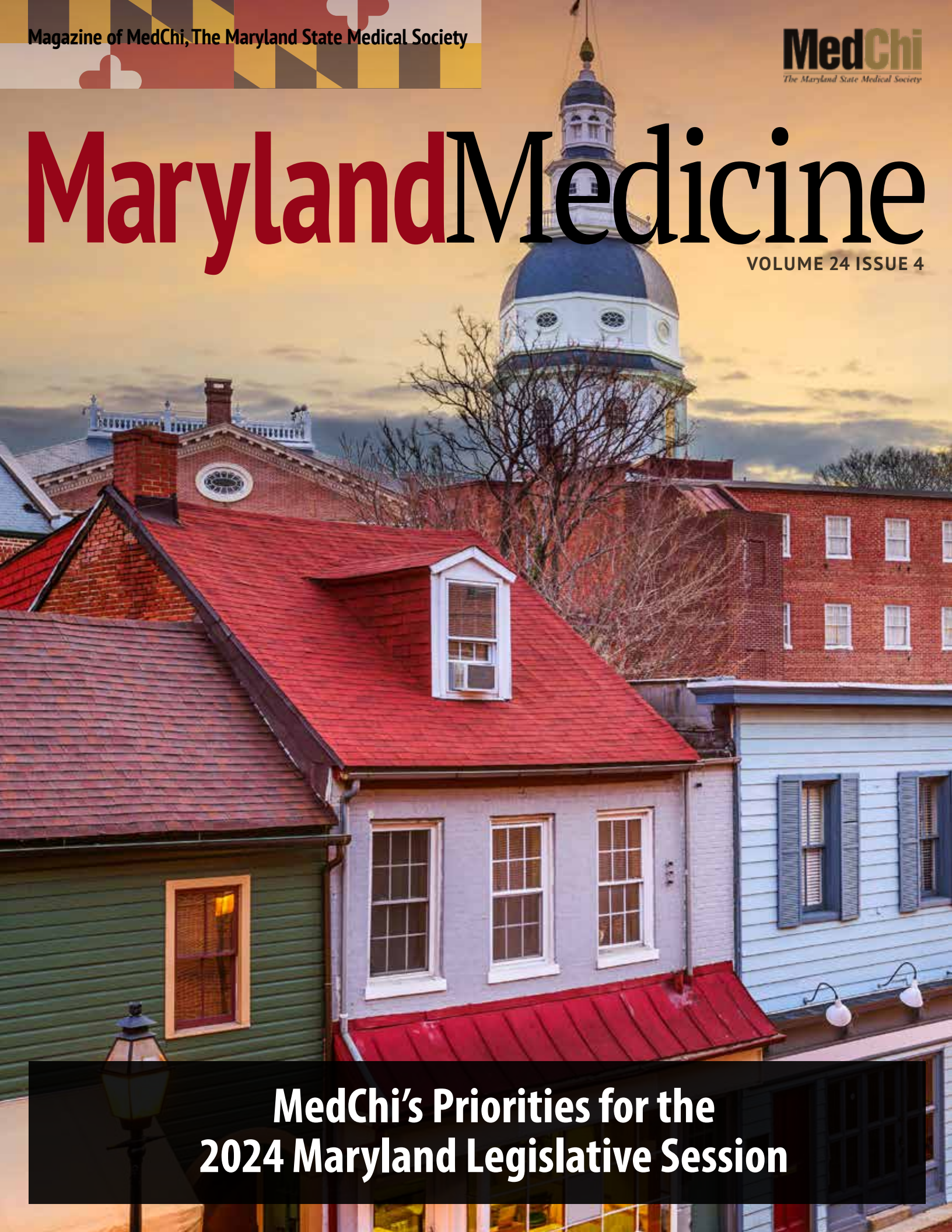
Magazine of MedChi, The Maryland State Medical Society

MedChi
The Maryland State Medical Society

Maryland Medicine

VOLUME 24 ISSUE 4



MedChi's Priorities for the 2024 Maryland Legislative Session

From the President...

Ben Lowentritt, MD

As the largest physician organization in the state, MedChi is the primary advocate and resource for Maryland's physicians and patients. As we gear up for the 2024 Maryland General Assembly Session, we want you to know that we'll be your strength and your voice in Annapolis. We will be fighting to keep the Maryland Primary Care Program in the Maryland Total Cost of Care Model, fighting to ensure transparency and accountability in the regulatory and disciplinary actions of the Maryland Board of Physicians, and fighting for public health improvements.

But we cannot do this alone. Our strength is in numbers, and we need you and all of your colleagues to join MedChi. We need your grassroots response when legislative alerts are sent out on important issues.

During the legislative session and beyond, I will be attending many component medical society meetings, medical staff meetings, and specialty society meetings to let everyone know the importance of your activities. Your membership speaks of your commitment, but if you can do more, you can make our advocacy efforts more impactful.

Please consider getting involved in the following ways:

- Serve as Physician of the Day in the State House First Aid Room during the 2024 session.
- Join the Legislative Committee and review the proposals that our lawmakers are considering. The committee meets on Monday evenings via Zoom.
- Be a part of your component society visits to Annapolis.

I look forward to the coming year as your President. My goal is to serve you and your needs. I pledge to be a good listener and a thoughtful mediator. I give my word that I will be a strong advocate for the issues that the members of MedChi prioritize. I am a fervent supporter of a democratic and inclusive approach to decision making, working to protect the voice of the minority and execute the will of the majority.

What You Need to Know Now

- On January 10, 2024, at noon, the **446th Session of the General Assembly** will convene in Annapolis.
- **AMA National Advocacy Conference** (NAC) takes place February 12–14, 2024, at the Grand Hyatt in Washington, DC. Reach out to Susan D'Antoni, MCMS CEO, if you're interested in participating: sdantoni@montgomerymedicine.org.
- Save The Date: To kick off our year-long 225th Anniversary Celebration, our **Maryland General Assembly Charter Celebration** will be held January 22, 2024, at Acqua Restaurant & The State House in Annapolis. See details below or visit *www.medchievents.org* for more information.

Meet Your New President: Ben Lowentritt, MD

Victoria Hecht

As an undergraduate student at Harvard, Ben Lowentritt, MD, majored in the history of medicine. This is evident in his thinking about the issues that face medicine today: his approach is thoughtful, analytical, and informed. He's interested in how systems and processes originated, how they evolved, and how learning from the past can help shape the future.

Now, twenty-some years later, Dr. Lowentritt will apply these well-honed skills in critical thinking and analysis in his position as MedChi's President, as he prepares to tackle some of organized medicine's more challenging issues. Value-based care will be front and center on MedChi's legislative agenda, and Dr. Lowentritt feels strongly that while it may not be a perfect system, it is a model program that is worth addressing.

