiatives to focus MPS attention and resources in ways that best serve the interests of psychiatrists and their patients.

Legislative

Annette L. Hanson, M.D., Co-Chair (410) 724-3149
Jennifer Palmer, M.D., Co-Chair (410) 235-0005
Pursues the interests of the membership in all mental health matters, initiating and responding to proposed state legislation as well as proposed regulations affecting psychiatry. Liaison with our lobbyist, other MPS committees, MedChi, and other patient and professional advocacy groups is integral to this work, much of which occurs during the legislative session from early January to early April each year. Members critique bills and can testify in Annapolis on bills the committee feels are most important.

Membership & Recruitment

Constance N. Lacap, D.O., Co-Chair (410) 328-6325
Jessica Merkel-Keller M.D., Co-Chair (301) 777-2405
Recruits and evaluates applicants for membership, in accordance with MPS and APA policy. Also considers special member requests, works on recruitment, including outreach to area residency training programs, and carries out retention efforts.

Program & Continuing Medical Education

Joshua Chiappelli, M.D., Co-Chair (410) 328-6735
Paul Nestadt, M.D., Co-Chair (410) 955-6114
Plans MPS scientific programs and ensures that they qualify for CME credit.

Special Member Rate for 2021 MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2020-2021 directory will be out in early fall 2020, so order soon!

For details, email Meagan at mfloyd@mdpsych.org.

Medical Student Mentors Needed

The MPS is looking for members who would like to serve as mentors for our new medical student members. As a practicing psychiatrist, you will help guide them throughout their medical school journey and help with their growth both personally and professionally. If you feel you would make a good mentor, please email mfloyd@mdpsych.org.

Maryland News

New Maryland Bills Signed Into Law Of Interest to MPS Members

SB164/HB605: Veterans - Behavioral Health Services: Mental Health First Aid: Requiring that the behavioral health services for which the Maryland Department of Health provides service coordination for veterans under certain provisions of law include mental health first aid; requiring that mental health first aid consist of training for veterans and the immediate family members of veterans on how to identify and respond to signs of mental illness and substance use disorders; requiring entities teaching a mental health first aid course to report certain information to the Department; etc. **The MPS supported this bill.** Effective October 1, 2021.

SB638/HB919: Maryland Insurance Commissioner - Specialty Mental Health Services and Payment of Claims – Enforcement: Requiring the Maryland Insurance Commissioner to enforce a certain provision of law providing that the provisions of § 15-1005 of the Insurance Article apply to a certain delivery system for specialty mental health services and administered by an administrative services organization; prohibiting a certain administrative services organization from using certain funds or otherwise passing certain expenses onto the State; requiring a certain administrative services organization to pay certain interest to certain persons; etc. **The MPS supported this bill.** Effective upon enactment.

SB815/HB881: Mental Health Facilities - Sexual Abuse and Harassment - Reporting and Prevention: Requiring residential treatment facilities to report complaints of sexual abuse and sexual harassment within 24 hours of receiving the complaint to the Behavioral Health Administration, the Office of Health Care Quality, or in the case of a minor, to Child Protective Services; requiring the Office and the Administration to develop and implement a certain reporting system; requiring facilities to develop and implement policies and procedures for responding to complaints of sexual abuse and harassment; etc. Effective October 1, 2021.

SB313/HB119: Maryland Department of Health - Public Health Outreach Programs - Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia: Requiring the Maryland Department of Health, in partnership with the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Greater Maryland Chapter of the Alzheimer's Association, to incorporate information regarding certain types of cognitive impairment into outreach programs administered by the Maryland Department of Health to educate health care providers and increase understanding of certain types of cognitive impairment. Effective October 1, 2021.

Maryland's ePrescribing Mandate

On January 1, 2022, [new mandates](#) will go into effect in Maryland requiring all controlled dangerous substances (CDS) to be transmitted by electronic prescribing. *Is your practice prepared?* Find out more about this mandate and how it will affect electronic prescribing in a webinar Thursday, **June 3rd at noon**. Presented by DrFirst and MedChi. Register [here](#).

