What You Need to Know Now

Cover Story: MedChi and Our Physicians Tackle Opioid Crisis

How Did I Miss the Signs?
Brooke Buckley, MD

MedChi Member Profile:
James Elliott, MD
**Most Recent Opioid Prescribing Data Yield Key Insights in Area’s Prescribing Practices**

Data released from health information company, IQVIA (a merger of IMS Health and Quintiles), sheds important light on opioid prescribing trends in our county over the last several years, including:

- An ongoing nationwide trend, 22.2 percent fewer opioid prescriptions were filled in 2017 than had been filled in 2013.
- Every state in the nation has shown a significant reduction in opioid analgesic prescriptions since 2013, and every state showed a decline in the last year.
- In 2017, a total of 196,001,292 opioid prescriptions were filled in the United States, representing an 8.9 percent decrease from the prior year – the sharpest one-year decrease we have observed.
- In Maryland, there has been a 9.4 percent decrease in just one year (2016–17). The cumulative change from 2013–17 was 21.5 percent (4,229,380 to 3,321,383 opioid prescriptions filled). Washington, DC, saw a reduction of 25.3 percent from 2013–17, and Virginia had a 28.7 percent decline in opioid prescriptions.

**Maryland Medical Cannabis Commission Website Provides Information for Consumers & Health Care Professionals**

Even though it’s been four years since the Maryland Legislature voted to approve medical cannabis, the details are still being worked through and there are new developments every day. The Commission’s website (http://mmcc.maryland.gov) includes sections for consumers, care givers, and health care professionals. MedChi is also a resource for physician members who have questions about recommending cannabis and dispensaries throughout the state.

**“Prior Authorization Practices Are Downright Offensive”: AMA Releases Survey of the Negative Impact of Prior Authorization Practices**

More than nine in ten physicians (92 percent) say that prior authorizations programs have a negative impact on patient clinical outcomes, according to a new physician survey released by the American Medical Association (AMA). The survey results further bolster a growing recognition across the entire health sector that prior authorization programs must be reformed. This confirms findings by the Medical Society: both patients and physicians suffer from prior authorization practices. Key AMA survey findings include:

- 84 percent of physicians said the burdens associated with prior authorization were high or extremely high, and they have increased in the past five years.
- 92 percent of physicians report that prior authorization process delays patient access to necessary care.

Recent progress has come from health insurers that are willing to partner on prior authorization reform. AMA and Anthem announced a collaboration that would include, among other goals, identifying opportunities to streamline or eliminate low-value prior-authorization requirements and implementing policies to minimize delays or disruptions in the continuity of care.

MedChi and Our Physicians Tackle Opioid Crisis

From the President...

MedChi’s Opioid Task Force: Helping Physicians Address the Opioid Epidemic

Gary Pushkin, MD, President, MedChi

In this issue of Maryland Medicine, we take a closer look at the opioid epidemic and what MedChi is doing. As many of you know, my priority as MedChi’s President is to work with physicians around the state to help address the opioid epidemic. MedChi’s Opioid Task Force, created in February 2017, is at the center of the efforts. Formed to be a medical, and not political, effort, the task force is working with physicians from various specialties, such as pain management, addiction, family practice, emergency services, to provide a balanced response to the epidemic.

One of our goals is to establish a curriculum for Maryland. To educate our colleagues, the task force has gathered resources to share with all specialties. First, we asked more than forty specialty societies to share guidelines (safe opioid prescribing practices and risk factors) they may have established for their own specialties. More than a dozen societies responded. Some provided guidelines from their national flagships, whereas others provided articles that summarize best practices and illuminate other data. Second, we began to identify alternative medicines that can be prescribed in lieu of opioids. We are looking at traditional and non-traditional approaches. Lastly, we expanded our data gathering to include screening tools that can help determine an opioid addiction. As we gather these resources, we will be sure to share our findings with the medical community. Our goal is to provide this information as soon as possible.

We want to enlist your help. If you come across information that you think would be useful, please share it with us. Staff contact information, as well as other resources, can be found at http://www.medchi.org/ending-opioid-crisis.

Time for Maryland Physicians to Step Up

Yngvild Olsen, MD

Rightly or wrongly, as Maryland physicians, we find ourselves on the firing line for the opioid epidemic in our state. There’s no denying that we have been part of the problem. As Atul Gawande, MD, stated in 2017, “We started it.” In 2016, according to the Maryland Department of Health, more than 400 Marylanders died from a prescription-opioid-related overdose, a statistic that doesn’t count the thousands of non-fatal prescription opioid related overdoses or the skyrocketing number of fentanyl-related deaths. While no physician intends to have his or her prescribed medications misused or lead to overdose, up to 25 percent of people with prescription opioid misuse report getting their medications directly from only one physician, according to estimates from the federal Substance Abuse and Mental Health Services Administration.

What to do? We could throw up our hands and stop prescribing opioids all together. We could refer all patients with pain to pain management specialists, hoping that colleagues will take on this challenge. Or we could wring our hands and bemoan the situation, resisting any proposed effort at change.

None of these responses seem particularly satisfactory for us or our patients. Abruptly discontinuing or rapidly tapering opioids can, on its own, cause harm. There is a shortage of pain management specialists, many of whom find themselves increasingly targeted. Doing nothing is not an option.

There is another way. Not only can physicians educate and involve themselves in safer, appropriate opioid prescribing activities, but they can also actively incorporate addiction-related approaches into their clinical armamentarium.

Physicians need to start by acknowledging and accepting that addiction is a chronic disease. Decades of basic science and clinical research, this statement is endorsed by top scientific and health experts, from the World Health Organization, to the National Institutes of Health, the Centers for Disease Control, the American College of Physicians, and the Surgeon General of the United States.

By accepting that addiction is a chronic disease, physicians have the opportunity — some might say the responsibility — to take certain steps for themselves and their patients.

First, learning the basics about risk factors, pathophysiology, diagnostic criteria, screening tools, prevention, and effective treatments is the beginning.

Continued on page 13
CONSULTATIVE INSURANCE REVIEW

Med Chi Insurance Agency was established in 1975 “by physicians for physicians” to satisfy the needs of doctors and medical practices.

Contact Keith Mathis at 800.543.1262, ext. 4422 or KMathis@medchiagency.com today to schedule your “no obligation” review at no cost!

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410.539.6642 or 800.543.1262
410.649.4154 fax
www.medchiagency.com

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• Employment Practices Liability
• Directors & Officers Liability
• Privacy/Data Breach Coverage
• Bonds (Fiduciary/Fidelity/ERISA)

Personal:
• Life Insurance
• Disability (Individual/Pension/ Business Overhead)
• Annuities
• Long Term Care
• Estate Planning/Retirement Planning
• Auto/Homeowners/ Umbrella Coverage
Maryland Insurance Administration Helps Consumers

The Maryland Insurance Administration (MIA) wants to help physicians:

- assist families and individuals in understanding their rights when it comes to getting treatment;
- navigate through the process of getting proper coverage through health insurance; and
- understand the laws that protect their benefits for those services.

The Appeals and Grievances unit focuses on reviewing cases in which insurance carriers may deny coverage or payment based on medical necessity. Appeals and Grievances is always available by phone to handle an emergency case for care that has not been provided. If you consider treatment medically necessary, but the insurance company disagrees, you can contact Appeals and Grievances to file a complaint. Appeals and Grievances can send medical records to an independent review organization for an impartial determination.

The Life and Health Section can review issues related to mental health parity, credentialing, and denials of claims for other reasons. If you have questions or concerns about these issues, you can call during normal business hours. You can also call or check our website, www.insurance.maryland.gov, for more information on policies outside of our jurisdiction.

Complaint forms and authorizations for the release of medical records are available on our website. You can have your patients sign the release, and then file a complaint on the patient’s behalf. In some cases, you may have to go through the insurance company’s appeal process first. In other cases, MIA won’t have jurisdiction, but may be able to refer you to an agency that does.

For more details about the appeal process, please contact Joyce Peach at joyce.peach@maryland.gov or at 410.468.2360.

Maryland Patient Safety Center Launches Opioid Education Initiative

With the rise in opioid related deaths in Maryland, many state agencies are taking action to combat this burgeoning epidemic. Among these organizations is the Maryland Patient Safety Center, Maryland’s official patient safety organization as designated by the Maryland Health Care Commission.

In April, the Center launched a consumer education program aimed at increasing the general public’s understanding of the issues surrounding opioid use and abuse more fully. The statewide program will include presentations in all of Maryland’s twenty-three counties and Baltimore City.

Led by physicians from various hospitals and health systems, presentations will be made to service organizations and church groups throughout the state. The presentation, created by the center, outlines the key messages surrounding the use of opioids, but will include content aimed at the interests and needs of each group. Presenting physicians will also lend their personal perspective and experience with opioids as an effective treatment option as well as a pharmaceutical that is often misused.

Topics covered will include proper storage and disposal of opioids, questions patients should ask their doctors, and conversations doctors need to have with their patients when opioids are prescribed. The presentation was designed to educate the public on how opioids impact the brain and risks associated with misuse of these powerful drugs, and to provide resources to patients and the general public for help with addiction.

To learn more about this initiative or how to get involved, please visit www.marylandpatientsafety.org.
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mmlis.com
Baltimore City Medical Society Offers Physician Well-Being Initiative

Since 2009, Padmini D. Ranasinghe, MD, Assistant Professor of Medicine in the Department of Medicine at the Johns Hopkins School of Medicine, has been the principal investigator of an ongoing longitudinal survey of medical student health and wellness at Hopkins. As Baltimore City Medical Society (BCMS) President-Elect, and, now, President, Dr. Ranasinghe has made the subject of physician well-being and resilience a top priority of her leadership.

In 2017, she organized a half-day continuing medical education activity, "Practicing a Wellness Lifestyle: Managing Psychological Challenges During the Physician Lifecycle," attended by physicians and residents. In a survey of attendees, 64 percent indicated that they would be "inclined to use the services of a physician wellness program." BCMS established an advisory group, chaired by Dr. Ranasinghe, that is considering resources and additional initiatives to offer to address physician well-being. A second CME activity, for physician and non-physician leaders, will be held this fall, and will feature national and local leaders engaged in physician wellness programming.

For additional information: info@bcmsdocs.org or 410.625.0022.

Baltimore City Medical Society Unveils Clear Vision: Membership 2020

Following MedChi’s Interim Meeting and House of Delegates on April 29, Baltimore City Medical Society held the first of four focus groups planned for current and prospective members of BCMS/MedChi. Led by President-Elect Thomas L. Edmondson, MD, attendees were encouraged to share: (1) their views on local organized medicine; (2) what they seek in considering membership in the professional society that advocates for them and their patients; and (3) how BCMS/MedChi can assist in improving their professional and personal satisfaction as physicians in Baltimore City.

Results of all focus group discussions will be compiled and used to develop membership programming. The focus groups are one activity of BCMS’ Clear Vision: Membership 2020, a two-year, laser-focused initiative to enhance membership recruitment and retention. A survey of BCMS members will be conducted later in 2018 to further inform BCMS leadership.

MCMS & National Capital Physicians Foundation Celebrate Medicine in Montgomery County & Raise Funds for Physician Counseling Service

On Sunday, June 3, Montgomery County Medical Society will celebrate its 115th birthday and honor incoming president Carolyn B. O’Conor, MD, a practicing family physician in Rockville, along with Larry Green, MD, President-Elect; Annette Pham, MD, Vice President; Angela Marshall, MD, Secretary; and Irfana Ali, MD, Treasurer, and the entire incoming Executive Board for 2018–19. In addition, the National Capital Physicians Foundation, a 501c3 charitable organization founded by MCMS, will raise funds for PRN, its early intervention, no-cost, confidential counseling service for physicians suffering from burnout. The event will be held at Rocklands Farm & Winery in Poolesville and will feature farm-to-table food and Rocklands’ own wines, wonderful music, a silent auction, and collegiality under the stars in an idyllic setting. The event begins at 6:30 p.m. For more sponsorship information and to purchase tickets, go to www.dedicatedtohealth.org.

MedChi CEO Gene Ransom joined the Maryland Health Care For All! Coalition and other Maryland health for an event on Thursday, May 3, to highlight Maryland’s new law prohibiting so-called pharmacy “gag rules” and thank the lawmakers who sponsored the legislation. State Senator Kathy Klausmeier and Delegate Eric Bromwell, both Perry Hall Democrats, each sponsored bills in this year’s General Assembly session to outlaw the practice of pharmaceutical benefit managers (PBMs), including gag clauses in their contracts with pharmacies to keep them from telling customers about the lowest price of some drugs.
All-In-One Mobile Prescribing and PDMP Look-up

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Now, prescribing gets even more convenient for physicians and patients. iPrescribe™ brings you the full power of e-prescribing — with legend drug and controlled substance prescribing, robust medication history data, in-workflow prescription drug monitoring program (PDMP) queries, allergy alerts, and patient-specific out-of-pocket drug costs — in a simple, mobile-friendly app.

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• Prescriptions flow through to medication history to keep patient history up to date
• The integrated Backline® secure communication tool allows you to easily communicate with peers, pharmacists, and patients

Prepare for the Maryland PDMP Query Mandate July 1, 2018
Registration with the PDMP has been mandatory since July 1, 2017, and you will be required to query the database for each opioid or benzodiazepine prescription starting July 1, 2018.

iPrescribe’s direct integration with CRISP and the Maryland PDMP allows you to meet the PDMP query mandate without having to leave your prescribing workflow to log into a separate tool. DrFirst customers who use this unique in-workflow monitoring integration completed their prescriptions three times faster.

Prescribe from Anywhere
You no longer have to be at work — or even on your laptop. All you need is a smartphone or tablet, an internet connection, and the iPrescribe app.

Text “iPrescribe” to 66866 or visit drfir.st/iprescribe to get started today.

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How Did I Miss the Signs?

Brooke Buckley, MD

Insidious: proceeding in a gradual, subtle way but with harmful effects.

At the heart of the opioid epidemic is the question, “Could this happen to me?” Too many of us still suspect . . . no, not me. We suspect it happens to flawed people we don’t know. Certainly not our colleagues. The sad truth is the secrecy we create around addiction leaves us blinded to the suffering before us.

My mentor, John Stang, MD, was a giant of an intellect, had kindness to fill the oceans, and devotion to heal suffering beyond comprehension for mere mortals like me. He was a cardiologist. Then a teacher and a mentor. He was brilliant, and revitalized countless medical students as they questioned their career path.

To great sadness, he took his life shortly after I last saw him in 2007. A cardiologist died of a broken heart. His profession and his students had been stripped from him. Administrative urging forced his stepping down from nearly thirty years of ultimate sacrifice. In his words: “Again, I will make time, no matter what. That is what I do. Always.” — JMS

What I didn’t know until 2017, is that John Stang, my mentor, was walking a largely hidden path that began with a bicycle accident and a pain prescription. One script led to more and a loss of a clinical career, distance in his personal life, and ultimately the loss of every stabilizing force despite decades in recovery.

Insidiously, unknown to me, opioids played an essential role in taking an incredible physician, a colleague, a mentor, and a friend. I am saddened, shocked, and a little ashamed that nearly a decade after his death was my first opportunity to question, to learn, to ask, to support, to grow.

Mentorship is essential. Opioids are everywhere. We have to find a way to support physicians in finding the help they need and to share and demystify their stories. Physicians have sacred work, but at the heart of it, we too need healing from human suffering.

Brooke Buckley, MD, FACS, is Associate Chair of Surgery for professional development, Anne Arundel Medical Center, and Medical Director of Acute Care Surgery. Dr. Buckley can be reached at bbuckley@aaahs.org.
# PREDIABETES: THE FORK IN THE ROAD

Lead patients down the proper path toward diabetes prevention

## Facts

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 million+</td>
<td>U.S. adults are living with diabetes or prediabetes</td>
</tr>
<tr>
<td>84 million</td>
<td>American adults have prediabetes</td>
</tr>
<tr>
<td>90 percent</td>
<td>don’t know they have prediabetes</td>
</tr>
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</table>

## What happens when patients ...

<table>
<thead>
<tr>
<th>Ignore prediabetes</th>
<th>Address prediabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition worsens and becomes <strong>type 2 diabetes</strong></td>
<td><strong>58%</strong> Reduced incidence of type 2 diabetes</td>
</tr>
<tr>
<td>Every organ in the body could be affected</td>
<td>Participate in CDC-recognized diabetes prevention lifestyle change program</td>
</tr>
<tr>
<td><strong>100%</strong> Increased risk of developing hypertension</td>
<td>Learn to eat healthy</td>
</tr>
<tr>
<td><strong>80%</strong> Increased risk of being hospitalized for a heart attack</td>
<td>Moderate physical activity for at least 150 minutes each week</td>
</tr>
<tr>
<td><strong>70%</strong> Increased risk of dying of heart disease or stroke</td>
<td>Lose weight (at least 5–7 percent of body weight)</td>
</tr>
<tr>
<td><strong>2X</strong> Greater risk for depression</td>
<td>Improved stress management</td>
</tr>
</tbody>
</table>

* In comparison to people without diabetes.
MedChi’s Newest Physician Members

MedChi welcomes the following new members, who joined between February 1, 2018 and March 28, 2018.

Heidi Abdelhady, MD — St. Agnes Healthcare
Jeffrey T. Allgaier, MD — Ideal Option, LLC
Gina M. Ambrose, DO — Doctors Emergency Service, PA
Shivangi Amin, MD — Green Health Docs
Meenakshi Andrew, DO — Potomac Physician Associates, PC
William W. Ashley, MD — Sinai Hospital
Pamela M. Aung, MD — Levindale Geriatric Hospital
Babajide T. Ayanleye, MD — First Colonies Anesthesia Associates
Mirza A. Baig, MD
Sharon L. Baucom, MD — DPSCS Maryland Department of Corrections
Christopher Bibbo, DO — Sinai Hospital Rubin Institute
Mark S. Blum, MD — Sinai Hospital
David Blumberg, MD — Sinai Hospital Leadership
Eric J. Buchner, MD — Sinai Hospital
Marc A. Callender, MD — Doctors Emergency Service, PA
Yvonne M. Carter, MD — Sinai Hospital
Herlene Chatha, MD — Doctors Emergency Service, PA
Ling-Ling Cheng, MD — Sinai Hospital
Christopher D. Clark, MD — Premiere Spine and Sports Medicine LLC
Beth M. Comeau, MD — Beth Comeau, MD, LLC
James E. Conway, MD — Baltimore Neurosurgery and Spine Center
Brian J. Dawson, MD — Ideal Option, LLC
Jeanne H. DeFeo, MD — Doctors Emergency Service, PA
Andrew Donelson, MD — Frederick Internal Medicine and Endocrinology Services
Mark P. Downey, MD — Tidewater Anesthesia Associates, PA
Katherine E. Duncan, MD — MD Eye Care
Jacquelyn Dunmore-Griffith, MD — Associates in Radiation Medicine
Daniel J. Durand, MD — Sinai Hospital
Kenneth J. Egli, MD — Ideal Option, LLC
Obinna M. Ego-Osuala, MD — Edge Medical Care PC
Elliott Exar, MD — Pulmonologists, PC
Patrick O. Fasusi, MD — Premier Surgery Center
Abbie L. Fields, MD — Sinai Hospital
Beverly A. Fischer, MD — Beverly A. Fisher MD
Lauren M. Fitzpatrick, MD — Doctors Emergency Service, PA
William C. Forsythe, DO — Ideal Option, LLC
Betina L. Franceschini, MD — Doctors Emergency Service, PA
Carter B. Freiburg, MD — Vascular Surgery Associates, LLC
Seth M. Garber, MD — Potomac Physician Associates, PC
Raymond W. Gathiuni, MD — First Colonies Anesthesia Associates
Angela L. Gibbs, MD — Berlin Family Medicine
William E. Gunn, MD — Berlin Family Medicine
Annette L. Hanson, MD — Clifton T. Perkins Hospital Center
Tamara L. Hayes, MD — First Colonies Anesthesia Associates
Sarah Hsu, MD — Maryland Laser Skin and Vein Institute
Charles E. Illiff, MD — Doctors Emergency Service, PA
Tasha A. Johnson, MD — Dr Kim-Kelly Robinson Pediatrics
Bruce E. Jones, MD — North Point Retina
Candice E. Jones-Cox, MD — Women's Health Specialists of Montgomery County
Andrew C. Karp, MD — Potomac Physician Associates, PC
Mark R. Katlic, MD, FACS — Sinai Hospital
Elizabeth L. Kenez, MD — Doctors Emergency Service, PA
Allison L. Kirk, MD — Doctors Emergency Service, PA
Daniel Kirsch, MD — Carroll Hospital Center
John R. Klune, MD — University of Maryland Medical Center
Matthew B. Kuehn, MD — Doctors Emergency Service, PA
Jonathan Lowenthal, MD, CMD — Calvert Internal Medicine Group
Joanna S. Macapinlac Delaney, DO — Potomac Physician Associates, PC
Kevin M. Macready, MD — Doctors Emergency Service, PA
Vrinda Mahajan, MD — Drs. Hecht, Bass, Schwartz & Hila PA
Susan Mani, MD — Northwest Hospital
John O. Meadows, MD — Peninsula Gastroenterology Associates, PA
Tia R. Medley, MD — Franklin Square Pediatrics
Andrew S. Mener, MD — Maryland Oncology Hematology, PA
Nicole L. Merritt, DO — Chesapeake Pediatrics
Mark Mollenhauer, MD — Spring Grove Hospital Center
Joselito S. Navalez, MD — MidShore Surgical Eye Center
Daniel B. Paluchowski, MD — Doctors Emergency Service, PA
Martin I. Passen, MD — Crossroads Weight Management, LLC
Kyle Petersen, DO — Occupational Health Consultants
Adrian L. Preston, MD — Cardiovascular Specialists of Central Maryland
James P. Prevas, MD — Doctors Emergency Service, PA
Farheen Qurashi, MD — Sinai Hospital
Maria Martha C. Raymundo, MD — Baltimore Medical and Surgical Associate
Sudheer C. Reddy, MD — Shady Grove Orthopaedics Associates

Continued on page 12
In each issue, we will profile a notable MedChi physician member. In this issue, we recognize James Elliott, MD, HSCRC Commission and proud MedChi member.

James Elliott, MD, is a long time MedChi member and private practice physician who was recently appointed by Governor Hogan to be a Commissioner on the Health Services Cost Review Commission (HSCRC).

Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission (HSCRC), an independent State agency with seven Commissioners appointed by the Governor. After a three-year phase-in period, the Commission began setting hospital rates in July 1974. In 1977, however, Maryland was the first of five states granted a waiver by the federal government exempting the State from national Medicare and Medicaid reimbursement principles. Maryland remains the only state to retain such a system. On January 1, 2014, the State of Maryland and the Centers for Medicare & Medicaid Services (CMS) entered into a new initiative to modernize Maryland’s unique all-payer rate-setting system for hospital services. According to Gene Ransom, CEO of MedChi, “Dr. Elliott’s service on the HSCRC Board is important to ensure global budgets are implemented fairly for doctors.”

Dr. Elliott is a board-certified pathologist and serves as the Medical Director in the Division of Pathology and Laboratory Medicine at Doctors’ Community Hospital in Lanham. He is a past MedChi Board of Trustees member and a past President of the Prince George’s County Medical Society. Dr. Elliott is also a Clinical Assistant Professor of Pathology at the George Washington University Medical School. He studied at the University of Liberia Medical School and did his pathology residency at George Washington University Medical School.

His tireless work on behalf of physicians and patients in Maryland makes Dr. Elliott one of MedChi’s most respected and appreciated members.

Celine A. Richardson, MD — Sinai Hospital
Gerard D. Santos, MD — Somnus Sleep Center
Prasad V. Savana, MD — Aditya Chopra, MD, PC
Elizabeth C. Sequeira, MD — Discovery Wellness Center
Ehab M. Shalaby, MD — Maryland Pain & Spine Associates
Sameer Shaik-Abdul, MD — Vel Natesan MD, PA
Showieb Shuja, MD — Chesapeake Women’s Care, P.A.
Gurtej Singh, MD — Orthopaedic Associates of Central Maryland
Monique Soileau-Burke, MD — The Pediatric Center, LLC
Justine Somoza, MD — Chesapeake Women’s Care, P.A.
Rajshree S. Thaker, MD — Potomac Physician Associates, PC
Tyler S. Thompson, MD — Potomac Physician Associates, PC
Harsh K. Trivedi, MD, MPH — Sheppard Pratt Health System
Kristian A. Ulloa, MD — Sinai Hospital
Petra Vaclavkova, MD — Doctors Emergency Service, PA
Mariles Viloria-Grageda, MD — Sinai Hospital
Christopher A. Wagner, MD — Spring Grove Hospital Center
James Warson, MD — Medeval
Lawrence D. White, MD — MedStar Medical Group
Matthew S. Wolins, MD — SimplySlim Medical LLC
Vincent P. Wroblewski, MD — Vincent P. Wroblewski, MD, PA
Lingxiang Ye, MD — Sinai Hospital
Jennifer Y. Yoon, MD — Allergy and Asthma Center
Cover Story continued...

Second, incorporating this knowledge into every day clinical care allows physicians to identify patients who may have an opioid use disorder, other substance use disorders, and related issues. With enhanced clinical skills, physicians can offer effective alternatives, such as buprenorphine, to patients diagnosed with an opioid use disorder.

Third, changing the way we think about addiction means changing the way we talk about it. We don’t label patients with hyperglycemia as “dirty”, so we shouldn’t tell patients with a substance use disorder they are “dirty” for testing positive for an illicit substance.

With more than 2,000 alcohol and drug related deaths in Maryland in 2016, and no end in sight, now is the time for Maryland physicians to step up and ask “How can we help?”

Practice Managers’ Role in Addressing the Opioid Crisis

Practice managers are the backbone of any medical practice. What can a practice manager do to help physicians deal with the current opioid crisis?

• Gather all the information pertinent to your medical specialty regarding safe opioid prescribing. Resources include:
  • Centers for Disease Control and Prevention (CDC): www.cdc.gov
  • Maryland Board of Physicians: www.mbp.state.md.us
  • Maryland Department of Health: http://beforeitstoolate.maryland.gov
  • MedChi: www.medchi.org/ending-opioid-crisis
  • Help prescribers in your practice find screening tools for substance use disorders:
    • Screening, Brief Intervention and Referral to Treatment (SBIRT): www.marylandsbirt.org
    • The Opioid Risk Tool (ORT): www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf
  • Learn the Prescription Drug Monitoring Program (PDMP) usage mandate requirements which go into effect July 1, 2018. You can find the requirements on the MedChi website www.medchi.org/PrescriptionDrugMonitoringProgram.
  • Offer your services as a “Delegate” for the Prescription Drug Monitoring Program (PDMP) to assist the prescribers in your practice with the PDMP queries. You can register to be a delegate at www.crisphealth.org/services/prescription-drug-monitoring-program-pdmp.
  • Know where to refer a patient for treatment if necessary. There is a list of treatment facilities at www.bha.health.maryland.gov/Pages/Maryland-Certified-Treatment-Directory.aspx.
  • Learn how to administer Naloxone (www.beforeitstoolate.maryland.gov/what-you-need-to-know-about-naloxone-2).

The opioid crisis impacts Marylanders across the state. All of us — physicians, nurses, medical assistants, practice managers and the public in general — need to help in any way we can.

On Friday, March 16, several physicians (right) and members of DrFirst met with Lt. Governor Rutherford in Rockville. They discussed the opioid epidemic and the iPrescribe app, which DrFirst created that will help physicians/prescribers keep track of their patients’ drug prescriptions.

iPrescribe app is directly linked into the PDMP, which makes it easier for prescribers to stay compliant with the July 1, 2018 mandate requiring all prescribers to sign into the PDMP at least once every ninety days.
CRISP FREE Services for Ambulatory Practices

Connect. Share. Improve Patient Care

CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. CRISP is a non-profit organization advised by a wide range of healthcare industry stakeholders. All of the following services are available for FREE to ambulatory practices. For more information, visit the CRISP website at www.crisphealth.org.

Clinical Query Portal
The CRISP Portal is a free tool available to clinical staff. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP Portal.

Encounter Notification Service (ENS)
ENS allows primary care physicians, care coordinators, and others responsible for patient care to receive real-time alerts when patients are admitted/discharged at hospitals. Proactively coordinate your patients’ care and schedule any necessary follow-up treatment or visits.

Prescription Drug Monitoring Program (PDMP)
The Maryland Prescription Drug Monitoring Program gives prescribers, dispensers and other licensed staff access to prescription information for all Schedule II-V drugs filled in Maryland, Virginia and some neighboring states.

For more information and to sign up for any of the CRISP User Services contact MedChi at 888.507.6024 or email info@medchiservices.org.
**Thomas Hepburn Buckler, MD**

The portrait of Thomas Hepburn Buckler, MD, painted by Julius LeBlanc Stewart is one of more than 100 portraits that hang on the walls of MedChi. Thomas Hepburn Buckler was born near Baltimore in 1812, and was educated at St. Mary's College, Baltimore. He received his MD in 1835 and practiced in Baltimore as physician to the City Almshouse.

From 1866 to 1890, he and his family lived in Paris, where he became a physician under a license from the French government. His views were independent and original — even to eccentricity. Many were on sanitary and social subjects, among other things, the filling up the Inner Harbor of Baltimore with the dirt from Federal Hill!

This portrait was painted in Paris by Julius LeBlanc Stewart, a contemporary of John Singer Sargent. These paintings cover more than four centuries of medicine in Maryland and range from luminaries in medicine, including Sir William Osler, MD, to relative unknowns, like Dr. Thomas Buckler. When you visit MedChi, please take some time to look at this extensive collection of portraits.

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**ALLERGY SEASON SURVIVAL GUIDE**

1. **CHANGE CLOTHES AFTER BEING OUTSIDE**
2. **SHOWER FREQUENTLY**
3. **STAY HYDRATED**
4. **SAVE ON YOUR PRESCRIPTIONS DISCOUNTS ON BRAND & GENERIC DRUGS**

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>QTY</th>
<th>RETAIL PRICE</th>
<th>DISCOUNT PRICE</th>
<th>SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montelukast (Singular) TAB 10MG</td>
<td>30</td>
<td>$33.98</td>
<td>$16.18</td>
<td>52%</td>
</tr>
<tr>
<td>Levocetirizine (Xyzal) TAB 5MG</td>
<td>30</td>
<td>$69.72</td>
<td>$14.95</td>
<td>79%</td>
</tr>
<tr>
<td>Azelastine SPR (Astepro) 137MCG</td>
<td>30ML</td>
<td>$8199</td>
<td>$29.50</td>
<td>64%</td>
</tr>
<tr>
<td>Desloratadine (Clarinex) TAB 5MG</td>
<td>30</td>
<td>$131.83</td>
<td>$28.35</td>
<td>78%</td>
</tr>
<tr>
<td>Clarinex (Brand) TAB 5MG</td>
<td>30</td>
<td>$409.62</td>
<td>$235.26</td>
<td>43%</td>
</tr>
</tbody>
</table>

*Discounted prices were obtained from participating pharmacies. Prices vary by pharmacy and region and are subject to change.

A DONATION WILL BE MADE TO YOUR LOCAL CMH HOSPITAL EACH TIME A PRESCRIPTION IS PROCESSED USING THIS COUPON.

For more information please contact: John Cenerazzo • John@MarylandDrugCard.com • MarylandDrugCard.com

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May 30

June 3
National Capital Physicians Foundation & Montgomery County Medical Society Corks & Forks for a Cause & Installation of MCMS Officers. Rocklands Farm & Winery, 6:30–9:00 p.m. Karissa Miller, 301.921.4300.

June 9–13

June 13
Baltimore County Medical Association Board of Governors’ Meeting, 6:15 p.m. GBMC Rooms D & E. Patricia Keiser, 410.296.1232.

For a complete list of MedChi and component events, visit http://www.medchi.org/Events.