In his day job, Dr. Lowentritt is the Medical Director of the Comprehensive Prostate Cancer Care Program and Director of Minimally Invasive Surgery and Robotics at Chesapeake Urology Associates; his expertise includes robotic, laparoscopic, and endoscopic management of renal, bladder, and prostate cancer, as well as minimally invasive options for benign prostatic hyperplasia (BPH), kidney stones, pelvic organ prolapse, and ureteropelvic junction obstruction. The focus of his practice is on evaluation and management of prostate cancer through all stages of the disease.

He also serves as Vice President of Physician Services and Director of Prostate Cancer Services for United Urology Group and is a member of United Urology's Executive Leadership Team.

Dr. Lowentritt received his Doctor of Medicine degree from Baylor College of Medicine, completed his medical residency at the University of Maryland School of Medicine and a fellowship in Robotic, Laparoscopic and Endoscopic Urology at Tulane University.

Dr. Lowentritt has served as Past President of the Mid-Atlantic Section of the American Urological Association and of the Baltimore City Medical Society. He is also a Board member of the Large Urology Group Practice Association (LUGPA). He has been recognized as a Top Doctor in multiple publications, including *Baltimore Magazine* and *The Washington Post*.

In his spare time, Dr. Lowentritt enjoys playing with his sons, Mardi Gras, and the New Orleans Saints. He resides in Baltimore County with his wife, Lee A Snyder, MD, and their two sons William (13) and Andrew (9).

Victoria Hecht is the Director of Marketing and Communications at MedChi.

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When working with individuals experiencing violence, we must be conscious of our own perceptions of why or how they came to be in their current situations. It is important to be conscious of assumptions, to take the time for self-awareness, and to overcome implicit bias.

The Maryland Health Care Coalition Against Domestic Violence provides health care professionals and allied professionals materials that cover best practices on the health care response to intimate partner violence and abuse, including those that cover implicit bias through trainings and free resources.

GO TO OUR WEBSITE TO:

- Stay up to date on pertinent information
- Learn how to address IPV in your practice
- Discover new educational opportunities
- Schedule your free training
- Order materials
- Join in the movement to end IPV

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Center for a Healthy Maryland

MedChi Perseveres with Health Insurance Reform Concerns

Danna L. Kauffman, Esq.

MedChi continues to prioritize the reform of health utilization review policies. It is well documented that health utilization review policies unnecessarily interject a third party into the patient-physician relationship and delay or deny medical care. In the last session, two bills were introduced. The General Assembly passed **Senate Bill 515/House Bill 785: Health Insurance – Step Therapy or Fail First and Prior Authorization – Revisions**. This bill, beginning January 1, 2024, requires health insurance carriers to adopt a policy to approve a step therapy exception request if, based on the professional judgment of the prescriber, the step therapy drug will negatively impact the patient under specified circumstances. The General Assembly also considered **Senate Bill 308/House Bill 305: Health Insurance – Utilization Review – Revisions**, which would have made comprehensive changes to the utilization review process, including prohibiting a reauthorization for a prescription drug if a patient is being well managed on the prescription drug. While this bill did not pass, the respective chairs of the House Health and Government Operations Committee and the Senate Finance Committee requested that MedChi form a workgroup with physicians and other health care practitioners and stakeholders, as well as representatives from the insurers and pharmacy benefit managers, with the hope of developing consensus legislation to introduce during the 2024 session.

During this interim, through a large stakeholder process and smaller meetings with insurers, MedChi held several meetings on the topics raised in **Senate Bill 308/House Bill 305**. Joining MedChi in these meetings was Chair Joseline Pena-Melnyk (HGO), then Vice Chair Bonnie Cullison (HGO), and Vice Chair Kathy Klausmeier (FIN). There was also a separate meeting on behavioral health issues, between physicians and health care practitioners and the insurers, focusing on exempting medications used to treat certain mental disorders or conditions.

While discussions continue, the General Assembly has indicated a strong commitment to passing legislation in the upcoming session. Issues most likely to be addressed include allowing an individual who is well-managed on a medication to remain on the medication upon reauthorization even if formularies have changed; ensuring that criteria and standards used by insurers are accepted throughout the industry and clearly communicated in policies as well as in any denial letter; and an overall simplification of the electronic prior authorization process.

Danna L. Kauffman, Esq., is a partner at Schwartz, Metz, Wise & Kauffman PA.

MedChi Persists in Maintaining a Stable Tort Environment

J. Steven Wise, Esq.

Maryland has enjoyed a relatively stable liability insurance market for physicians for the last twenty years, and that remains true today. Although hospitals are having trouble in the secondary insurance market, this has not yet affected individual physician rates. While there are many other problems that affect physicians and make it difficult to remain in practice, we have been fortunate that the liability climate has not been one of those for some time.

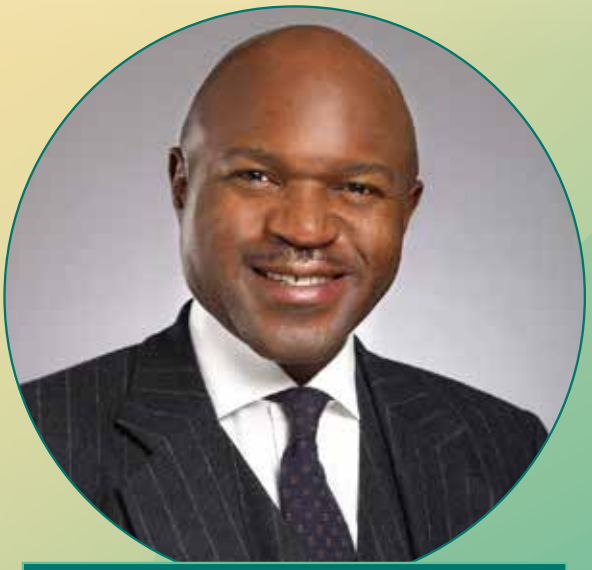
However, the trial lawyers persist in trying to upend Maryland's tort system with legislative proposals that risk destabilizing the liability insurance market. During the 2023 Session the House Judiciary Committee considered **House Bill 862: Civil Actions – Noneconomic Damages – Personal Injury or Wrongful Death**, which would have entirely repealed the cap on non-economic damages that applies to cases NOT involving health care claims. The reception this legislation received was, for those who lived through the medical malpractice crisis of 2003–04, cringeworthy. Legislators asked why the bill was limited to non-health care claims, and suggested future legislation should also repeal the damage cap on health care claims. Fortunately, it did not pass.

The debate on HB 862 in the most recent Session made clear that many of the newer members of the Maryland General Assembly need to be educated by physicians about the history of the medical malpractice insurance market in Maryland, the reason for the non-economic damage cap, and why it matters. We have already made some inroads by scheduling targeted meetings with legislators on the House Judiciary and Senate Judicial Proceedings Committees, where tort legislation is being considered. These efforts will continue throughout the 2024 Session, and physicians are encouraged to speak with their legislators on this subject. There is plenty of information on our website to share with them, and our legal team is available to join in these discussions.

J. Steven Wise, Esq., is a partner at Schwartz, Metz, Wise & Kauffman PA.

2024 LEGISLATIVE AND REGULATORY PRIORITIES

As the statewide professional association for licensed physicians, we are dedicated to our mission to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health.