Anti-Asian Racism and Mental Health

Two University of Maryland | Sheppard Pratt residents, Drs. Crystal Han and Angeline Pham, are featured in a Podcast, *The Table*, discussing anti-Asian racism and mental health. [The Table](#) with the Intercultural Center at UMB unpacks questions regarding race, ethnicity, culture, norms, and current events. New episodes are released every month. The newest, episode 5, is part of a two-part series in which Crystal Han, M.D. and Angeline Pham, M.D. discuss anti-Asian racism and its impact on the mental health and well-being of Asians and Asian Americans. Part one focuses on the history of anti-Asian racism in the U.S. and how to build solidarity movements across racial and ethnic groups. Part two will focus on racial trauma and mental health for Asian and Asian Americans, and People of Color more broadly.

Transcript: Anti-Asian Racism Is Not New: Part One
Listen: [Spotify](#) | [Apple Podcasts](#) | [YouTube](#) | [Web Player](#)

MHA MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for Maryland behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the COVID-19 pandemic, social justice issues, and other stressors. **CME credits are free.** Webinar recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

June 10 [Finding Purpose and Results in the Pursuit of Health Equity](#)
Stephanie Slowly, MSW, LCSW-C. Moderator: TBD.

June 24 [Grief in the Workplace](#)
Beth Hewett, Ph.D. Moderator: Chaplain Dennis DuPont

July 8 [Relaxation Techniques](#)
Hinda Dubin, M.D. and Amanda Robinson, M.S.

Maryland News

Behavioral Health Administration News

Crisis System Advisory Workgroup

The Crisis System Advisory Workgroup, with over 45 statewide community members [including **Stephanie Knight, M.D.** representing the MPS], is discussing transformation to an integrated, comprehensive behavioral health crisis system. Dr. Charles Browning, Chief Medical Officer of RI International, provided an overview of the Crisis Now Model. The framework for the Crisis Now model includes: Crisis Call Center Hub (someone to call); Mobile Crisis Teams (someone to come to you); and Crisis Receiving Center (someplace to go). The Crisis Now framework uses a specialized technology platform to ensure referral services, bed tracking and metrics. For more info email [Stephanie Slowly](mailto:Stephanie.Slowly).

National 9-8-8 Number

A new three-digit number (9-8-8) for mental health crisis and suicide response will launch nationwide by July 16, 2022. Maryland received grant funds for the transition and a Planning Coalition will meet monthly through September 2021 to prepare a draft implementation report. Key work groups include capacity building, telecommunications and routing, funding streams, and coordination with crisis systems. [[See p. 7](#) for more info.]

Involuntary Commitment Workgroup

BHA hosted four stakeholder workgroup meetings [with **Erik Roskes, M.D.** representing the MPS] to better define the language of Involuntary Commitment. The meetings reviewed best practices on civil commitment and the definition of danger to self and grave disability. Stakeholders heard from people with lived experiences, family members and advocates. A draft report will include meeting summaries and suggested recommendations.

New Practice Guidelines for Buprenorphine

Effective April 28, practitioners are exempt from certification requirements related to training and psychosocial services when prescribing/dispensing buprenorphine to 30 or fewer patients. The guidelines require submission of a Notice of Intent by the practitioner, which will result in an X waiver. If a practitioner wants to prescribe/dispense to more than 30 patients, existing statutory certification requirements must be satisfied. This action is intended to reduce barriers to the availability of buprenorphine. Access [SAMHSA FAQs](#) and the [Federal Register notice](#) for more info.

State Integrated Health Improvement Strategy

The State of Maryland received approval from the Centers of Medicare and Medicaid Innovation (CMMI) on its State Integrated Health Improvement Strategy (SIHIS) application that was [submitted](#) in December 2020. The SIHIS is an agreement between the State of Maryland and the CMMI and is an important component of Maryland's [Total Cost of Care model](#).

A component of the SIHIS agreement addresses three population health priorities, one of which is opioids, with the overarching goal of *improving overdose mortality*. Maryland's progress in meeting its goal will be measured as compared to a cohort of states with similar overdose characteristics.

*From Deputy Secretary Behavioral Health Aliya Jones, M.D.
May 10 BH Partner letter*

MPS Raises Concerns about HIPAA Proposal

In cooperation with the APA, the MPS submitted [comments](#) to the Office of Civil Rights in the Department of Health and Human Services regarding their [proposed modifications](#) to the HIPAA Privacy Rule to support and remove barriers to coordinated care and individual engagement. The [proposed HIPAA changes](#) aim to strengthen individuals' rights to access their own health information, improve information sharing for care coordination and case management, facilitate family and caregiver involvement in emergencies, and enhance flexibilities for disclosures in emergencies. In view of all the changes stemming from the pandemic, the MPS also requested that HHS extend the effective and compliance deadlines for implementation of the rule.

New WARMLine Hours

Pro Bono Counseling Project's WARMLine has new, extended hours! The WARMLine is a free mental health resource for Marylanders who are experiencing increased stress, anxiety, and life transition concerns. The Pro Bono Counseling WARMLine is staffed by mental health professionals, **10 AM-8 PM, Monday-Friday** and **10 AM-6 PM on Saturday and Sunday**. Callers can connect to the WARMLine by directly calling 410-598-0234.

More Savings for Marylanders

New health plan options with new, bigger savings started April 1 under the American Rescue Plan. Marylanders who received **unemployment** at any time in 2021, even if just for a week, can get coverage for as low as \$1 a month and get savings on other health care costs. In addition, those who **didn't qualify earlier** may be eligible for savings that are now available for higher-income individuals and families. [Click here for an estimate](#).

Maryland News

Spring 2021 MedChi HOD Highlights

The spring meeting of the MedChi House of Delegates (HOD) took place by Zoom on April 25, 2021.

MedChi has a stable membership of over 8000. As of the end of calendar 2020, both revenues and expenses were lower than budgeted, yielding a net income that was over \$400K (17%) better than budget. Reserves stand at just over \$6 million. MedChi is on firm financial footing.

Gene Ransom, MedChi CEO, reviewed the activities of the Society over the past year, highlighting its work with legislators, payers, CRISP, and the Maryland Department of Health in a period marked by the persistence of the opioid crisis and the emergence of the COVID-19 pandemic.

The Speaker of the House, James York, asked for a moment of silence [in memory](#) of several distinguished members of MedChi who died in the recent past, including two beloved members of the MPS: [Mayer Liebman](#) and [Jonas Rappeport](#). Memorial Resolutions honoring them were entered into the minutes. Please click on the links to read those Resolutions.

The core business of the HOD meeting is the discussion and passage of resolutions asking the MedChi Board to adopt certain policies or take certain actions. A total of [eight resolutions were passed](#) (click on link for a synopsis of each). The most-discussed resolution was entitled "Stopping the Use of Race-adjusted eGFR". Submitted by the Medical Student section, this resolution called attention to the growing consensus in the nephrology community that the practice of racially adjusting the calculation of estimated glomerular filtration rate (eGFR) has the effect of delaying the access of African-American patients with renal impairment to needed treatment. The HOD endorsed this observation and passed a resolution that in the end was stronger than that originally proposed, urging MedChi to urge hospitals in Maryland to cease the use of race-adjusted eGFR.

*Robert Roca, M.D., M.P.H. M.B.A.
Alternate Delegate from MPS*

Suspension of Insurance Cancellation for Non-Payment of Premium

On May 24, the Maryland Insurance Administration once again [invoked emergency powers](#) to require health carriers to suspend health benefit cancellations and non-renewals of [individual](#) health policies for non-payment of premium. The suspension will remain in effect for 60 days and may be renewed by the Commissioner. Call 410-468-2170 with questions.

MPS Joins Coalition Letter to MIA

In May, the MPS and eighteen other Maryland mental health organizations [signed onto a letter](#) to the Maryland Insurance Administration (MIA) on reporting reimbursement rate setting practices for purposes of Parity compliance reporting. It commended MIA for including reimbursement rates as a non-quantitative treatment limitation (NQTL) and mandating compliance reports for all NQTLs. A significant portion of MH and SUD providers in Maryland are not covered under Medicare. Many do not join private carrier networks because of low reimbursement rates. To fully assess issuer reimbursement practices for this large provider pool, the letter urged the MIA to identify an appropriate benchmark for an outcome analysis for the full range of SUD and MH practitioners.

2021 Award for Advancing Minority Mental Health to Intercultural Counseling Connection

The Baltimore-based [Intercultural Counseling Connection/Fusion Partnerships](#) has been awarded the APA Foundation 2021 Award for Advancing Minority Mental Health. Since being established in 2003, the Award has recognized community-based organizations that have undertaken innovative and supportive efforts to raise awareness of mental health in underserved populations, including the need for early recognition, access to quality care and overcoming cultural barriers. This honor includes a financial contribution of \$5,000, a plaque and a news feature in the July *PsychNews*. Lauren Goodsmith of the Connection expressed gratitude for this recognition and for the accompanying contribution, which will help sustain services for vulnerable forced migrants during this challenging time. She also noted that these vital therapeutic services are made possible by a dedicated cadre of *pro bono* therapists, who are supported by outstanding clinical staff, Amy Rakusin, Clinical Director, and Sheri Laigle, Clinical Associate.

Commission to Study Mental and Behavioral Health in Maryland

The [Commission to Study Mental and Behavioral Health in Maryland](#), chaired by Lt. Governor Rutherford, has been studying access to mental health services and the link between mental health issues and substance use disorders since early 2019. Its next meeting is July 13 and its four subcommittees will all meet either this month or in July. Members with related concerns should email meps@mdpsych.org to share them with the MPS.

Beyond the Binary

During Pride Month, the NGO Committee on Mental Health will present a program fully dedicated to LGBTQIA+ Mental Health, **Beyond the Binary: LGBTQIA+ Mental Health & Policy**. It will be held Thursday, June 10 from 2 to 4 PM. Check out the information online at <https://www.ngomentalhealth.org/> or [click here](#) to register.

June is PTSD Awareness Month

Since the 2014 Senate Resolution, June has been designated "National Post-Traumatic Stress Disorder Awareness Month," intended to raise public awareness about issues related to PTSD, reduce the stigma associated with PTSD, and help ensure that those suffering from the invisible wounds of war receive proper treatment. For ways you can participate, see the Veterans Affairs [awareness month calendar](#).

Why 998 Is Important

- More people in suicidal and mental health crisis will be helped and they will be more likely to receive help from those most qualified to provide support.
- More effective triage means less burden on emergency medical services, emergency departments, law enforcement, etc. so those agencies can focus limited resources on the areas for which they are best trained.
- Attention that the transition to 988 has brought to crisis services has led to an opportunity for states to reimagine their crisis service provision, and to ensure adequate financing of 1) mobile crisis services, 2) crisis center hubs and 3) crisis stabilization services.

While the FCC ruling requiring activation of 988 by July 2022 is a critical step, there must be sufficient local crisis center capacity to answer the projected increase in contact volume, and for these contacts to be answered rapidly and effectively.

To address this need for increased capacity, a number of states already have pending 988 legislation at this time, with 2 states—Utah, and Virginia—having already signed 988 legislation into law. The following states have introduced 988 legislation: Oregon, California, Colorado, Idaho, Kansas, Kentucky, Massachusetts, Nebraska, New York, New Jersey, Rhode Island, and Wisconsin, and the following four states have already passed 988 legislation: Alabama, Indiana, Nevada, and Washington. In addition, 988 legislation is expected to materialize in Arkansas, Pennsylvania, and South Carolina.

[Click here](#) for more information on suicide prevention.

AMA Advocacy on Prior Auth

A recent [AMA survey](#) evaluated the continuing prior authorization (PA) roadblocks for physicians and patients three years after a coalition of industry groups led by AMA released a [consensus statement](#) on necessary PA reforms to ease burdens. Prior authorization remains a major obstacle to achieving optimal patient care. To join the AMA's grassroots PA reform campaign, [visit fixpriorauth.org](#).

AMA Strategic Plan on Racial Justice and Health Equity

The AMA has released its first [strategic plan](#) dedicated to embedding racial justice and advancing health equity. Advancing health equity entails a dedicated and honest approach that recognizes the harmful effects of the AMA's past and targets the systemic inequities in the health care system and other social institutions. The report goes beyond a typical strategic plan and includes an educational component with a primer on equity to meet the medical community where they are and go to the roots of why these inequities exist.

AMA's Return on Health Initiative

The AMA "[Return on Health](#)" framework articulates the value of digitally enabled care and how virtual care programs can increase the overall health and generate positive impact for patients, clinicians, payors and society. The [report issued in May](#) includes multiple references to telepsychiatry.

Psychiatrist Practice Arrangements

The AMA Physician Practice Benchmark Survey for 2020 includes data for psychiatrists, which are presented in a [new report](#). Almost 48% of psychiatrist respondents are employed vs. 38% owner and 14% independent contractor. Over 40% of psychiatrists practice in a single specialty group, 26% are solo practitioners (the highest share of any medical specialty) and 16% are in multi-specialty groups.

Have You Published Lately?

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

APA News & Information

Spring APA Assembly Highlights

The APA Assembly met on April 24th and 25th. Due to the COVID pandemic, the meeting was held virtually. However, it was a very active meeting in which we discussed and voted on action papers and position statements addressing issues that are important to APA, our members, and the practice of psychiatry.

Neuromodulation has become an increasingly important option in the treatment of our patients. The Assembly passed an action paper to create a task force to establish an appropriate APA component for neuromodulation. The purpose of this component would be to advance standards for neuromodulation services (Electro-Convulsive Treatment, Transcranial Magnetic Stimulation, Vagus Nerve Stimulation, Deep Brain Stimulation, Trigeminal Nerve Stimulation, Magnetic Seizure Therapy, Transcranial Direct Current Stimulation, and Transcranial Alternating Current Stimulation). Additionally, a position paper was approved that would create an APA task force to draft a position statement on TMS for review by the Council on Research and other relevant components.

Multiple action papers were introduced to address structural racism. An action paper passed that will establish an annual APA award to the District Branch that has demonstrated through action a commitment to making amends for both the direct and indirect acts of racism in psychiatry. Additionally, an action paper (Addressing Structural Racism in the APA Through Public Outreach) was passed that recommends that the American Psychiatric Foundation allocate at least 50% of its annual budget to fund programs in work, school, community and/or research initiatives which focus exclusively on minority and under-represented mental health issues, to include health disparities, social determinants of mental health, and cultural literacy.

The Assembly passed an action paper that will have the APA track yearly from accessible databases the numbers of active psychiatric practitioners in the United States, including psychiatrist, nurse practitioners, physician assistants, prescribing pharmacists, and psychologists in order to predict future needs.

Two action papers were passed that address law enforcement. The first paper (Addressing Bias in Law Enforcement Personnel and Correctional Staff) will have the APA advocate for law enforcement personnel and correctional staff to be required to engage in diversity/anti-racism training and receive training in de-escalation techniques. The second paper (Eliminating Mandated Possession of Less Lethal Weapons) will have the APA amend its position statement to specifically exclude physicians employed by a law enforcement entity to be mandated to possess or carry less lethal weapons

including batons, pepper spray, mace, nightsticks, Tasers, cattle prods, stun guns, in addition to lethal weapons such as firearms.

The Assembly continues to address issues that are important to psychiatrists, our patients, and the practice of psychiatry.

Brian Zimmitsky, M.D., Annette Hanson, M.D. and Elias Shaya, M.D., Assembly Representatives

Provide Input for APA LEAD Institute

The APA Division of Diversity and Health Equity has established the Leadership, Equity, and Diversity (LEAD) Institute to provide a learning platform for psychiatry trainees to refine their leadership skills and enhance their knowledge in diversity, equity and inclusion thus becoming culturally responsive leaders in patient care, scholarship, and research.

The LEAD institute is developing training program to be launched in October as a pilot program for 2021 SAMHSA MFP Fellows. Recommendations and/or direct input are invited for new e-learning modules, such as:

- Building and Applying Diversity, Equity, and Inclusion as Transformative Skills for Organizational and Community Transformation
- Structural and Institutional Racism in Mental Health Care
- Achieving Mental Health Equity and Building a Just Culture
- Cultural Competence
- Emotional Intelligence
- Social Determinants of Mental Health
- Effective Communication and Constructive Feedback
- Mentorship and the Art of Networking
- Critical Thinking and Execution

Your work will be credited, and will be hosted at the APA Learning Center. [Contact Tanya Thabjan](#) by June 11 with the following information: Name, Email, Phone Number, and Areas of Expertise/Interest.

Apply for APA Component Appointment

APA President-Elect Rebecca Brendel, M.D., J.D., invites voting members to indicate interest in serving on [APA components](#). Members willing to share their expertise and make a significant time commitment to serve APA, the field of psychiatry, and patients are asked to [submit](#) their names or nominate a colleague. She seeks members who represent the varied demographics of APA member and patient populations. All appointments begin on **May 25, 2022**.

APA News & Information

Fifth APA Town Hall on Structural Racism

In a session at its online 2021 Annual Meeting, members of the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry presented highlights from a year of intense efforts to promote diversity and inclusion throughout the organization and the profession. a [section of APA's website is dedicated to the task force](#) and its activities). This was APA's fifth and final Town Hall on Structural Racism. To view a recording, [click here](#).

July 10 Moore Equity in Mental Health 5K

Run, walk, and roll to help raise awareness for mental health inequities facing Black, Indigenous and people of color and to honor mental health equity advocate Bebe Moore Campbell. At noon on Saturday July 10, the APA will host a virtual program featuring guest speakers. After the program, participants are encouraged to show their support by completing a 5K at home or in their community. APA's Division of Diversity and Health Equity partnered with the APA Foundation (APAF) to create this event to raise funds for the APA Foundation's Moore Equity in Mental Health Community Grants Initiative. [Click here](#) for more information or to register.

Mental Health Parity Education

APA-backed federal legislation enacted in December 2020 gave the federal government powerful new authority to enforce the law that requires insurers to provide the same access to psychiatric treatment as other medical care for patients they cover. [Watch APA's new video](#) on mental health parity to learn more.

Podcast on AAPI Xenophobia

In the latest episode of the APA "Finding Our Voice" podcast, host Sanya Virani, M.D., M.P.H., talks with Asian American and Pacific Islander doctors about their experiences with racial trauma and cultural boundaries that have affected them and their patients. [Click here to listen](#).

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month](#).

Medicare Updates

Medicare Medical Records

CMS issued a new [Medical Record Maintenance & Access Requirements](#) fact sheet covering updated regulations, access, documentation and best practices.

Medicare Coverage for Cognitive Impairment

Medicare covers a separate visit for a cognitive assessment to more thoroughly evaluate cognitive function. If a patient shows signs of cognitive impairment at a routine visit, you may perform a more detailed cognitive assessment and develop a care plan. The Cognitive Assessment & Care Plan Services (CPT code 99483) typically start with a 50-minute face-to-face visit that includes a detailed history and patient exam, resulting in a written care plan. Any clinician eligible to report Evaluation and Management (E/M) services can offer this service.

Effective January 1, 2021, Medicare increased payment for these services to \$282 (may be geographically adjusted) when provided in an office setting, added these services to the definition of primary care services in the Medicare Shared Savings Program, and permanently covers these services via telehealth. [Click here](#) for details on Medicare coverage requirements and proper billing.

Revised CMS Guidance

[Collaborative Patient Care is a Provider Partnership](#) fact sheet changes include adding information on quality of care, other coverage and payment rules, and the supplemental medical review contractor, etc.

[Medicare Mental Health](#) booklet changes include adding an outpatient psychiatric medical records checklist and acute care hospital information and updating CPT codes and descriptions on Table 9.

MIPS Webinar June 9

A CMS webinar on **Wednesday, June 9 at 1 PM** will review the requirements for the Merit-based Incentive Payment System (MIPS) improvement activities and Promoting Interoperability performance categories for 2021. The webinar will include participation basics, reporting and scoring requirements, and more. [Click to register](#).

PRMS Fact vs. Fiction Resource

You can terminate care with a patient without abandoning the patient.

What do you think - fact or fiction?

ANSWER: Fact!

We often face reluctance from psychiatrists when we discuss terminating with a patient who has been non-adherent to the treatment plan. Typically this reluctance, which can be significant, stems from a belief that terminating treatment with a patient means the psychiatrist is abandoning the patient, and that their care (though substandard because of the patient's non-adherence) is better than no care. Even during the pandemic, with a greater shortage of psychiatrists available for new patients, substandard care is in fact negligent care. By following the proper termination process, which includes providing notice to the patient (which varies by state, but typically is 30 days), providing referral resources, and confirming the termination in a letter, they can put an end to the negligent treatment and avoid an allegation of abandonment. For more information on this topic, you can view our article [here](#).

Curbside Conversations

A new resource exclusively for MPS members launched in late 2020: **Curbside Conversations** is members with in-depth knowledge of specific areas having informal chats with other MPS members seeking that information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community.

Contact information for volunteer experts is available (only to MPS members) for the categories below. Please email mps@mdpsych.org for details.

Child & Adolescent Psychiatry, including infants
ECT/TMS
First Episode Psychosis
Geriatric Psychiatry
Psychopharmacology
Substance Use Disorders/Addiction
Women's Mental Health/Perinatal Psychiatry

There are other categories with limited participation so please ask if this list doesn't include your need. Remember to consider this option whenever you're looking for information related to patient care!

CLASSIFIEDS

POSITIONS AVAILABLE

Timonium Private Practice: Well-established, adult psychiatric office practice in search of an assistant (M.D. or PMH-CRNP) who may be interested in expanding his/her own practice, with the option to take the practice over within the upcoming 1-3 years. Inquiries may be placed at a.w.forrester@att.net

The Johns Hopkins University Counseling Center is seeking 1-2 part-time psychiatrists for a total of 25-30 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with CC clinicians. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email (mtorres5@jhu.edu) or fax (410-516-4286). Alternatively, contact Dr. Torres via email for more information.

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

NEW PRACTICE ACCEPTING PATIENTS

Accepting New Patients: Enhance Psychiatry and Wellness in Laurel. Insurances Accepted: Carefirst, BlueCross, BlueShield & Maryland Medicaid. **Child, Adolescent, Adult and Geriatric** patients seen. Call Dr. Josue at 443-885-0915; website: mind-brainbody.net; profile on psychologytoday.com

OFFICE SPACE AVAILABLE

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.

Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS OPENING IN JUNE.

CURRENT OPENINGS INCLUDE:

Inpatient Unit Chiefs: Child & Adolescent and Trauma Disorders

Inpatient Staff Psychiatrists: Child & Adolescent, Adult, and Eating Disorders

Residential: OCD expert - The Retreat, and Service Chief of a new Adolescent Residential Program

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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- Physician-led organization
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- Cross-discipline collaboration

For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or **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 to learn more about our services. EOE.



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MEDICAL LICENSE PROCEEDINGS

Psychiatrists are more likely to face an administrative action than a lawsuit.
Separate limits up to \$150,000

HIPAA VIOLATIONS

HIPAA enforcement continues to increase at the federal and state levels.
Separate limits up to \$50,000

DATA BREACH

The use of electronic media in psychiatric practice has increased.
Separate limits up to \$30,000

ASSAULT BY A PATIENT

Violence by patients against psychiatrists is more common than against other physicians.
Separate limits up to \$30,000



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