

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.

MPS News Design & Layout
Meagan Floyd

The MPS Council will meet by videoconference on June 13 at 7:30 PM. All members welcome!

President's Column

From MPS Committees to National Networks: The Potential Reach of Our Volunteers' Work

As we begin the new officer year, we have been sending chair and member appointments for the Maryland Psychiatric Society (MPS)'s committees. This issue has a list of committees and committee chairs on [p. 3](#). A description of the essential work of these [committees](#) is also available in our website.

MPS is an organization heavily run by volunteers. This fiscal '24 year, 88 volunteers are serving in various roles, which means that more than 1 out of 10 members of MPS is actively involved in a committee. MPS leadership always welcomes members engagement in the work of the organization and is appreciative of the service on behalf of the profession and patients.

Another way to get involved with MPS is through [Interest Groups](#), which gather and connect psychiatrists around an area of affinity. Interest groups can hold monthly virtual meetings and communicate through a listserv.

One of the newest interest groups, started and facilitated by Dr. Steve Daviss, is the MPS Collaborative Care Model Interest Group. This group's purpose is timely. Collaborative care is one type of integrated care model born out of a need to improve access to services.

Access to mental health care continues to be an issue in Maryland. While the state's overall cost in healthcare is lower than the national average, Marylanders are forced to use out-of-network costs for behavioral health much more frequently than for their primary care visits. Additionally, one in five

people in Maryland live in areas with low access to mental health services and one in four of those with mental health disorders do not receive adequate treatment. This is concerning considering the state ranks 3rd in opioid-related deaths.

Traditionally, patients communicated behavioral concerns to their primary care provider (PCP) first and their PCP would then either provide treatment or refer out for specialized services. This approach is limited by PCPs receiving less specialized training in mental health and by the difficulties with access after referral. Integrated care delivers mental health care services in the primary care setting, and facilitates access to mental health care professionals in a timely and less stigmatizing manner. These models improve patient outcomes, and patient, PCP and psychiatrist satisfaction, while reducing overall health care costs.

Maryland is not new to integrated care. An example of services already in motion is the [Maryland Behavioral Health Integration in Pediatric Primary Care](#) (BHIPP). This program is part of a [national network of child psychiatry access programs](#) (CPAP) that has significantly increased access to pediatric mental health care and supports PCPs and emergency medicine professionals in the assessment and management of pediatric patients with mental health needs. BHIPP includes a consultation warmline, training and education, a telepsychiatry access program, and social work co-location. Inspired in CPAP, the [Maryland Addiction Consultation Service](#) was created. This program addresses provider-reported barriers to prescribing buprenorphine with telephone consultation for adult patients.

Another notable program is the [Project ECHO](#) (Extension for Community Healthcare Outcomes), a distance education model that connects specialists with numerous PCPs via video. The program facilitates case-based learning, training and mentoring of PCPs in the care of patients with complex conditions, including substance use disorders (SUDs) and behavioral health disorders.

These programs involve collaborations among many of our local and state public and private institutions and have the potential to create coordinated and efficient systems. Many physicians are now providing private consultation modelled after this type of care delivery, with a behavioral health care manager practicing with the PCP team and working with the consulting psychiatrist. The services include therapy and medication management, and are reimbursable. For those interested, the American Psychiatric Association offers [free online training \(with CME\) in the Collaborative Care Model](#) for psychiatrists.

As we move towards a changing field of psychiatry, evidence-based models like the collaborative care model will allow us to expand the reach while keeping the quality of care for patients in need of mental health care. We encourage members to get involved in our committees and interest groups and create new ones as new needs arise. MPS strives to continue to support these psychiatrist-led initiatives.

Carol Vidal, M.D., Ph.D.

2023 MPS Member Survey

The annual MPS member check in on a variety of topics has been sent via email and USPS. Please respond to help guide how MPS committees, Council and staff will work for you in the coming year.

INCENTIVE: Three respondents who complete the entire survey and provide 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!

Member Update Forms

Your member update form was sent in May via USPS, along with your Annual Survey. 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 plans 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 August 10th.**

Clinical Updates on Working with Autistic Populations

**Wednesday June 6th
7:00-9:00 PM**

A Virtual CME Activity

Transitional Services for the Autistic Patient:

Desmond Kaplan, M.D.