"The 2023 Maryland General Assembly Legislative Session was a highly successful time for physician and patient advocacy. As we look ahead to the 2024 Maryland General Assembly Legislative Session, we will continue our efforts to ensure that Maryland is the best place to practice medicine and be a patient."

Clement S. Banda, MD
Co-Chair, MedChi Council on Legislation

"MedChi's Council on Legislation provides the framework for debate on the issues that impact Maryland's physicians and patients. Our process ensures that physicians will always have a seat at the table and a powerful voice in Annapolis."

Kathleen D. Keeffe Hough, MD
Co-Chair, MedChi Council on Legislation

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Anuradha D. Reddy, MD

Chair, MedChi Health Insurance Subcommittee

"Every physician is impacted by the insurance market, and our MedChi Health Insurance Subcommittee serves as your advocate for ensuring that legislation is physician-friendly and practice-sustaining."

Karen M. Dionesotes, MD, MPH

Chair, MedChi Public Health Subcommittee

"Advocating for public health is one of the core values of MedChi. Public health has proven to be one of the most critical factors impacting Marylanders. MedChi has excelled in being a trusted resource for public health issues in Maryland."

Lawrence J. Green, MD

Chair, MedChi Boards & Commissions Subcommittee

"The regulatory environment greatly impacts the practice of medicine. MedChi's Boards and Commissions Subcommittee is your voice of impact."

MEDCHI WILL WORK TO ENSURE THE TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT BY ADVOCATING TO:

- Streamline and reform utilization management policies (i.e., prior authorization and step therapy laws) to reduce administrative burdens that harm physicians and their patients.
- Maintain E&M reimbursement rates at no less than the current funding levels to ensure that Medicaid patients have adequate access to physician services.
- Keep the Maryland Primary Care Program in the Maryland Total Cost of Care Model.
- Support the Episode Quality Improvement Program (EQIP) by increasing access to EQIP for all specialties.
- Incorporate patient protections into the Total Cost of Care Model.

MEDCHI WILL PROTECT ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE BY ADVOCATING TO:

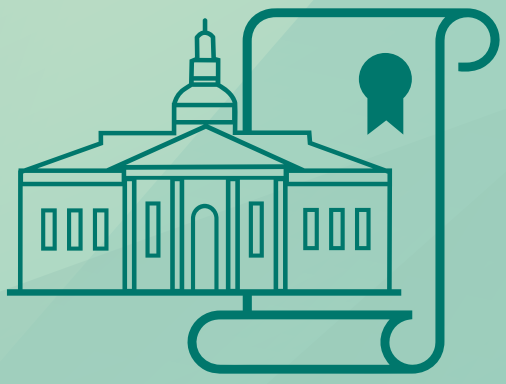
- Oppose the inappropriate expansion of non-physician scope of practice.
- Find workable funding options for the Maryland Loan Assistance Repayment Program.
- Fight initiatives to weaken Maryland's current medical liability environment and increase non-economic damages "caps".
- Ensure transparency and accountability in the regulatory and disciplinary actions of the Maryland Board of Physicians.
- Increase participation in and evaluate expansion of Maryland's Preceptor Tax Credit Program.
- Support employer efforts to correct income disparities based on gender under the Maryland Equal Pay for Equal Work Act.
- Ban non-compete clauses in physician contracts or limit the scope and/or duration of restrictive covenants.

MEDCHI WILL ADDRESS BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS BY ADVOCATING TO:

- Expand Maryland's crisis treatment centers.
- Support efforts to ensure the appropriate response to individuals facing a behavioral health crisis.
- Advocate for comprehensive behavioral health reform that addresses current system deficiencies.

MEDCHI WILL STRENGTHEN PUBLIC HEALTH INITIATIVES BY ADVOCATING TO:

- Increase access for all Marylanders to free or low-cost health care plans through initiatives that automatically enroll individuals in coverage.
- Support increased funding and resources for the Supplemental Nutrition Assistance Program (SNAP) to enhance its effectiveness.
- Address health disparities and social determinants of health.
- Expand funding for menstrual products and allow them to be purchased through public assistance programs.
- Increase immunization rates for children.
- Prohibit the sale of flavored tobacco.



Find more details on each of these initiatives at ***www.medchi.org/youradvocate***

MedChi's Council on Medical Policy Pioneers Efforts to Protect Physicians in Value-Based Care Agreements Under Maryland's Total Cost of Care Model

Ramani Peruvemba, MD, Gene Ransom III, and David Safferman, MD

MedChi, The Maryland State Medical Society, has been at the forefront of shaping the health care landscape in Maryland through its diligent work on Total Cost of Care (TCOC) agreements and the promotion of Value-Based Care (VBC). The Policy Council at MedChi has been tirelessly monitoring and actively participating in the development of groundbreaking policies aimed at safeguarding physicians and patients while navigating the complexities of value-based care contracting. Their work includes legislative advocacy, scrutiny of the Health Services Cost Review Commission (HSCRC), working with and creating multiple advanced payment models, and preparation to address the latest proposal by the Center for Medicare and Medicaid Innovation (CMMI) known as AHEAD.

MedChi's advocacy efforts have resulted in the passage of significant Maryland legislation designed to protect physicians and patients in value-based care contracting. This legislation has become a cornerstone in ensuring that physicians can engage in value-based care arrangements with confidence, knowing their interests and the interests of their patients are safeguarded.

One of the key areas where MedChi has made a substantial impact is in the monitoring of the activities of the Health Services Cost Review Commission (HSCRC). This regulatory body plays a crucial role in overseeing Maryland's unique all-payer model, which emphasizes TCOC agreements and VBC. By actively participating in these processes, MedChi ensures that the interests of physicians and their patients are represented and that any potential issues are addressed promptly.

As health care evolves, so do the policies and initiatives that govern it. The Center for Medicare and Medicaid Innovation (CMMI) continuously explores new ways to improve health care delivery and reduce costs. One such proposal is AHEAD, which focuses on global budgets. MedChi is actively preparing to deal with the implications of this proposal, ensuring that physicians in Maryland are well prepared for potential changes in reimbursement models and care delivery.

MedChi's work in advancing Total Cost of Care agreements and promoting Value-Based Care reflects a commitment to the highest standards of patient care and physician well-being. Their efforts not only shape the present but also pave the way for a brighter and more efficient future for health care in Maryland. By actively participating in legislative advocacy, monitoring regulatory bodies, and preparing for new initiatives, MedChi ensures that Maryland remains a leader in innovative health care practices.

MedChi, stands as a beacon of progress in the realm of health care policy and practice. Their dedication to the development and protection of Total Cost of Care agreements and the promotion of Value-Based Care has far-reaching implications for physicians and patients alike. As they continue to monitor, advocate, and adapt to the evolving health care landscape, MedChi remains a vital force in ensuring that Maryland's health care system remains patient-centered, physician-friendly, and cost-effective. To learn more about their work, visit their website at www.medchi.org.

Ramani Peruvemba, MD, is a specialist in anesthesiology and pain management in Montgomery County; Gene Ransom III is CEO of MedChi; David Safferman, MD, FACR, is the President & CEO of Advanced Radiology.

Enhancing Lives Through the Maryland EQIP Musculoskeletal Program

Marc Gruner, MD

One in two Americans will suffer from a Musculoskeletal (MSK) condition this year. These conditions can lead to increased pain, decreased mobility, and a reduced ability to engage in daily activities. In addition to MSK conditions high prevalence and disability, there is significant variability in appropriate care, and unnecessary costs (i.e., MRI's surgeries, ED admission) that occur across there orthopedic or MSK episode of care.

Thankfully, the state of Maryland has taken a significant step towards addressing these issues through its innovative Musculoskeletal Program, known as EQIP (Enhanced Quality Improvement Program). In this article, we'll explore the Maryland EQIP Musculoskeletal Program, its objectives, and the impact it's making in the lives of many Maryland residents.

The Maryland EQIP Musculoskeletal Program is a comprehensive initiative that focuses on improving the overall musculoskeletal health of patients early in the disease state of their condition. It's designed to address a wide range of musculoskeletal conditions, including arthritis, back pain, joint pain, osteoporosis, and other orthopedic issues.

The program aims to see if designing a financial episode where the physician can be rewarded for managing the patients along the episode of care. Physicians can innovate utilizing education, technology, and care navigation services to improve access and adherence to therapy services which has showed to downstream costs such as (surgeries, imaging, ED admissions). The goal is to provide holistic care focused on prevention, early intervention, and cost-effective management of musculoskeletal disorders.

The key component of this model is from the initial physical therapy visit until six months later, the physical therapist, orthopedist, physiatrist, or hospital system are incentivized to manage all musculoskeletal related costs in the episode. If a physician demonstrates high-quality outcomes and reduces costs, then the physician can share in the savings.

The program places a strong emphasis on early detection of musculoskeletal conditions. By identifying these issues in their nascent stages, physicians can initiate treatment and interventions more effectively, reducing the severity and complications of these conditions.

Early access to physical therapy services: EQIP connects value-based care providers together with referrals from physicians to physical therapists.

Education and Awareness: EQIP focuses on educating both physicians and the public about musculoskeletal health. This includes promoting a healthy lifestyle to prevent musculoskeletal conditions and educating individuals on self-care and the importance of early intervention.

Implementation of remote therapeutic monitoring (RTM): RTM technologies are software apps or wearables to monitor home exercise therapy prescription in between the physical therapy visits to improve adherence to therapy. These services cover:

- Care navigation: licensed Physical Therapists (PT) or Physical Therapist Assistants (PTA) which are trained in cognitive behavioral therapy and coaching to keep patients motivated so they achieve the best outcome possible.
- Collect patient reported outcome measures (PRO) to objectively monitor progress of patients longitudinally.
- Provide detailed reports and data to the physician to coordinate care in the clinic and at home.

Cost-Effective Management: By emphasizing preventive measures, early intervention, and patient-centered care, EQIP aims to reduce the economic burden associated with musculoskeletal conditions for both individuals and the health care system.

- Providing claims data on how physicians are performing in the episode compared to the benchmark data.

The Maryland EQIP Musculoskeletal Program is a shining example of how a state can proactively address the challenges posed by musculoskeletal conditions. Properly incentivizing the physicians to innovate and design new care transformation models to manage the patient along the entire episode is an excellent opportunity to align the patient and physician together as a team.

By focusing on early detection, patient-centered care, education, and quality improvement, it will make a significant impact on the lives of many Maryland residents affected by MSK conditions.

Marc Gruner, MD, is a Board-Certified Sports Medicine Physician at OrthoBethesda and Co-Founder and Chief Medical Officer at Limber Health.

Maryland's Episode Quality Improvement Program (EQIP): Year One Results Are Out!

Gene Ransom III

The Episode Quality Improvement Program (EQIP) is a groundbreaking, federally approved advanced payment model designed to revolutionize health care in Maryland by simultaneously enhancing the quality of care and reducing costs for Medicare patients. EQIP introduces an innovative payment model that connects health care reimbursement to the quality and cost-effectiveness of services provided within a defined clinical "episode." EQIP is the result of a collaborative effort involving three key organizations: MedChi, The Maryland State Medical Society, CRISP, and the HSCRC (Health Services Cost Review Commission). Together, they have united their expertise and resources to implement this transformative program for physicians across Maryland.

In the context of EQIP, an episode refers to a comprehensive set of medical services related to a specific medical condition, procedure, or health care event. These episodes are carefully tailored to encompass all the necessary care for a particular health issue, providing a holistic approach to patient care.

One of EQIP's most notable achievements in 2021 was the remarkable cost savings it generated. EQIP saved $20 million in the overall cost of care. EQIP episodes accounted for approximately $400 million in total costs, translating to a savings rate of roughly 5 percent. Notably, EQIP only counted savings if an entity exceeded a minimum savings rate of 3 percent. This threshold was established to ensure that the savings and payouts from EQIP would be statistically significant and demonstrate genuine improvements in health care efficiency. Out of fifty EQIP entities, nineteen achieved savings, showcasing the program's potential. However, it's important to note that many smaller practices encountered challenges in achieving savings, indicating the varying impact of EQIP across different health care settings. MedChi is working to help smaller practices in future years by creating EQIP entities to work together to achieve success.

Episode	% of Total Baseline Spend	% Savings
Acute Myocardial Infarction	3.7%	-1.7%
CABG &/or Valve Procedures	10.8%	-4.6%
Pacemaker / Defibrillator	9.8%	3.9%
Coronary Angioplasty	8.0%	1.0%
Total Cardiology	32.3%	0.0%
Colonoscopy	4.5%	1.8%
Colorectal Resection	2.4%	-13.2%
Gall Bladder Surgery	1.8%	-6.3%
Upper GI Endoscopy	3.5%	3.6%
Total Gastroenterology	12.2%	-1.8%
Hip Replacement & Hip Revision	12.2%	7.9%
Hip/Pelvic Fracture	5.8%	-8.6%
Knee Arthroscopy	0.7%	8.5%
Knee Replacement & Knee Revision	21.6%	9.4%
Lumbar Laminectomy	1.7%	0.6%
Lumbar Spine Fusion	10.4%	8.9%
Shoulder Replacement	3.2%	-6.9%
Total Orthopedics	55.5%	5.9%

Thanks to the savings realized through EQIP, a significant portion of the funds—$13 million, to be exact—is allocated for incentive payments to physicians. This accounts for 60 percent of the total savings earned through the program, further motivating physicians to participate actively. The number of episodes a practice had played a significant role in determining the amount of savings they earned. On average, practices in the top quintile regarding episode volume saved approximately $1 million. In contrast, lower quintiles had a minimal impact, highlighting the role of volume in generating savings.

Similarly, there was a noticeable correlation between the average percent savings per episode and the number of episodes. Practices with more episodes tended to achieve a more favorable savings rate. However, it's essential to recognize that substantial variation existed within the lower quartiles, with some practices achieving remarkable savings and others experiencing losses.

Several factors could explain these variations. Larger practices may have had more resources, which could have contributed to their success in EQIP. Additionally, the statistical noise from small sample sizes may have obscured the program's impact on some smaller practices, underscoring the complexity of health care economics and the need for ongoing evaluation.

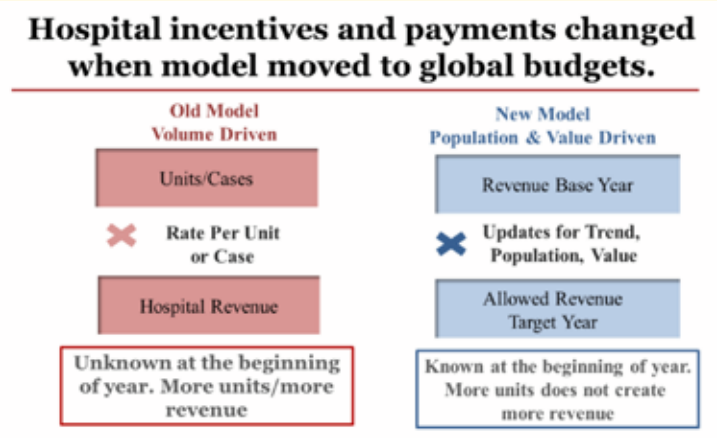
Maryland's Episode Quality Improvement Program (EQIP) represents a pioneering approach to health care that combines quality enhancement with cost reduction. While the program has demonstrated substantial savings and incentivized physicians to participate actively, it also underscores the challenges faced by smaller practices. Ongoing research and evaluation will be crucial in refining and expanding this innovative initiative to ensure Maryland residents continue to receive high-quality, cost-effective health care.

Gene M. Ransom III is the CEO of MedChi, the Maryland State Medical Society.

Evolution of Maryland's All-Payer Model: A Transformative Journey in Health Care

Gene M. Ransom III

On July 1, 1977, a significant milestone in health care policy was achieved as Maryland was granted a Medicare waiver, paving the way for a unique and groundbreaking approach to hospital rate regulation. This waiver allowed the Health Services Cost Review Commission (HSCRC) in Maryland to set hospital rates for Medicare, a deviation from the norm in the United States. Over the years, this waiver has evolved, culminating in the implementation of a new version of the All-Payer Model, which has brought about substantial changes in how health care is financed and delivered in the state.



The initial waiver introduced a two-part test. First, it aimed to achieve a lower cumulative rate of increase in Medicare payment per admission beginning January 1, 1981. Second, it mandated that Maryland must remain an all-payer state, ensuring that all payers contribute their fair share to meet the full financial requirements of hospitals. These encompassed expenses related to uncompensated care, Graduate Medical Education (GME) and Indirect Medical Education (IME), as well as capital investments.

The Maryland Medicare waiver has proven to be of considerable value to both the state and its hospitals. By enforcing all-payer contributions and addressing various financial aspects, the state was able to ensure the sustainability of its health care system while promoting equitable financial responsibility among payers. Some calculate that the waiver results in $1 to $2 billion in additional federal funds to Maryland's hospital systems.

In 2013, Maryland implemented a new version of the All-Payer Model for hospital payment. The updated application was submitted to the Center for Medicare and Medicaid Innovation (CMMI) in October 2013 and was approved, becoming effective on January 1, 2014. Notably, the O'Malley Administration transformed the waiver from a federal statute into a contractual agreement with CMMI. Prior to the change the hospital payment model was more of a rate setting system, and it was protected by federal statute.

The revamped model shifted the focus from a Medicare-centric, inpatient, per-admission test to an all-payer, total hospital payment per capita test. This marked a significant departure, emphasizing population health and the redesign of the delivery system. The All-Payer total hospital per capita revenue growth ceiling for Maryland residents was tied to long-term state economic growth (Gross State Product, GSP) per capita, ensuring a sustainable and responsive health care financing structure.

The model set ambitious targets, including a 3.58 percent annual growth rate for the first three years. The anticipated benefits included substantial Medicare payment savings for Maryland beneficiaries, estimated at a minimum of $330 million compared to the dynamic national trend. The model also embraced patient and population-centered measures, with targets designed to promote population health improvement, reduce Medicare readmissions to the national average, and achieve a 30% reduction in preventable conditions under Maryland's Hospital Acquired Condition program (MHAC) over a five-year period.

In 2019, Maryland transitioned to the Enhanced Model, building on the foundation of the All-Payer Model while expanding its scope to include global budgets. This innovative approach not only focused on the total cost of care but also incorporated physicians, other health care services, and alignment programs. The Enhanced Model introduced initiatives such as The Maryland Primary Care Program and the Episode Quality Improvement program, showcasing Maryland's commitment to holistic health care improvement.

The journey from the original Medicare waiver to the Enhanced Model exemplifies Maryland's commitment to pioneering health care reform. By consistently adapting and innovating, the state has retained this model for nearly fifty years. As the current agreement with CMMI approaches its end on January 1,2026, Maryland's experience provides valuable insights for policymakers and health care leaders nationwide, showcasing the potential for transformative change within the health care landscape.

Gene M. Ransom III is CEO of MedChi, The Maryland State Medical Society.

MedChi's Annual Meeting An All-Around Success

Catherine Johannesen, CAE

On a balmy Saturday in October, roughly 100 Delegates and members gathered at the Hotel at Arundel Preserve to debate on resolutions, shape policy, and avail themselves of the many resources offered at MedChi's 2023 Annual Meeting.

The day started with an optional training for DEA-registered prescribers of controlled substances. The training, led by Tom Sullivan and Timothy Atkinson from Clinical Care Option, is based on a new law that requires all prescribers of schedule II-V controlled substances to meet a one-time eight-hour training on identifying, treating, and managing patients with opioid or other substance use disorders. This legislation comes under the Medication Access and Training Expansion (MATE) Act.

Training was followed by a CME presentation given by MedChi's first-ever Child Behavioral Health Task Force, founded by President James York, MD. We were honored to have Laura Herrera Scott, MD, MD Secretary of Health, on the panel, as well as Sanaz Kumar, MD, and Elizabeth McQuarrie, LCSW-C. The past decade has witnessed a mental health crisis among children and adolescents, which has been exacerbated by the pandemic and the negative impact of social media. The Task Force seeks to find and identify children at risk early on, and to uncover ways to intervene early and effectively, with an emphasis on preventing and mitigating depression and suicide.

After lunch in the Expo Hall, the House of Delegates convened in a closed-door room to review and debate resolutions, led by House Speaker Padmini Ranasinghe, MD. Your House passed an omnibus resolution giving direction on our policies to improve the total cost of care agreement and rate-setting. The House successfully adopted an ambitious legislative agenda for 2024 that is featured in this issue. There was also a respectful pause to honor MedChi past president Joseph Snyder, MD, who passed away earlier this year.

It was an absolute honor to have U.S. Senator Ben Cardin join the Delegation and accept the 2023 Laughlin Distinguished Public Officer Award. Awards were also presented to Maryland Secretary of Health Laura Herrera-Scott, MD, MPH, Senator Craig Zucker, Senator Guy Guzzone, Delegate Joseline A. Peña-Melnyk, Harbhajan S. Ajrawat, MD, Patricia C. Frye, MD, George S. Malouf, Jr., MD, Erinn E. Maury, MD, and Stephen J. Rockower, MD, who have been tremendous in helping us realize our mission to serve as the foremost advocate and resource for physicians, patients, and the public health.

The meeting wrapped up by 2:30 p.m. with ample time for everyone to enjoy the remaining hours of a beautiful fall day.

Catherine Johannesen is Chief of Staff at MedChi.

MedChi Physician of the Day Program Is Opportunity to Serve and Engage with Legislators During Session

MedChi, The Maryland State Medical Society, encourages all physician members to serve as the MedChi Physician of the Day during the 2024 Maryland General Assembly Legislative Session, which runs from January 10 through April 8, 2024.

The MedChi Physician of the Day tradition affords physicians the unique opportunity to influence the landscape of the political debate at the Annapolis State House while providing care to the lawmakers of the General Assembly. The Physician of the Day gains insight into the procedures and personalities that shape the laws in our state. It is also an opportunity for Delegates and Senators to get to know physicians outside of testifying and meeting with them on bills.

The MedChi First Aid Room, located in the State House, is equipped with oxygen, a hospital bed, wheelchair, crutches, thermometers, stethoscope, and a blood pressure cuff. There are a variety of over-the-counter medications, including aspirin, cough and cold preparations, and antacids. A nurse is on the premises daily to assist the volunteer physician, which allows the physician more time to spend in the chambers observing our representatives at work.

A physician's presence at the State House in Annapolis is symbolic evidence of MedChi's concern for the health of all Marylanders. All physicians with an active medical license are encouraged to volunteer for a day in the MedChi First Aid Room during the 2024 General Assembly Legislative Session. Interested physicians should contact Chip O'Neil at 410.878.9599 or email at coneil@medchi.org.

MedChi First Aid Room Hours of Operation: Monday, 5 p.m. to 9 p.m.; Tuesday, Wednesday, Thursday, and Friday, 9 a.m.to 1 p.m.

MedChi Components and Specialties 2024 Advocacy Lobby Days

Anne Arundel County Medical Society (AACMS) and Howard County Medical Society (HCMS)
Date/Time: Monday, February 26, 2024, 5–8 p.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Teresa Healey-Conway
Email: thealey-conway@medchi.org
Phone: 301.938.4718

Baltimore City Medical Society (BCMS)
Date/Time: Monday, February 26, 2024, 6 p.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Lisa Williams
Email: info@bcmedicalsociety.org
Phone: 410.625.0022

Baltimore County Medical Association (BCMA)
Date/Time: Wednesday, February 28, 2024, 7:30–11:30 a.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Russ Kujan
Email: rkujan@medchi.org
Phone: 410.296.1232

Montgomery County Medical Society (MCMS)
Date/Time: Wednesday, February 21, 2024, 7:30 a.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Susan D'Antoni
Email: sdantoni@montgomerymedicine.org
Phone: 301.921.4300

Prince George's County Medical Society (PGCMS)
Date/Time: Monday, February 26, 2024, 5–8 p.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Teresa Healey-Conway
Email: thealey-conway@medchi.org
Phone: 301.938.4718

MedChi Student Section (MSS)
Date: Monday, January 29, 2024, 5–9 p.m., including dinner
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Ginger Tinsley
Email: gtinsley@mechi.org
Phone: 410.878.9708

Maryland Chapter of the American College of Obstetricians and Gynecologists (ACOG)
Date/Time: Friday, January 26, 2024, 8 a.m.–12 p.m.
Location: Historic Inns of Annapolis
Address: 16 Church Cir.,
Contact: Jenine Feaster
Email: jfeaster@medchi.org
Phone: 410.878.9892

Maryland Dermatologic Society (MDS)
Date/Time: Monday, February 5, 2024, 5:30 p.m.
Location: MedChi Annapolis Office
Address: 224 Main Street, Annapolis, MD 21401
Contact: Russ Kujan
Email: rkujan@medchi.org
Phone: 410.296.1232

Maryland Academy of Family Physicians
Date/Time: Thursday, February 1, 2024, 7:30 a.m.–12:30 p.m.
Location: Governor Calvert House
Address: 58 State Circle, Annapolis
Contact: Becky Wimmer
Email: becky@mdafp.org
Phone: 888.894.2606

2024 MedChi Council on Legislation Dates

MedChi Council on Legislation Meeting
Date/Time: Tuesday, January 16, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Tuesday, January 23, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Monday, January 29, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Monday, February 5, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Monday, February 12, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Monday, February 19, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

MedChi Council on Legislation Meeting
Date/Time: Monday, February 26, 2024, 6:30 p.m.
Location: Virtual – Zoom Meeting

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Physicians Sound Alarms About Maryland's Ailing Health Care System: Prompts New MedChi Policy with Sense of Urgency to Address Crises and Develop Solutions

Angela Marshall, MD

Fourteen-hour waits in emergency rooms.
Surgical cases moved to adjacent states because cutting-edge equipment is limited locally.
Hospitals diverting care in order to reduce costs.
Inability to attract physicians due to noncompetitive compensation packages.
Surgeries delayed for days due to overbooked or closed OR suites.
A tripling of dangerous mishaps in hospitals resulting in patient injuries or deaths, since 2019.
Four to six-month waits to see office-based specialists.
Decreasing, or at best stagnant, payments from insurers.
Worsening administrative burdens imposed by payors to delay or deny care.
Physician income within the lowest 10 percent in the country.

Think these are symptoms of a terribly ill health care system in a third-world country or rural America? No, these are the symptoms being experienced in our own health care system - here in Maryland.

This summer, medical colleagues in Montgomery County began asking tough questions and sounding alarms suggesting that the status quo is no longer tenable for patients or for themselves. Anecdotal evidence from these physicians, surgeons, and critical care physicians throughout Maryland called for drastic actions to be taken to stabilize and improve the condition of the health care system soon to avoid even further decline of patient care and access and in need of resuscitation.

It's not just physicians who are taking notice. Deaths and harm to patients arising from the current and worsening situation are now referred to as "missteps" as noted in *The Washington Post* recent article, "Dangerous Missteps More Than Tripled Over 3 Years in Md. Hospitals." The article notes that "the Maryland Department of Health lost access to patient safety data as harm to patients spiked during the pandemic years." The article further noted, "State data shows serious harm inside Maryland's 62 hospitals more than tripled between 2019 and 2022 to 769 incidents that killed or injured patients, reaching the highest level since the state began collecting patient safety data in 2004. Safety experts say the historic rise of dangerous missteps, probably fueled by staffing shortages and the strain of the pandemic, may signal systemic failures." Physicians sounding the alarm are saying this does signal systemic failure; there's no "may" about it.

This crisis or "perfect storm," as some have referred to it, comes primarily from two underlying systemic causes which have intersected more recently to significantly affect patient care and access, the future of the physician workforce supply and physician livelihood. They are: (1) Global budget funding approach of the Maryland hospital system which is the latest version of the Total Cost of Care Waiver. This system may have been well-intentioned to save costs, but is layered with complexity, lack of payment transparency and misaligned incentives; and (2) The poor third-party payor environment which has been orchestrated by a few major health insurance companies' control of the health care market and which is laden with administrative burdens, average premiums rising close to 15 percent per year yet stagnant or declining payment to physicians, and delays and denials of care.

Unfortunately, both of these complex situations have led to dissatisfied patients and physicians, and has negatively impacted the patient-physician relationship, and diminished patient trust, which is likely the greatest casualty of this crisis.

These are not new issues; it took quite some time to get to this breaking point, but now that we are here, what do we do? The reality is that MedChi has been working tirelessly to address these issues — in meetings with stakeholders, legislators, regulators, and state and federal officials. For example, in the current version of the waiver, development of alternative payment models was included due to MedChi's strong advocacy for physicians. This has clearly helped to cut costs and to improve payments to some physician specialties. Yet, it's still incremental. Physician members say it's still not enough and it may be too late. And, clearly, many patients are not being helped; instead, they are being harmed.

That's why Montgomery County Medical Society, on behalf of our physician colleagues who sounded the alarms, decided to submit fifteen resolutions to the recent MedChi House of

continued on page 20

Maryland's Ailing Health Care System, *continued from pg. 19*

Delegates meeting primarily focused on these same systemic areas: (1) what needs to change in the renegotiation of the waiver to make it more transparent and more accountable for the quality of care they provide and to ensure that Maryland hospitals must offer the services for which they have already been funded to provide to their communities; and (2) what needs to be done to address the monopoly power of health insurers in Maryland and the impact of declining payments to physicians which result in our inability to practice profitably and to recruit new physicians to Maryland.

Working within organized medicine to raise individual and collective member issues and concerns, the power of the House of Delegates' democratic process to craft consensus results in solid policy and directives for action. That's what happened on October 28. MCMS worked within MedChi's House of Delegates to be our physicians' and their patients' voices to effect change.

With the leadership of Ben Lowentritt, MD, MedChi's new president, who has made physician payment issues a priority for his term, I am hopeful that our resolutions that became MedChi policy focusing on the Total Cost of Care waiver renegotiation and the third-party payor issues will be prioritized with a sense of urgency that this crisis demands.

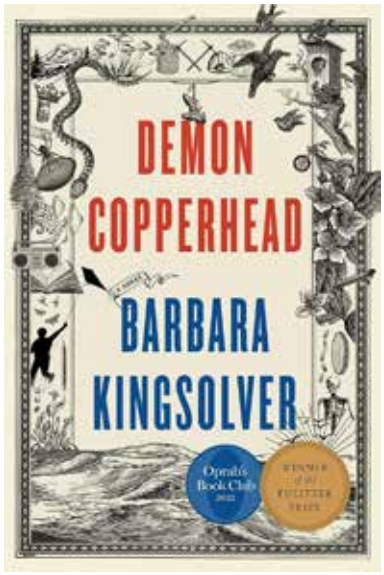
As President of Montgomery County Medical Society, I encourage all of my physician colleagues across Maryland to let your voice be heard so that MedChi can speak on our collective behalf and demand the change that's needed to stop the bleeding and to make Maryland's health care system one that ensures quality of and access to patient care, and that allows physicians to be paid a competitive salary enabling us to attract the next generation of physicians to care for Marylanders. The time to act is now before it's too late.

The opinions expressed are the opinions of members of Montgomery County Medical Society. Angela Marshall, MD, is an internist in Silver Spring and the current President of Montgomery County Medical Society (MCMS).

Book Review
"Demon Copperhead": A Hard-Hitting Portrait of the Opioid Crisis

***Demon Copperhead*, by Barbara Kingsolver**
Reviewed by Bruce Smoller, MD

Demon Copperhead is Barbara Kingsolver's successful attempt to channel Charles Dickens. Based on the rhythm and trajectory of David Copperfield, it is the story of one Damon Fields, born of a heroin addicted mother and a father long gone, whose mother early in his life removes herself from the living and thus makes Damon a ward of a mostly uncaring and overwhelmed state apparatus; usually more of a barrier than a nurturer. It is set in Appalachia, in a poverty and drug infested world in which a successful life seems more accidental than providential. It is the story of Damon's quest to survive and transcend that world, and, in doing so, to finally belong.



This, then, becomes the third and final book in a trilogy about despair and addiction, venality and greed. We previously reviewed two books on the audacity of greed. *Empire of Pain* recounts the story of the Sackler family and its perfidies. *American Pain* tells the same story on the more gritty level of pushers and addicts at a pain center in Florida that at one point supplied 90 percent of the opioids flooding the country. Demon Copperhead fits nicely, if one can use the term in so harrowing a tale, in telling the story from the viewpoint of one boy trapped in the cycle of poverty and addiction and a social system which cannot cope or does not want to cope with lives tossed about and thrown aside.

Photo by Steven L. Hopp

Kingsolver, who is a beloved and popular author, and a Pulitzer Prize winner, is a gifted writer, who happens to have lived in the Appalachian environment she portrays in the book. She is also, like Dickens, known for hitting the public across its collective brow with the social inequities and uncaring systems feeding on the bottom rungs of society. Her prose is so laser sharp ("The wonder is that you could start life with nothing, end with nothing and lose so much in between"), her descriptions just the right pitch ("one of those hot, rainy days where you feel like you're breathing your own breath out of a paper bag"), and her worldly wisdom so clever and apt ("People love to believe in danger, as long as it's you in harm's way and them saying bless your heart"), that I began to think of Kingsolver as Damon's real mother and bore the hope that he had inherited her brains and smarts so that you just know all the way through the book that he will succeed.

In fact, as has been pointed out by several reviewers, the resolution and ending of Dicken's *David Copperfield* was unreal and unsatisfying. Without any spoiler alert, the end of the story here is not an ending, but a stop along Damon's way, which, if not totally satisfying, gives, at least, the impression that all is not lost for this most engaging of protagonists.

Some might find the book overly long. At 550 pages it could have been a slog to read: a depressing litany of being beaten down and pushed back into the mud every time you raise your head to protest. Initially I thought that was what was in store, and I was tempted to put the book down. I'm glad I didn't. The length of the story is necessary to credibly build both the character and the lives of those around him in similar setbacks. Kingsolver clearly loves Damon. She roots for him on every page, but in a measured, well-paced and natural rhythm that feels, in the end, just right: the right amount of pathos, and the right amount of joy. And that beautiful, pithy prose infuses every page with just the right measure of satisfaction.

This is a book that will pay you back with interest. For me, it actually gets better in memory the more time that passes since I finished it. As Damon would say, "a good story doesn't just copy life. It pushes back on it." This is a good story, indeed.

Bruce Smoller, MD, a former MedChi president, is a psychiatrist in Montgomery County who consults for the Federal Government. He can be reached at Bruce.Smoller7@gmail.com.

SAVE THE DATES

It's a year-long party that's been 225 years in the making...and it all kicks off in January!

MedChi is celebrating its 225th Anniversary on January 20, 2024. From our Charter Celebration in January until our Grande Finale next fall, we'll be celebrating all year long with big, new events, enhancements for our annual events, and many exciting new activities. Visit www.medchievents.org to join the festivities!

Maryland General Assembly Charter Celebration
January 22, 2024 ~ The Maryland State House

Presidential Gala Honoring Benjamin Lowentritt, M.D.
March 23, 2024 ~ American Visionary Art Museum

Prohibition and the Roaring 20's Dinner & Show
April 13, 2024 ~ MedChi/The Meyerhoff

Spring House of Delegates Meeting
April 28, 2024 ~ Virtual

Museum Grand Opening
June 3, 2024 ~ MedChi

Annual Hunt Lecture - History of MedChi
Fall 2024 ~ MedChi

Annual Meeting and Fall House of Delegates
October 26, 2024 ~ Location TBA

225th Anniversary Grande Finale
Fall 2024 ~ Location TBA

More events and activities to be announced.

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MedChi
The Maryland State Medical Society

Celebrate with us all year long!

BCMS Is Looking to 2024: More Milestones!

Baltimore City Medical Society (BCMS) Foundation marked its 50th Anniversary in 2022. The 235th Anniversary of the establishment of BCMS was celebrated earlier this year. BCMS became a component of MedChi in 1904, and plans are being finalized to acknowledge the 120th Anniversary during the president's annual gala in spring 2024. Other programs slated for 2024 include the second symposium on physicians charting paths to financial independence. With rave reviews from the near capacity audience at the September 2023 meeting, the second symposium will build on topics that attendees found of particular interest, such as physician entrepreneurship, innovative investments, and asset protection. Topics for the first full year of the BCMS "What Would You Do?" include discussion of workforce issues, opening a medical practice, and physician contractual concerns. "What Would You Do?" premiered in October 2023 with a discussion of legal and regulatory requirements for closing a medical practice.

Baltimore City Health Department Building Named for BCMS Member

The Baltimore City Health Department headquarters building on Fayette Street was recently renamed in honor of the late Maxie T. Collier, MD, the youngest, and first Black city health commissioner.

Dr. Collier, a psychiatrist, was appointed Commissioner in 1987. He earned an undergraduate degree at Vanderbilt University and his medical degree at the University of Maryland School of Medicine. In addition to his membership in BCMS/MedChi, he was a member of the American and Maryland State Psychiatric Societies.

Dr. Collier championed faith-based outreach to people with AIDS and medicalization of drugs and needle exchange programs. He co-founded the Black Mental Health Alliance. Dr. Collier was forty-nine years old at his death.

Mid-Shore Meeting in Easton a Success

Talbot County President Roopa Gupta, MD, welcomed members to MedChi's Mid-Shore meeting in Easton on November 8, 2023, with special guest Neal Reyolds, MD. Dinner and networking was followed by a presentation titled, "Cannabis: Exploring the Old and the New."

Left photo (left to right): William MacLaughlin, MD; Mehda Satyarengga, MD; Jocelyn Meyers; Probal Gupta and Angela Mercier. Center photo: Roopa Gupta, MD, with her husband Probal Gupta. Right Photo: Roopa Gupta, MD.

MARYLAND
MEDICAL POLITICAL
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TODAY

www.mmpac.org

Text 'MMPAC' to 801801

Authority: Maryland Medical PAC (MMPAC). David Hexter, MD, Treasurer.

MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between July 9, 2023, and November 4, 2023.

Fareeha Sarim Alavi, MD — Adfinitas Health
Amin Amini, MD — Precision Orthopaedics
Hussam Ammar, MD — Adfinitas Health
Dagmar Arnold, MD — Dagmar Arnold MD, LLC
Nidal Arnous, MD — Adfinitas Health
Anirudh Arun, MD — Advanced Radiology
Walter F. Atha, MD — Howard County General Hospital
Sam Azargoon, MD — Adfinitas Health
Manisha Bahl, MD — Adfinitas Health
Mary Elizabeth Brennan, MD — Adfinitas Health
Ashura Buckley, MD
Katherine Shawchan Chen, MD — Radiation Oncology Affiliates
Alex Cheng, MD — The Centers For Advanced ENT Care, LLC
Kevin W. Chin, MD
Lynn Chouhfeh, MD — University of Maryland St. Joeseph Medical Group
Norvell Coots, MD — Holy Cross Hospital
Grace M Cotelingam, MD
Ephraim E Dagadu, MD — Express Care of Padonia
Amita De Souza, MD — Abdow Friendship Pediatrics PC
Gagandeep Singh Dhillon, MD — Adfinitas Health
Pear M. Enam, MD — Gastroenterology Associates
Gene E Green, MD — Maryland Primary Care Physicians, LLC
Carolina Trevino Guajardo, MD — ENTAA Care, P.A.
Vikram Gunnala, DO — Adfinitas Health
Joseph B. Harlan, Sr., MD — Katzen Eye Group
Syed A Hasan, MD — University of MD Orthopaedics Assoc. PA.
Kealan Christian Hobelmann, MD — The Centers For Advanced ENT Care, LLC
Robert F Hoofnagle, Jr., MD — Robert F. Hoofnagle Jr., MD, PA
Adaku Chinenye Idika, MD — Adfinitas Health
Ramin Ipakchi, MD — The Centers for Advanced ENT Care, LLC
Amit Jain, MD — The Johns Hopkins Hospital
Jay Jalisi, MD — HMJ Health Management Company, LLC
Joseph K Jamaris, MD
Margaret Kahwaty, MD — Kenneth Klebanow & Associates, P.A.
Amit Kashyap, MD — Adfinitas Health
Ashley S Kinder, MD — Ascension Saint Agnes Health Center
Gregory Walter Kirwan, DO — Peninsula Orthopaedic Assoc., PA
Michal Klek, MD — Peninsula Orthopaedic Associates, PA
Yu-Hung Kuo, MD — Luminis Health Neurosurgery Annapolis
Andrew Lee, MD — The Centers for Advanced ENT Care, LLC
Zachary T. Levine, MD — Washington Brain and Spine Institute
Yvette Lopez-Warren, MD
David B Lumsden, MD — MedStar Franklin Square Medical Ctr.
Eric Marshall, MD
J. Alberto Martinez, MD — Visionary Eye Doctors
Smita Mathur, DO — Adfinitas Health
David McDermott, MD — Associates in Radiation Medicine
Courtney Andrea Mcwhorter — Adfinitas Health
Lisa N. