

# MPS NEWS

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Editor: Heidi Bunes

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

MPS News Design & Layout  
 Meagan Floyd

The MPS Council will meet by videoconference on April 5th at 7:30 PM. All members welcome!

## President's Column

### Happy Spring

This is my last column in a second year of COVID and Zoom Meetings. Originally, I was hoping for in person meetings but the second year into this we can see some advantages to Zoom. It is easier for weekday Executive Committee meetings, Council and Committee meetings. Council has been very well attended by Zoom. We do hope for some events to be in person in the future! I am looking forward to seeing all of you in person!

We have continued to forge on with advocacy, CMEs and legislative work. Our committees have been working hard we have had CMEs on Psychiatry and Legal Interventions and a very interesting history lesson with The Impact of Racism in Maryland Psychiatry. The legislative session will not be over until April 11<sup>th</sup> after this goes to print so the final outcome of our legislative efforts is to be determined.

I hope everyone will join us for the virtual [Annual Meeting](#) April 28th 7:00 pm to 8:30 pm. We were hopeful that we could have the annual meeting in person this year but unfortunately with the preplanning needed and uncertainty we were not able to plan for it. We had a lively meeting last year and expect another fun event. We will welcome the new President Jessica Merkel-Keller M.D. Other new officers will be Carol Vidal M. D., M.P.H as President- Elect and Doris Balis M.D. as Secretary-Treasurer. Door prizes, paper winners, recognition of new Fellows and Distinguished Fellows and something for everyone at the meeting! We plan to have a slide show again so [send a picture](#) of something that makes you happy or got you through another year of COVID to Meagan. (This is a FREE

event, but please [click here](#) to register.)

I must thank our incredible staff Heidi Bunes and Meagan Floyd who have kept us going during another stressful year.

I am humbled by our intelligent hardworking membership and proud to have served this year as President.

Thank you,  
*Ginger Ashley M. D.*

## 2022 Maryland Psychiatric Society Annual Meeting

**Thursday April 28th 7-8:30 PM**

This once-a-year [program](#) is FREE of charge!

Door prizes will be given in three categories:

- Resident Fellow Members
- Early Career Psychiatrist Members (within 7 years of starting practice)
- All other members

We have a lot to celebrate! [Join with your colleagues](#) in this interactive event that will include some fun in addition to information about the past year in Maryland psychiatry and a vision for the future.

See [page 7](#) for more information.

**[Register today!](#)**

# CONGRATULATIONS



MPS Council voted to award

## Jeffrey S. Janofsky, M.D. 2022 MPS Lifetime of Service Award

Please join us at our Annual Meeting on April 28th to honor Dr. Janofsky for this achievement.

[See page 7](#) for more information.

### Learn About Asian American Health Initiative

Join the MPS Community Psychiatry & Diversity Coalition (CPD) at its virtual meeting on **April 21 at 6 PM** for a short presentation by the [Asian American Health Initiative](#) (AAHI) in Montgomery County. AAHI's extensive mental health resource library is included on the [CPD resource page](#). AAHI representatives will also explore ways that the MPS and its members can collaborate further in serving people with behavioral health needs. [Please click here to join the meeting via zoom](#) or [email Heidi Bunes](#) with questions.

### Calling All Members! 2022-2023 MPS Opportunities

The annual MPS leadership cycle begins again this month with the installation of Jessica Merkel-Keller, M.D. as President. The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email "[interest group](#)" and other ways that we haven't imagined yet. **MPS is your organization representing your profession. This is your chance to have a say!**

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

### MPS Has Highest Member Participation

At 28%, the MPS had the highest percentage of members voting of all District Branches in the APA national election. The MPS will be recognized with the 2022 APA Assembly Award for the District Branch with the Highest Percentage of Voting on May 22 at the Assembly meeting in New Orleans.

### Share Your Inspiring Photos With MPS

There is no question that the past year has had its challenges! But, there have also been bright spots – moments of joy and days that brought smiles. To kick off this year's [Annual Meeting](#) on a positive, fun note we want to share member photos of things that brought joy this past year. It can be ANYTHING that was a moment of happiness – a vacation/ trip, a new house, a picture of your dog, etc.

Please send your photo to [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org) by April 20th. You can include a short caption if you'd like. The photos will be combined into a short presentation for the start of this year's virtual [Annual Meeting](#) (To be held on [Thursday April 28th](#) at 7 PM – be sure to register!)

### Deepak Prabhakar, M.D. to Receive MFP Anti-Stigma Advocacy Award

Deepak Prabhakar, M.D. will be awarded the 2022 Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Prize for his Op-Ed column, "[Biles is leading a new generation of athletes who prioritize mental health](#)," which was published in the August 2, 2021 print issue of *The Baltimore Sun*. The MFP board of directors felt that it very effectively expressed important ideas such as that the best athletes with "steely" inner strength can nevertheless be vulnerable to mental illness, that people should not feel ashamed to seek treatment when needed, and that everybody should routinely check on friends and family to make sure they are okay, and encourage them to seek professional help when needed.

The Anti-Stigma Advocacy Award carries a \$500 prize and will be formally presented at the [Maryland Psychiatric Society annual meeting on April 28](#).

The Foundation established this annual prize for a worthy media piece, preferably local or regional, that accomplishes one or more of the following:

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

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

### MPS Members Out & About

On February 28 **Rachna Raisinghani, M.D.** was featured in a WMAR News story, [Battling Through Trauma in Charm City](#), addressing the topic of PTSD and when to seek help.

## March 8 Council Highlights

### Support for MPS Strategic Priorities

Dr. Ashley reported on efforts toward [MPS priorities](#) since the February Council meeting. New non-dues income from Sheppard Pratt, Platinum; PRMS, Featured; and APA Inc, Featured. February *MPS News* was sent to non-members to maintain connection. Academic Psychiatry Committee activities resulted in 3 new members. Election and volunteer information was emailed to new members to help them become familiar with MPS. A vendor list will be sent to Council for updates.

### Executive Committee Report

Dr. Ashley reported that both Drs. Joan Han and Allison Bailey-Greene received Area 3 RFM Recognition Awards. Jennifer Palmer, M.D. will serve temporarily as one of the APA Assembly Representatives at the May 2022 meeting. A call for volunteers with [2022-2023 opportunities](#) was emailed and included in the March newsletter. After a lengthy exchange on the MPS listserv about medical assistance in dying, there will be a survey of the membership to assist the MPS in formulating a position should legislation be introduced. MPS met with Behavioral Health Administration representatives to discuss the dangerousness definition for involuntary commitment (a bill was introduced, and new regulations are planned if it does not pass), crisis services reforms, and the new bed registry and bottlenecks for patient admission and discharge.

### Secretary-Treasurer's Report

Dr. Vidal discussed the 2021 year-end statements that were reviewed, not audited, by Norman Feldman, CPA.

- The Statement of Financial Position shows total assets of \$445K, up \$16K from last year. Net assets of \$281K are up \$2K and include \$3K temporarily restricted for legal advocacy.
- The Statement of Activities compared to 2020 indicates total revenue of \$291K, down \$14K from 2020. Total expenses of \$288K are down \$20K. The change in net assets is a \$2213 surplus, up \$5K from a \$3504 deficit in 2020.
- The Statement of Cash Flows shows a \$9K increase in cash from operations and no fixed asset purchases.
- The Statement of Activities compared to Budget has some large differences because we did not anticipate that meetings would remain virtual, nor the MOU with WPS that reduces lobbyist costs. Total income of \$291K is \$43K under budget. The expense side is \$70K under budget overall. The \$2214 surplus is \$27K better than budget. Overall, we did well considering COVID's continued impact.

She also reviewed the draft Form 990 and 990T, which include amounts from the financial statements, but with different categories, as well as governance questions, leadership, policies, a description of program and services, etc. Council

voted unanimously to approve the year end statements. It also voted unanimously to approve the 990 as drafted and submit it to the IRS.

### Legislative Committee Report

Dr. Hanson said there are 12 days left before the crossover date at which point bills must advance to the opposite chamber to remain viable. The committee had its last scheduled call the week prior but will monitor amendments for any MPS action needed. Some of the priority bills are posted on the [website](#). Of note, the MPS is supporting bills for a suicide fatality review board and allowing electronic transmission and storage of emergency petitions. We are supporting a pilot Assisted Outpatient Treatment program in Frederick County if amended and suggested improved language. The MPS and WPS prior authorization legislation [SB688](#), introduced by Senator Ready, is unlikely to advance this year but we got useful information. We also submitted amendments for the civil commitment legislation. The MPS is opposing a bill to authorize clinical nurse specialists (CNS) to prescribe without limitations or supervision. Over 100 members contacted legislators with concerns about the bill, but unfortunately it was voted out of the Senate committee. We are also opposing a bill that would allow individuals who are EP'd to be transported to a hospital of choice rather than the nearest emergency facility.

### Membership and Recruitment Committee Report

Dr. Lacap reviewed the list of 84 members at risk of being dropped for non-payment of 2022 MPS and/or APA dues. She requested assistance from Council in reaching out to colleagues who still owe to urge them to remain members.

### Old Business

Following up on discussion during the last meeting, Dr. Ehrenreich reported that MPS representatives raised concerns at the meeting with Behavioral Health Administration representatives about access to acute care. One of the presentations during the BHA meeting related to implementation of the Maryland bed registry. Slides from the presentation were

## Review of Maryland Overdose Fatalities

The Office of Population Health Improvement's [Maryland Overdose Fatality Review Program 2019 Annual Report Synopsis](#) includes challenges and recommendations for addressing the opioid and drug epidemic in Maryland, as well as information by county. A total of 356 decedents were reviewed. Trends include: · Increase in Fentanyl-Related Overdoses. · Histories of Mental Health and Somatic Health Conditions. · Histories of Substance Use Disorder and Documented Treatment History. · Family Members and Friends Impacted by Overdose Death of a Loved One.

## Congratulations to MPS Paper of the Year Winners!

The MPS Academic Psychiatry Committee [“best paper” award](#) recognizes outstanding manuscripts authored by young psychiatrists that are published or in press in the immediately preceding year. The selection subcommittee reviewed several submissions of excellent papers. Congratulations to this year’s winners who will receive cash prizes funded by the Maryland Foundation for Psychiatry and be recognized at the [April 28 annual meeting](#):

### **Medical Student Member (MSM) (2 way tie)**

**Michael Johnathan Charles Bray, MS (JHU)**

[Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) in *JAMA Psychiatry* 2021 Apr 1

**Nicholas O. Daneshvari, MS (JHU)**

[Neuroimaging Correlates of Syndromal Anxiety Following Traumatic Brain Injury: A Systematic Review of the Literature](#) in *Journal of the Academy of Consultation-Liaison Psychiatry* 2021 Sep 14

### **Resident-Fellow Member (RFM)**

**Stephanie S. Kulaga, MD (UMMC/SP)**

[Viral respiratory infections and psychosis: A review of the literature and the implications of COVID-19](#) in *Neuroscience & Biobehavioral Reviews* 2021 Aug

### **Early Career Psychiatrist (ECP)**

**Lindsay R. Standeven, M.D. (JHU)**

[Allopregnanolone and depression and anxiety symptoms across the peripartum: an exploratory study](#) in *Archives of Women’s Mental Health* 2021 Oct 29

*Jennifer M. Coughlin, M.D.  
Academic Psychiatry Committee Chair*

## 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.*

Swapnil Khurana, M.D.

### **Transfer to Maryland**

Jaskirit Gill, M.D.

### **Reinstatement**

Silvia O. Williams, M.D.

## MPS Poster Competition Winners

This year the MPS Academic Psychiatry Committee’s poster competition for Resident-Fellow Members had several outstanding entries, all of which will be on display at the [April 28 annual meeting](#). The committee used a scoring system to identify the top three posters. The following three winners will receive cash prizes funded by the Maryland Foundation for Psychiatry and will be honored at the [annual event](#).

### **First Place: Joan J. Han, D.O. ( UMMC/SP)**

*Improving Reproductive-Age Patient Education on the Effects of Prenatal Marijuana Exposure (Jennifer Reid, M.D. co-presenter)*

### **Finalist: Eric Goldwaser D.O., Ph.D. (UMMC/SP)**

*Hippocampal blood-brain barrier damage and peripheral vascular compromise in schizophrenia*

### **Finalist: Julia Nardi Riddle, M.D. (JHU)**

*Anxious thoughts in Pregnancy and Heart Rate Variability*

*Jennifer M. Coughlin, M.D.  
Academic Psychiatry Committee Chair*

## Support the MPS Advocacy Fund!

Psychiatry faces legislative and regulatory threats and opportunities in Maryland. MPS has successfully addressed access issues, scope of practice, unfair reimbursement practices, and additional burdensome training requirements. To ensure sufficient resources to sustain government affairs activities and legal counsel for effective representation of psychiatrists and their patients, we need financial support. [Please donate](#) to our advocacy fund; every contributor, every member strengthens our collective position! *Payments to the Advocacy Fund are not charitable donations, but they may be fully tax deductible as a business expense; check with your tax preparer.*

## Study Shows Physician Led Care More Valuable

A South Mississippi accountable care organization’s (ACO) data reveal that care provided by nonphysician providers was more expensive than care delivered by doctors. The internal data, which includes more than 33,000 patients enrolled in Medicare, indicate that allowing advanced practice providers to function with independent panels under physician supervision failed to meet goals in the primary care setting of providing patients with an equivalent value-based experience. The study entitled [“Targeting Value-based Care with Physician-led Care Teams”](#) was published in the *Journal of the Mississippi State Medical Association*. [Click here](#) for the March 17 AMA article.

## Maryland News

### Adding CoCM to Find-a-Psychiatrist

The [Collaborative Care Model](#) (CoCM) is an integrated care approach that helps primary care practitioners (PCPs) better manage people with mild and moderate psychiatric problems.

Using an evidence-based care team that includes a behavioral health care manager (BHCM) and a psychiatrist, the team meets for about an hour per week to review identified PCP patients who are not improving as expected, as measured by standardized instruments (eg, PHQ-9, GAD-7, AUDIT-C). The psychiatrist recommends changes in medication, therapy, tests, and other interventions, which the BHCM and PCP implement with patient education and input. Often there is a lot of education by the BHCM, explaining the importance of sleep schedules and hygiene, the right ways to take medication (eg, don't take Wellbutrin before bed), managing medication side effects, etc.

Over 80 randomized clinical trials have demonstrated that this approach is feasible and/or effective for common conditions seen and managed by PCPs, including depression, anxiety disorders, and substance use disorders. One psychiatrist can effectively manage about 80 patients with only 1-2 hours per week. You make recommendations, the PCP decides how to use your advice, prescribes meds, orders labs, and handles the patients.

The initial challenge in getting started with CoCM is finding PCPs interested in using the model. And PCPs have trouble finding psychiatrists who want to do CoCM. **The MPS aims to facilitate CoCM in Maryland by being a matchmaker** between member psychiatrists and PCPs and others (I've also worked with OB/GYNs, cardiologists, and neurologists). This well-established treatment model is reimbursed by most payers, and the PCPs, in turn, pay the psychiatrists directly, often on an hourly or weekly/monthly basis.

As the first step in this initiative, MPS has added "Collaborative Care Model (CoCM) Consulting" to the areas of interest in the [Find-a-Psychiatrist](#) tool on the website. Members who want to be listed should [email Heidi Bunes](#) to be added, or log in to their member account to make the change. This list will make it easier for practices to find psychiatrists who are trained in and use this model (APA has [free training](#) for members, as well as for PCPs). It is also a new benefit of MPS membership.

Later, MPS plans to collaborate with [MedChi](#) to promote the availability of CoCM psychiatrists to MedChi members. We could also consider collaborating with [MDDCSAM](#), as the model includes both psychiatrists and addiction medicine specialists as consultants. Once there are enough interested psychiatrists, MPS intends to form a CoCM [Interest Group](#) to enable members to work together to focus on workflow, quality, and outcomes. MPS could also consider seeking funding to become a statewide nonprofit resource for the broader medical community.

I am interested in working on growing this idea and am asking like-minded MPS members to [contact Heidi](#) if they want to be involved in this initiative. Also, please watch for the next MPS member survey and the MPS member data update form that will arrive in the coming months and indicate your interest there.

*Steve Daviss, M.D. DFAPA FASAM*

### Expanded C&A Crisis Services and Peer Recovery Services

The Maryland Department of Health [announced](#) two initiatives and \$17.7 million in grant funding for local behavioral health authorities to increase access to walk-in and urgent care services.

A Behavioral Health Administration (BHA) **child and adolescent crisis services** expansion will provide \$15.4 million to expand mobile crisis services and launch youth-specific [Mobile Response and Stabilization Services](#) (MRSS). Funding is from SAMHSA via the [COVID-19 Emergency Relief Grant](#) and the [COVID-19 Supplemental Block Grant](#). The MRSS crisis model—currently operating in Harford County and the greater Mid-Shore region—will expand into Allegany, Garrett, Washington, Frederick, St. Mary's, Calvert and Charles Counties over the next three months, with the goal of expanding into more areas as additional funding becomes available. See the [MRSS summary two-pager](#) for more information.

The BHA **crisis peer services** expansion will provide \$2.3 million in funding from the [American Rescue Plan Act Supplemental Mental Health Block Grant](#) to expand peer recovery support for individuals who use crisis services through behavioral health crisis walk-in centers and urgent care centers. The [Peer Crisis Model](#) will help connect people who are experiencing a crisis with a [Certified Peer Recovery Specialist](#) to help navigate community-based treatment resources and prevent future crises. Program expansion will initially support more than 1,300 individuals in Harford, Howard, Frederick, St. Mary's, and Worcester Counties. BHA's goal is to reach up to 12 jurisdictions by 2025.

### Future Telling in Medicine

Beginning **April 12**, MedChi is hosting a 4-part webinar series on Tuesdays at 7 PM a variety of topics, including COVID, private practice, organized medicine, and advocacy. [Click here](#) for dates and panelists. Please contact Catherine Johannesen at [CJohannesen@medchi.org](mailto:CJohannesen@medchi.org) for more information.

# Maryland News

## FY21 MBP Annual Report

The Maryland Board of Physicians (MBP) Fiscal Year 2021 [Annual report](#) lists the three most common allegations for complaints as unprofessional conduct in the practice of medicine (325), failure to meet the standard of care (227), and failure to keep adequate medical records (54). Over half of the complaints filed came from patients or their families.

Fifty-three cases were referred to peer review. A total of 49 physicians lost their licenses, including 11 that were surrendered, and 77 had their licenses restricted. There were 82 non-prejudicial actions against physicians and 12 other prejudicial actions, of which 9 were reprimands. Physician fines through disciplinary actions totaled \$309,100 and their administrative fines totaled \$4,500.

Actively licensed physicians in Maryland totaled 31,605, down from 32,397. There were 14,739 allied health practitioners actively licensed by MBP, up from 14,525. Total licenses issued via the [Interstate Medical Licensure Compact](#) were 253, up from 224. MBP processed 1,635 physician assistant delegation agreements. While there were 66 positive criminal history records checks for physicians, none of them were denied licensure or renewal.

**The Maryland Board of Physicians is [recruiting](#) for seats on the Board with terms that end June 30.** All applicants (new and reappointment eligible) must apply online at <https://govappointments.maryland.gov/>. Please email [Kim.Bennardi@Maryland.Gov](mailto:Kim.Bennardi@Maryland.Gov) with questions.

## MIA Recovers \$16.5M for Consumers

The Maryland Insurance Administration (MIA) [announced](#) that it recovered nearly \$16.5 million in 2021 by helping resolve insurance-related issues and complaints. Insurance Commissioner Kathleen A. Birrane stated, "The MIA is a free resource available to all Marylanders who need help resolving insurance disputes." Recovered funds came from:

- The Life and Health Complaints Unit closed 1,751 complaints in 2021 and recovered \$3.1 million for consumers and providers.
- The Appeals & Grievances Unit responded to 847 complaints in 2021 and recovered \$883,460 for consumers. Maryland law gives consumers the right to appeal a decision that denies coverage for medically necessary treatment. If a doctor has determined that certain medical treatment is needed, but an HMO or health insurer does not agree, this law allows a consumer to appeal.

To file an insurance complaint, visit: <https://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx>. Or call 1-800-492-6116.

## March BHA Updates

Following are some excerpts from the [March 2022 Deputy Secretary Behavioral Health Monthly Update](#):

An Inpatient Psychiatric Bed Board has been established and is updated daily to facilitate referrals across hospital systems to expedite more timely access to inpatient psychiatric services. A Care Coordination center provides a dedicated hotline for emergency department discharge coordinators to contact for referral and placement assistance.

A [Physician Support Packet for COVID-19](#) is found at the [Medicaid COVID-19 Provider Update](#) page. It is a compilation of information and resources to support practices in caring for patients in today's COVID-centric environment. The packet also provides clinicians with the opportunity to **earn up to 4.5 free CME credits**. The CME opportunities have different 2022 submission deadlines, 3/15, 5/15, and 8/15.

The Maryland Crisis System Workgroup is developing/expanding urgent care centers around the state to serve as a Designated Psychiatric Emergency Facility (serving as a diversion for EDs for people emergency petitioned). Elements of the State Plan Amendment are being mapped out and the funding structure for crisis services, both mobile crisis teams and crisis stabilization walk-in centers is being discussed.

BHA's Office of Suicide Prevention has developed their second installment of [MD Young Minds](#) text messages to be distributed to subscribers over the next three months.

## MedChi Physician Pay Survey

MedChi's latest physician compensation survey has revealed a persistent and significant gender wage gap of 50% that cannot be accounted for based on medical specialty or hours worked per week. A racial wage gap is also apparent. And despite Maryland's high cost of living, physicians in the state earn less than the national average. [Click here](#) for details.

## Updated Guidance on Medicaid Eligibility

Last month CMS released [guidance](#) to State Medicaid departments about redeterminations of eligibility for Medicaid once the COVID-19 public health emergency (PHE) ends. CMS aims to promote continuity of coverage and facilitate transitions among plans. States will have an extra 2 months (14 total) after the PHE ends to complete Medicaid renewals and outstanding eligibility actions. Millions enrolled in Medicaid in the past 2 years. While many will lose coverage, CMS aims to minimize coverage loss for administrative reasons. **[Maryland Medicaid](#) has extended coverage to May 31 for all expiring plans due to the PHE.**

## Maryland News

### New Fee Schedules for Public Behavioral Health System

On March 9, Optum Maryland [alerted](#) providers to updated fee schedules posted on its website with rates **effective January 1, 2022**. Evaluation and Management (E&M) and injectable buprenorphine and naltrexone service codes are impacted. E&M codes are paid at 93% of Medicare as determined by the legislature. **Submit a corrected claim to Optum to obtain the updated rate for a service billed at the prior rate.** [Click here to access the new rates.](#)

### Tax Season Reminder

Marylanders can sign up for health insurance by checking a box on tax form 502 or 502B that authorizes the Comptroller of Maryland to share information from the return with the Maryland Health Benefit Exchange. Some individuals may be [eligible](#) for a free or low-cost health plan. Maryland Health Connection will use the information to determine eligibility and send a letter outlining the options. Those who check the box can sign up for a new health plan during a special enrollment period that runs for 35 days from the date of the letter. Learn more on the [Easy Enrollment page](#).

### BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for 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 pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

**April 14** [The Power of Positivity in the Workplace](#)  
LaTanya Eggleston, MA. Moderator: TBD.

**April 28** [Healing from the Traumatic Stress Faced by Health Care Workers](#)  
Bessel van der Kolk, MD. Moderator: TBD.

### AMA Toolkit on Payor Contracting

AMA resources help private practice physicians navigate the complexities of health-plan payments, including a free two-hour webinar with subject matter experts that covers basic contract provisions, basic legal rules governing contracts, commonly negotiated provisions, common disputes, and innovative and nontraditional opportunities. [Click here](#) for more details as well as a checklist, sample contract, etc.



annual  
**MEETING**

## 2022 Maryland Psychiatric Society Annual Meeting

**Thursday April 28th 7-8:30 PM**

This once-a-year [program](#) is FREE of charge!

Door prizes will be given in three categories:

- Resident Fellow Members
- Early Career Psychiatrist Members (within 7 years of starting practice)
- All other members

We have a lot to celebrate! [Join with your colleagues](#) in this interactive event that will include some fun in addition to information about the past year in Maryland psychiatry and a vision for the future.

We will welcome **Jessica Merkel-Keller, M.D.** as 2022-2023 MPS President. **Carol Vidal, M.D., M.P.H** will become MPS President-Elect and **Doris Balis, M.D.** will become Secretary-Treasurer.

- Best Paper Contest and Resident/Fellow Poster Competition awards will be presented.
- We'll recognize new Fellows, Distinguished Fellows, lifer members and more!

**Thank you to our supporters:**

**APA Inc.**  
**Johnson & Johnson**  
**Maryland Addiction Consultation Service**  
**Medical Mutual**  
**Professional Risk Management Services**  
**Sheppard Pratt Health System**

**[Register today!](#)**



annual  
**MEETING**

## APA News & Information

### APA Applauds Biden Strategy on Mental Health

President Biden unveiled a new "[Strategy to Address Our Mental Health Crisis](#)." Among the plan's key provisions that APA supports are:

- investment in training for clinicians;
- ensuring access to adequate networks and coverage for affordable mental health care through the enforcement of mental health parity;
- integration of mental health and substance use care into the primary care setting;
- expansion of telehealth services;
- resources to help health care workers with burnout;
- improvements in health equity;
- strengthening the crisis continuum of care in our communities along with the 988 rollout in July; and
- strengthening community mental health services.

The APA is also pleased with the plans on veterans' mental health, school programs, and those involved with the justice system, as well as a focus on how [social media is impacting the nation's mental health](#). [Click here](#) for the news release.

### Podcast on Healthcare Workers' Mental Health

Burnout among healthcare workers predates the pandemic. An APA Foundation [podcast](#) led by psychiatrist Jessica Gold, M.D., M.S. talks about healthcare workers' mental health and steps health systems and mental health professionals can take to support them better.

### APA Statement on War in Ukraine

On March 2 the APA stated, "The war in Ukraine will have adverse mental health effects on individuals and communities around the world." ... "The [APA supports the care of all immigrants, refugees, displaced persons](#), and all within Ukraine..." The complete [news release](#) includes a list of tips and resources for clinicians, community leaders and families.

### Volunteer Training for Clinicians: Ukraine

YouTube videos of the Vibrant Crisis Emotional Care Team's Disaster Behavioral Health Just In Time [Training](#) are available in 6 languages: English, Ukrainian, Romanian, Spanish, Polish and Russian.

### CSTS Resources for Ukraine War

Exposure to war causes a wide range of harmful mental health effects. Those working with refugees and people directly impacted in Ukraine can protect mental health using evidence-based actions and other resources [available here](#).

### APA Welcomes Funding and Telehealth Provisions in Budget Bill

The APA [expressed support](#) for appropriations in the Omnibus FY22 bill to fund the government through the end of the fiscal year and provide aid to Ukraine. In addition to funding many key programs, it would continue certain flexibilities facilitating access to telehealth for an additional five months after the current public health emergency expires. Specifically, the extended flexibilities include waiving geographic site of service requirements, allowing for audio-only telehealth services to be provided to Medicare beneficiaries, and delaying the implementation of the requirement that Medicare patients have an in-person evaluation for mental health services within six months of the first telehealth visit with their clinician. [Click here](#) for more info, including funding details.

### DSM-5-TR Released

The APA released the [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision \(DSM-5-TR\)](#) on March 18. A new disorder, prolonged grief disorder is now included, as well as codes for suicidal behavior and nonsuicidal self-injury. Unspecified Mood Disorder has been re-stored. Diagnostic criteria have been revised for several disorders, including changes in the criteria sets for:

- Autism spectrum disorder
- Manic episode
- Bipolar I and bipolar II disorder
- Cyclothymic disorder
- Major depressive disorder
- Persistent depressive disorder
- PTSD in children
- Avoidant-restrictive food intake disorder
- Delirium
- Substance/medication-induced mental disorders
- Attenuated psychosis syndrome (in the chapter "Conditions for Further Study")

Two groups—the Ethnoracial Equity and Inclusion Work Group and the Cross-Cutting Culture Review Group, composed of more than 40 experts—provide a comprehensive review and update of the impact of culture, race, and racism on diagnosis.

### 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 and sign up for updates about this free member benefit.](#)

## APA News & Information

### APA Advocacy on MIPS Cost Measures

APA submitted comments on episode-based cost measures being developed by CMS for use in the MIPS program. The measures being considered include one focused on **Major Depressive Disorder** and another on **Psychoses and Related Conditions**. During CMS field testing of the measures, clinicians and groups with at least 20 episodes under any of the measures received a cost report for review and feedback. More information can be found on CMS's [MACRA Feed-back](#) page. Members who received a cost report and would like to review it with APA staff should contact Andrew Lyzenga at [alyzenga@psych.org](mailto:alyzenga@psych.org).

### Join M/UR Caucus by May 1 to Vote

Two of APA's seven minority and underrepresented (M/UR) caucuses are holding elections for leadership positions this year: the Caucus of Black Psychiatrists and the Caucus of International Medical Graduate (IMG) Psychiatrists. Information on the M/UR caucus elections is posted on [APA's website](#). The deadline to join a caucus or switch caucus membership to be eligible to vote is **Sunday, May 1**.

### APA Files FOIA on REMS

The APA has filed a Freedom of Information Act (FOIA) Request to the Food and Drug Administration (FDA) seeking information about the revised [Clozapine Risk Evaluation and Mitigation Strategy \(REMS\)](#) that the FDA instituted on November 15, 2021. The FOIA is seeking information about lost patient data; contract information, authority to address problems and the ongoing need for REMS. On November 19, the FDA temporarily suspended some of the REMS requirements because of problems experienced by clinicians and pharmacies. [Click here](#) for the complete March 14 *Psychiatric News* report.

### Policy Challenges and Opportunities for Digital Therapeutics

The APA, the American Psychological Association, and Mental Health America will hold a webinar on **April 6** from 2-3 PM on the role of digital therapeutics in addressing the mental health and substance use crisis. It includes experts from provider, payer, consumer, industry, and academic perspectives, as well as dialogue with leaders from the Food and Drug Administration and the Centers for Medicare & Medicaid Services. [Click here](#) for details or to register.

## PRMS Fact vs Fiction Resources

### Scenario 1

When a patient comes to you already on a medication, and you continue prescribing the exact same medication at the exact same dose, it is not necessary to get informed consent again.

### What do you think - fact or fiction?

ANSWER: Fiction! Whenever you prescribe a medication for the first time, even if just continuing another treater's prescription, you need to have – and document – an informed consent discussion. You cannot presume that the prior treater discussed risks with the patient and you need to assure yourself that the patient knows and understands these risks. "I assumed he knew" will not cut it with a jury. The extent of the informed consent discussion will vary with the riskiness of the medication. Remember that the FDA's patient medication information guides may be useful in your discussions. And remember to make sure you have made the patient aware of any applicable driving warnings associated with the medication.

### Scenario 2

A colleague tells you that a patient she has treated for a number of years is in a custody battle with his ex-wife. The patient has told your colleague that his attorney needs him to prepare a report in support of his psychiatric stability and ability to care for his child. From what he has shared with your colleague, she believes the child would be much better off with the patient than with the mother. However, your colleague does not want to get involved in the patient's litigation. The patient tells her that he only needs a report and no testimony would be needed. When you bring up concerns about dual roles, your colleague says because it is in the patient's best interest, and she knows the patient very well, it is not a problem to do the report.

### What do you think - fact or fiction?

ANSWER: Fiction! Once a treating psychiatrist starts giving opinions for litigation purposes, they have moved beyond the treating psychiatrist role and into the role of forensic psychiatrist, or even expert witness (regardless of what the patient promises). Multiple roles bring with them the very real possibility, even the inevitability, of conflicting obligations (i.e., the patient's clinical needs versus the patient's other needs). Conflicting obligations / dual roles increase the risk of clinical, ethical, and even legal problems.

Psychiatrists should be wary when asked for opinions or predictions by third-parties, such as employers, disability insurance companies, and attorneys. The safest response is for the psychiatrist to discuss the issue with the patient, explaining the limits of your role as a treating psychiatrist and outlining the potential consequences. You can advise the requesting parties that if they want an opinion or a prediction, then they should obtain an independent medical exam for that specific purpose. Psychiatrists who practice in rural areas sometimes find that it is difficult to avoid dual roles; however, they should still make every effort to do so.

For more information, [click here](#) to access "Myths & Misconceptions: The Treating vs The Forensic Role."

## Medicare Updates

### 2020 Performance Posted to Care Compare

CMS has added new Quality Payment Program performance information for doctors, clinicians, groups, and Accountable Care Organizations to the Doctors and Clinicians section of [Medicare Care Compare](#) and the [Provider Data Catalog](#). Performance information is displayed using measure-level star ratings, percent performance scores, and checkmarks. Medicare patients and caregivers can use Care Compare to search for and compare doctors who are enrolled in Medicare. Visit the [Care Compare Doctors and Clinicians Initiative page](#) for details about the 2020 QPP performance information.

### CMS SBIRT Update

This year CMS updated its [SBIRT Services](#) publication to indicate that Naloxone HCPCS Code G1028 is covered beginning January 1, 2022 (page 11). SBIRT, or Screening, Brief Intervention, & Referral to Treatment, is covered by Medicare and Medicaid. The link includes details for covered services, documentation, billing, and more.

### Medicare Signature Requirements

CMS updated its publication explaining the requirements for complying with [Medicare Signature Requirements](#). Requirements for Electronic Signatures are now included on page 3.

### APA Supports Access in Medicare Advantage Plans

APA submitted comments supporting a CMS proposal that plans be required to demonstrate compliance with network adequacy standards before CMS approves an application for a new or expanded Medicare Advantage plan. APA also provided CMS with requested information on building an adequate network of behavioral health providers, including easing administrative burdens, improving reimbursement rates, use of telehealth and wider adoption of the Collaborative Care Model. APA also supported efforts to improve health equity by requiring all Special Need Plans (SNP) (i.e., chronic condition special needs plans, D-SNPs, and institutional special needs plans) to include one or more questions on housing stability, food security, and access to transportation as part of their Health Risk Assessments.

### New 988 Website

A new and improved 988 website – available at [sam-hsa.gov/988](http://sam-hsa.gov/988) – is designed to serve as a one-stop-shop for the 988 suicide and crisis lifeline tools and resources from SAMHSA. Although **the transition to 988 happens on July 16th**, SAMHSA is making materials available now to facilitate communication.

### Removing Naloxone’s Rx Status

To help make naloxone more available to patients everywhere, the AMA is urging regulators, legislators, and manufacturers to expand its availability. This includes making the opioid-related overdose-reversing drug available over the counter. It is hoped that this will help end the drug overdose epidemic that is being fueled by growing levels of illicit fentanyl, fentanyl analogs, and drugs contaminated with illicit fentanyl. [Click here](#) to read more.

## CLASSIFIEDS

### OFFICE SPACE AVAILABLE

Had enough Zoom? Mt. Washington Village (Baltimore City): two offices will be available in a suite of mental health professionals: one smaller, interior (\$540/mo) and a larger office with 3 windows (\$750/mo), includes utilities/parking space in the building. Office sharing is an option. Email: [DinahMiller@yahoo.com](mailto:DinahMiller@yahoo.com)

Ellicott City/Waverly Woods/Columbia/Glenelg: near Rt. 70, RT. 32 and Rt. 29. Office and Group room is in a beautiful suite ready for Daily and Hourly rentals. Includes large fully furnished offices with 2 windows, Chairs for groups, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists (including a psychiatrist) who cross refer. WiFi and fax available. Free ample parking. Great option to hold telehealth sessions. Contact [Jenniferplassnig@gmail.com](mailto:Jenniferplassnig@gmail.com) or 410-203-2411

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. [Mike Boyle](mailto:Mike.Boyle@ellicottcity.com) 410-206-6070 or 410-465-2500.

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](mailto:keith@keithmillercounseling.com).

**Employment ads on the next few pages!**

**CLASSIFIEDS****POSITIONS AVAILABLE**

**RICA-Baltimore** is seeking a part time 60% Psychiatrist to provide the full performance level of clinical psychiatric services to adolescents residing in an RTC facility (24/7) in the Baltimore/Catonsville area. Duties include treatment of patients, psychiatric evaluations, psychopharmacology and supervision of a multidisciplinary clinical team. Position includes a generous state benefit package. [Click here](#) or E-mail CV to [tonyad.tuggle@maryland.gov](mailto:tonyad.tuggle@maryland.gov).

The **Johns Hopkins University Counseling Center (CC)** is seeking 1-2 part-time psychiatrists for a total of 30-40 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 Rosemary Nicolosi, Psy.D. (Counseling Center Director of Clinical Services) via email ([rnicolo1@jhu.edu](mailto:rnicolo1@jhu.edu)) or fax (410-516-4286).

The Division of Child and Adolescent Psychiatry at the **Johns Hopkins University and Kennedy Krieger Institute** is seeking **faculty child and adolescent psychiatrists** committed to excellence in clinical care, education, and/or research at all academic levels. Our rapid growth and integration within the acclaimed Johns Hopkins Health System and Kennedy Krieger Institute, the world's premier institution dedicated to improving the lives of young people with neurodevelopmental disorders, allow us to craft positions tailored to individual skills and interests. Unique opportunities exist in pediatric emergency and inpatient psychiatry, suicide prevention, mood and anxiety disorders, neuropsychiatry, and community mental health. Those interested are encouraged to contact: Cindy Haynes [chayne12@jhmi.edu](mailto:chayne12@jhmi.edu) (410) 955-2320

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](mailto:a.w.forrester@att.net).



## Cornerstone *Montgomery*

**Cornerstone Montgomery** is looking for a **FT or PT board certified psychiatrist**, or an experienced psychiatric nurse practitioner for its residential crisis services (RCS) program. The program offers acute services to voluntary patients, to prevent inpatient hospitalization or as a step-down from an inpatient psychiatric unit. Preference will be given to candidates with inpatient and/or ACT experience. This position may be structured as a leadership/supervisory positions, with oversight responsibilities for the residential crisis program and two ACT teams, with 20% time devoted to administrative duties. For candidates who have board certification in addiction medicine and are interested in a full-time opportunity, the position could be split between the residential crisis service and our expanding substance abuse services program.

The medical staff at Cornerstone Montgomery enjoys reasonable caseloads and great collegial atmosphere. It participates in research studies with the Johns Hopkins ALACRITY Center for Health and Longevity in Mental Illness, and with the University of Maryland Clozapine CHAMPION-ECHO Study to Improve Clozapine Use. The agency has integrated nursing support at all its programs.

Cornerstone Montgomery is the largest provider of behavioral health services for people with serious mental illness in Montgomery County. The agency offers the full continuum of outpatient mental health services, including crisis, residential, psychiatric, and vocational rehabilitation. It has three outpatient clinics, health home, and multiple evidence-based programs, including a DBT and a transitional age youth program, and an expanding substance abuse treatment program. Cornerstone Montgomery is a certified community behavioral health clinic. Contact Jon Peyer [jon.peyer@cornerstonemontgomery.org](mailto:jon.peyer@cornerstonemontgomery.org).



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

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