Update on the Diagnosis & Treatment of Autistic Patients:

Rajneesh Mahajan, M.D.

Program Objectives:

- Improve skills in identification of neurodevelopmental, language and social emotional delays.
- Promote optimal development through developmental screening and surveillance.
- Gain a greater understanding of strategies/medications that can help with common challenges associated with autism.

FREE FOR MPS/MCCAP MEMBERS!
\$25 for Non-Members

[CLICK HERE](#) for more information including a detailed agenda & registration information.

Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and The Maryland Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation

The APA designates this live activity for a maximum of 2 AMA PRA Category 1 Credits (TM). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2023-2024 MPS Committee Chairs

Academic Psychiatry

Matthew E. Peters, M.D., Co-Chair (410) 955-6114
Traci J. Speed, M.D., Ph.D. Co-Chair (410) 550-7985

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) 469-5238
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 A. 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.

Legislative

Annette L. Hanson, M.D., Co-Chair ((410) 724-3149
Michael A. Young, M.D., Co-Chair (410) 938-3891

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

Karen Dionesotes, M.D., Co-Chair (443) 287-4506
Theodora Balis, M.D., Ph.D., MPH Co-Chair (410) 469-5238

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 J. 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 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 2023-2024 directory will be out in fall 2023, so order soon!

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

Membership Committee Opportunity

Leadership of this year's MPS Membership Committee would like to welcome new members to the committee for FY24. With the pandemic winding down there are new opportunities for colleagues to network and connect! Help plan MPS outreach activities and work with other members to promote the MPS with Maryland psychiatrists. Please send an email indicating your interest to mfloyd@mdpsych.org.

Maryland News

988 Awareness Lags

A new [survey](#) conducted in April by Pew Charitable Trusts suggests that only 13% of U.S. adults are aware of the national [988 suicide and crisis lifeline](#). The survey of 5,052 adults found that once people were informed that anyone can call, text or chat to 988 to reach a trained counselor, about 7 in 10 said they were somewhat likely or highly likely to use the service. The MDH 988 Toolkit includes free materials (including posters, graphics and information targeting youth, veterans and LGBTQ+ Marylanders) to promote the 988 Suicide & Crisis Lifeline in Maryland. [Visit this page](#) for the latest resources to share.

Board of Physicians News

Scrolling homepage ads on the [Maryland Board of Physicians site](#), announce the following:

- Medical board reciprocity with [Virginia](#) and [DC](#) is available to Maryland licensed physicians.
- [FSMB Uniform Application](#) fees are temporarily waived for Maryland licensed physicians.

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](#). The programs run from **5 to 6 PM**:

June 8: [Achieving Better Sleep for the Benefit of Your Brain and Heart](#)

Amy Hatfield, MS, RD, LD

MIA Medical Necessity & Emergency Appeals Hotline

The Maryland Insurance Administration (MIA) has a [Medical Necessity & Emergency Appeals](#) Hotline for anyone who has been denied insurance coverage for medically necessary care or emergency services. Contact MIA 24/7, 365 days a year for immediate help for insurance concerns involving physical and mental health and substance use disorder care. Call 1-800-492-6116 or visit the [website](#).

Minority Voices on Mental Health Needs

Montgomery County's three minority health initiatives/ programs (MHIP) [announced](#) the release of their report on the mental health needs of minority residents. "[Minority Voices 2022: Our Mental Health Journey](#)" is the result of a year-long partnership between the Asian American Health Initiative, the African American Health Program, and the Latino Health Initiative. The report compiles over two dozen personal stories shared by residents and highlights common and unique mental health challenges experienced across minority groups. It emphasizes the prevalence of stigma and stereotypes that still exist in these communities, and amplifies their voices to shed light on their mental health experiences and provide insights into their mental health needs. Read the report and stories [here](#).

New PDMP Web Hub

The Maryland Prescription Drug Monitoring Program (PDMP) launched a new web hub to provide information needed to prescribe and dispense opioids safely. PDMP collects and securely stores information on drugs that contain controlled substances and offers resources for safe and effective prescribing. Tools include referral resources, naloxone and opioid prescribing information, fact sheets, videos, and educational notifications. Please [click here](#) for more information.

New Peer Support Program

Effective June 1, 2023, Medicaid reimbursement for Peer Support services will be available to:

- Community-based Substance Use Disorder Programs licensed under COMAR 10.63.03 as OP Level 1, IOP Level 2.1, and/or PHP Level 2.5 (Medicaid Provider Type 50)
- Opioid Treatment Programs (Medicaid Provider Type 32)
- Federally Qualified Health Center (Medicaid Provider Type 34)

Certified Peer Recovery services must be rendered by staff with a current certification as a Certified Peer Recovery Specialist (CPRS) from the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB). Please see the [Optum Provider Alert](#) for more information and application details.

Advertise with MPS!

Please help MPS generate non-dues income by placing MPS ads to connect with psychiatrists. [Click here](#) for ad rates.

Maryland News

High Acuity Tertiary Care Bed Proposal

The Maryland Department of Health (MDH) is [exploring](#) a possible grant initiative administered through the Behavioral Health Administration (BHA) that would involve acute care hospitals or specialty behavioral health hospitals providing enhanced, tertiary patient care services. MDH aims to provide funding for 25 inpatient beds, 15 adolescent and 10 adult, for high acuity patients (including aggression) whose needs are not currently being met with existing inpatient psychiatric care and specialty care hospitals.

The major challenge to placement for tertiary care individuals waiting in emergency departments for placement has been the ability of providers to meet the diagnostic, therapeutic treatment, staffing, length of stay, and patient environment of care requirements within the current reimbursement for services model. The types of individuals to be served include, but are not limited to, children, adolescents, adults, and older adults with developmental disabilities, mental illness, substance use disorder, and co-occurring disorders. Grants are expected to be awarded by July 1, with patients being placed into tertiary care beds thereafter or by October 1, 2023. [Click here](#) for Q&A from a May informational meeting.

New Telehealth Law Effective June 1

SB534 Preserve Telehealth Access Act of 2023:

Extends to June 30, 2025, the inclusion of certain audio-only telephone conversations under the definition of "telehealth" for the purpose of certain provisions of law relating to reimbursement and coverage of telehealth by the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations; requiring the Maryland Medical Health Care Commission to study and make recommendations regarding the delivery of health care services through telehealth by December 1, 2024; etc.

ERPO for Clinicians

The Behavioral Health Administration's Office of Suicide Prevention will hold a program, "Extreme Risk Protective Orders (ERPO) for Clinicians," featuring **Paul Nestadt, M.D.**, Co-Director of the Johns Hopkins Anxiety Disorder Clinic and Associate Professor of Psychiatry and Behavioral Sciences at Johns Hopkins University. This free, virtual program will be held **June 27 from noon to 1 PM**.

The Suicide Prevention Program's webpage is available [here](#).

Revised Network Adequacy Regulations Finalized

The May 5 *Maryland Register* finalized the [regulations for network adequacy](#), including an addition for wait time standard based on telehealth:

Appointment Waiting Time Credit

*(1) Subject to approval by the Commissioner as described in §C(3) of this regulation, when determining whether the carrier's provider panel meets the waiting time standards under Regulation .06E of this chapter for at least 90 percent of appointments in each category, a carrier may apply a telehealth credit of up to 10 **percentage points** for each appointment category where the standard is not met.*

More information will be available in the next edition of the MPS News.

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.

Support for Medical Students

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

Member Spotlight Opportunity

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this [Google Form](#) to showcase your experiences with the MPS community.

Updates on Telehealth and CDS Prescribing

The Drug Enforcement Administration (DEA) received a record 38,000 comments on its two proposed telemedicine rules for winding down the pandemic flexibilities related to the Ryan Haight Act and treating patients with Opioid Use Disorder (OUD) via telemedicine. **To allow time for full consideration, DEA announced it will continue the flexibilities temporarily** via its "Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications," which will be [published in the Federal Register](#).

As originally published, both proposals address CDS prescribing:

- Schedules iii-v non-narcotic controlled substances, and buprenorphine for treatment of OUD, would be eligible for a short-term (30-day) supply in advance of an in-person visit.
- Scheduled ii-v substances, and buprenorphine for treatment of OUD, would be eligible for a telemedicine prescription *if* a referral is provided to the prescribing practitioner from another DEA-registered practitioner that has seen the patient in person.
- There would be a six-month "off-ramp" or grace period for patients that established care via telemedicine during the public health emergency. If the prescription was issued based on a telemedicine visit between March 16, 2020, and May 11, 2023, and the patient hasn't been seen in person by that prescriber, the in-person requirement wouldn't start until November 7, 2023.
- Practitioners would be required to have a DEA license in the state they are in at the time of the telemedicine visit, not just the state the patient is in.
- There are significant proposed documentation and administrative requirements that go beyond the current requirements for a referral or prescription.

Questions remain, including how this proposed rule would affect multistate practices and requirements for a physical location in any state in which the practitioner is prescribing. The APA was among the respondents to the proposed rules. Click [here](#) and [here](#) for APA concerns, and [here](#) for a sign on letter.

Telemedicine Flexibilities for CDS Prescribing Extended

SAMHSA also announced that the COVID-19 flexibilities regarding telemedicine prescribing of controlled substances are extended. The six month reprieve will end on **November 11, 2023 for new patients and November 11, 2024 for established patients**. For details, view the [SAMHSA press release](#) and the [pre-publication rule](#).

Telehealth Policy Update

A new [report](#) from the Center for Connected Health Policy outlines trends in telehealth policies related to Medicaid reimbursement, private-payer laws, and professional requirements at the state level in 2023, including changes in reimbursement and the general growth of telehealth regulations across state licensing boards. The review period for the report was January through March, and it is possible that changes may have occurred since then. A summary chart, infographic and fact sheet are available in addition to the full report. This information may be useful to members who practice outside of Maryland.

Extortion Scam Targeting DEA Registrants

The Drug Enforcement Administration (DEA) is alerting registrants to be on the lookout for telephone calls and emails from people identifying themselves as DEA employees or other law enforcement personnel. They have masked their telephone number on caller ID by showing the DEA registration support 800 number. This happened recently to one of your MPS colleagues, who realized the scam and did not comply.

DEA employees never contact a registrant to demand money or threaten to suspend a someone's DEA registration. The DEA will only contact registrants in writing - do not to respond these calls. If you are contacted by a person seeking money or threatening to suspend your DEA registration, submit the information here [Extortion Scam Reporting](#).

New FindSupport.gov Resource

SAMHSA [announced](#) the launch of [FindSupport.gov](#), a website designed to help people identify available resources, explore unbiased information about treatment options, and get support for issues related to mental health, drugs, or alcohol. The site can help at any stage of getting help, including how to ask, how to help others, and how to search for a health care professional or support program based on insurance status, including Medicaid, Medicare, U.S. Department of Veterans Affairs health care, TRICARE, private insurance, and no insurance. And it has resources on how to set up an appointment so people can feel confident that they are taking the right steps.

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violence

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Training Required for DEA Registration Renewal

Later this month, the Drug Enforcement Administration (DEA) begins implementing a new one-time, **eight-hour training requirement** for DEA-registered practitioners (on the treatment and management of patients with opioid or other substance use disorders. DEA [notified](#) registrants and [SAMHSA issued guidance](#) for the required training.

Based on the fine print, many members do not need to do anything else to satisfy this requirement. (For example, starting in 2018 [OCSA required 2 hours](#) for CDS renewals, which would be 2 hours that probably fulfill part of the new DEA requirement.) Other members need to complete training, but depending on renewal timing it could occur over a year or more. Anyone who does not have 8 hours already should check their DEA expiration date and make a plan.

Beginning June 27, 2023, practitioners must check a box on their online DEA registration form—both initial application and renewals—affirming that they have completed the new one-time training requirement. It will not apply to future renewals.

Two groups of psychiatrists are deemed to have already met the requirement:

- Those who are **board certified in addiction medicine or addiction psychiatry** by the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.
- Those who **graduated from a medical (allopathic or osteopathic) school within five years of June 27, 2023**, and completed a curriculum that included at least eight hours of training on treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the FDA for the treatment of a substance use disorder.

Other psychiatrists can satisfy the requirement with eight hours of training on treatment and management of patients with opioid or other substance use disorders from specified accredited groups, including ASAM, AAAP, AMA, AOA, APA, MPS and [others](#). **Key points:**

- The training can be cumulative across multiple sessions that total eight hours.
- A relevant training from one of the specified groups completed prior to December 29, 2022 counts towards the eight-hour requirement. [[See the list of MPS CMEs that count for DEA training.](#)]
- Past DATA-Waiver training to prescribe buprenorphine counts.
- Trainings can occur in various formats, including classrooms, seminars at professional society meetings, or virtual offerings.

Please contact the Diversion Control Division Policy Section at (571) 362-3260 with any questions.

Resource for New DEA Training Mandate

The AMA offers [several substance use disorder and addiction CME courses](#) that fulfill the new [DEA requirement](#) for 8 hours of training for license renewal. Multiple CMEs, including past courses, can be combined to fulfill the eight-hour requirement that applies to DEA-registered physicians. The deadline is the date of the next scheduled DEA registration submission (both initial and renewal registrations) on or after June 27. [Learn more.](#)

End of PHE Brings Changes

The end of the Covid-19 Public Health Emergency (PHE) brought changes to the delivery of psychiatric care in many situations. For example:

- HIPAA-compliant messaging software with business associate agreements must be used for telehealth, which does not include Skype or FaceTime - see requirements [here](#).
- Prescribers must have a DEA license in all states where they prescribe controlled substances - [more info](#).

DEA and SAMHSA [temporarily extended](#) some flexibilities and will NOT currently require an in-person visit to prescribe controlled substances. [See [page 6](#) for more info.]

The APA is partnering with district branches to share information with members. Please see:

- APA Telepsychiatry [page](#)
- APA [timeline](#) of when and how telehealth policies enacted during the COVID-19 pandemic will unwind.

The Maryland legislature enacted telehealth policies via [SB534](#), which retains many of the temporary changes to telehealth services covered under state commercial plans and Medicaid. Parity reimbursement for audio-only services, which is temporarily extended to June 30, 2025, will be the focus of a Maryland Health Care Commission study.

As many as 80,000 Maryland residents may no longer qualify for Medicaid now that states must verify the eligibility of recipients. [MDH urges](#) Medicaid enrollees to update their contact information before the redetermination period.

Many policies affecting telepsychiatry practice are based on [state actions](#). Most [state licensure](#) flexibilities have already ended, so you need to be licensed or registered in any state where you're delivering care.

Advertise Position Openings and Office Space with MPS!

The MPS offers timely ads in [MPS News](#) (includes online post), [The Maryland Psychiatrist](#) and the MPS [home page](#). [Click here](#) for ad rates. Please help MPS generate non-dues income by using MPS ads to connect with psychiatrists.

APA News & Information

May 2023 Assembly Highlights

The APA approved two in-person Assembly meetings for 2023. Four new workgroups have been created: Social Determinants of Mental Health, Communications, Assembly of the Future, Metrics and Quality Improvement. The APA is in the final stages of hiring a DEI consultant. The APA annual meeting expected to exceed 10,000 in-person members and more than 1000 virtual participants.

Advocacy:

Advocacy efforts succeeded in defeating psychologist prescribing in eight states but lost this effort in Colorado. Medicare is funding one hundred new GME psychiatry training slots. Federal law will allow audio-only telehealth as well as deferral of in-person requirement through the end of 2024, as well as removal of geographic originating site restrictions.

MOC:

The new head of the ABPN, Jeffrey Lyness, reported that questions are coming up about combining or shortening training in child psychiatry. Fees for the initial exam are \$1945, which is 44% of the 2007 fees. He noted that this is among the lowest of all medical specialties.

APA President Rebecca Brendel reported that the Structural Racism Accountability Committee has been reconstituted to address, among other issues, equity in access to care and treatment as well as the social determinants of mental health.

APA President-Elect Petros Levounis shared his particular interest in addictions related to substances, gambling, and social media use.

APA Treasurer Richard Summers reported that APA has total revenue of \$17.2 million, although the benchmark was \$24.3 million. Pharmaceutical funding through advertising and exhibits constitutes 3-4% of the budget total.

Revised ethics procedures:

The Assembly approved a revision to [current ethics procedures](#) to allow a new process for handling less serious complaints related to business practices rather than psychiatric care (e.g., rude office staff).

Action Papers that Passed:

- to hire a public relations consulting firm to educate the create a position statement about the decriminalization of all illegal substances
- to allow members to "opt in" to receive texts prompting them to vote in APA elections
- to develop a public about psychiatry. The paper passed by voice vote with a fiscal note of \$1.7 million.
- to position statement on the inclusion of methadone in state PDMPs
- to develop a position statement regarding the impact of

non-physicians on resident training

- to advocate for the development of overdose prevention centers
- to create a web page on the APA site to inform unmatched medical students about training opportunities
- to advocate for expansion of the APA's collaborative care model for states that currently do not have it
- Action Papers that Failed:
- to include non-criminal behaviors in the criteria for ASPD
- to oppose limits on prescribing (the paper was thought to be overly broad and needed to be rewritten)

Please contact Drs. [Hanson](#), [Palmer](#), or [Zimnitzky](#) with any questions.

*Annette Hanson, M.D., Jennifer Palmer, M.D. (acting),
Brian Zimnitzky, M.D.
APA Assembly Representatives*

Draft Guideline for Borderline Personality Disorder

The APA Guideline Writing Group drafted the "Practice Guideline for the Treatment of Patients with Borderline Personality Disorder" based on a systematic review. Each statement (recommendation or suggestion) is separately rated according to the strength of the supporting research evidence and the balance of possible benefits and harms of the recommended or suggested actions. The draft guideline also includes a review of strategies and caveats when implementing the recommendations and a discussion of the appropriateness of the recommendations to inform quality improvement activities.

A PDF version of the draft is available [here](#). The deadline to comment is **June 23, 2023**.

Comments should be emailed to guidelines@psych.org via the online Microsoft Word comment form and following the APA instructions. Everyone who submits comments can be acknowledged in the published guideline. Please contact Jennifer Medicus, APA Practice Guidelines, at guidelines@psych.org with any questions.

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

Call for APA Board of Trustees Nomination

The APA Board of Trustees makes decisions that ultimately steer the organization and have a real-life impact on patients. Nominate yourself or a colleague for national offices in 2024: president-elect; treasurer; trustee-at-large; early career psychiatrist trustee; and resident-fellow member trustee-elect. The deadline is **September 1**. To submit a nomination or request more information, send an email to election@psych.org.

APA Eating Disorders Tool

The APA [announced](#) a new screening and assessment tool for eating disorders based on its new [Practice Guideline for the Treatment of Patients With Eating Disorders](#). The free, interactive tool guides clinicians through the screening, assessing, diagnosing and treatment planning of patients with anorexia nervosa, bulimia nervosa, binge-eating disorder, and other eating disorders. [Clinical Pathway/Interactive Tool](#)

For information on customizing the tool and EHR integration, email info@avomd.io.

July 29 Run, Walk & Roll 5K in Maryland

[The MOORE Equity 5K returns on July 29th!](#) Join the APA and the American Psychiatric Association Foundation (APAF) for the 3rd Annual Moore Equity 5K benefitting APA Foundation's Moore Equity in Mental Health Community Grants Initiative. The [Moore Equity in Mental Health Community Grants Initiative](#) was established in 2021 by APA's Division of Diversity and Health Equity in partnership with APAF. The initiative supports individuals and community organizations that have undertaken innovative awareness programs and/or have provided services to improve the mental health of young people of color.

APAF is challenging District Branches to participate and compete to be the highest fundraising team. You can Run, Walk or Roll in-person at Wheaton Park in Glenmont, MD or take part virtually in your home community. [Ready. Set. GO!](#)

Advertise Your Practice with MPS!

The MPS offers timely ads in [MPS News](#) (includes online post), [The Maryland Psychiatrist](#) and the MPS [home page](#). [Click here](#) for ad rates. Please help MPS generate non-dues income by using MPS ads to connect with psychiatrists.

Congrats!

The APA Foundation awarded a Child and Adolescent Psychiatry Fellowship to **Candice Espinoza, M.D.** at Johns Hopkins. The APA Foundation Resident Fellowship Program provides experiential learning, mentorships, and professional development opportunities. Twenty-seven U.S. states and 80 medical institutions are represented in this year's class. [Click here](#) for more info.

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellows of the APA (FAPA) are part of a select group dedicated to shaping the role of psychiatry in our healthcare system. Fellow status is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. **The deadline is September 1**. Visit the [APA website](#) for more details and instructions for how to apply.

MPS Member Research Update

MPS members **Denis Antoine, M.D.** and **Eric Strain, M.D.** are co-investigators with others on a new NIH R01 grant to investigate a potential treatment for patients who use both opioids and methamphetamines.

MPS Members Out & About

Greg Hobelmann, M.D. will present on minimizing stigma in treatment at the Maryland Physician Health Program's 45th anniversary [lecture on June 8](#).

Congratulations!

Drs. Fernando Goes and **Irving Reti** led the Johns Hopkins site of an [ECT vs. ketamine for TRD study](#) that was recently reported in the *New England Journal of Medicine*. According to Dr. Potash's May 26 Cheers from the Chair email, Dr. Goes shared, "What I take from this is that ketamine is worth a trial prior to ECT for most patients with chronic moderate to severe depression. It should be relatively quick, straightforward and easy to tolerate. I do think for the really severe melancholic or psychotic depressions ECT is probably better."

Medicare Updates

Prescription Drug Transparency Proposal

Last month, CMS [announced](#) proposals that would shed light on the cost of medications under Medicaid and CHIP programs as part of the strategy to reduce prescription drug costs in America. The rule would give CMS more insight into what the most expensive drugs cost to manufacture and distribute. Another proposed provision aims to enhance transparency into the costs of administering drug benefits in Medicaid managed care plans. The proposed rule also addresses potential misclassification of drugs as brand or generic to ensure states receive appropriate rebates. [Click here](#) for a Fact Sheet. CMS is accepting comments on the proposal through July 25.

Telehealth for Rural Clinics and FQHCs

Effective May 23, 2023 CMS revised its [MLN Matters SE22001](#) resource to reflect legislative changes:

- CMS won't require in-person visits until January 1, 2025
- Use modifier FQ or 93 to report audio-only mental health visits
- Medicare billing staff should be alerted to these updates.

PRMS Case of the Quarter

The PRMS Claims Department writes a column, "Case of the Quarter," with a sample case study that highlights best practices in actual scenarios encountered through the company's experience in litigation and claims management. (Names and references have been altered to protect clients' interests.) The columns are for informational and educational purposes only and should not be relied upon as legal advice. [Click here](#) to review the current topic of treating patients with disabilities, as well as previous vignettes.

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](#).

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

NIMH Physician (Clinical) Title 38 - GS 15 - Consultation-Liaison Psychiatrist—The Office of the Clinical Director at the National Institute of Mental Health is seeking an adult Psychiatrist to join our Psychiatry Consultation-Liaison Service (PCLS). Our Staff Clinicians serve research patients at the Clinical Center (CC) at the main NIH campus in Bethesda, MD. At the CC, our providers work side by side with talented clinical providers across NIH institutes as part of the NIH clinical team. There are vast opportunities for personal and professional growth including mentoring the Medstar Georgetown Psychiatry C-L Fellowship Program fellows. The position entails regular work hours, Monday through Friday, minimal call schedule, and a competitive benefits package. Please contact Dr. Haniya Raza for more information (haniya.raza@nih.gov). Note that this is a preliminary feeder announcement, and the position will be posted on June 26, 2023 - July 5, 2023 on usajobs.gov.

OFFICE SPACE AVAILABLE

Ellicott City/Waverly Woods/Columbia: Near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Daily and hourly rentals are available. Includes large fully furnished office with 2 windows, large beautifully decorated fully furnished waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists who cross-refer. WiFi and fax available. Free ample parking. Contact Jenniferplassnig@gmail.com 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](#) 410-206-6070 or 410-465-2500.

Curbside Conversations Resource

Over 20 topic areas are available! [Curbside Conversations](#) facilitates member connections related to specific practice areas. Members with in-depth knowledge chat with other members seeking information. The discussions are not formal consultations, but rather a collegial resource offered voluntarily to others in the MPS community.



Rewarding Opportunities for Psychiatrists Across Maryland

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

CURRENT OPENINGS INCLUDE:

Medical Director: GBMC Emergency Psychiatry Services

Medical Director: Inpatient, Day Hospital, Consults in Southern Maryland

Medical Director: Addictions

Residential Psychiatrists: The Retreat

Inpatient Unit Chief: Adolescent Neuropsychiatric, Trauma Disorders

Inpatient Psychiatrists: Geriatrics, Adult

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 must participate in a call schedule

WHY SHEPPARD PRATT?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- A network of the brightest minds in psychiatry
- Grand rounds, free CME opportunities
- State-of-the-art research and technology
- 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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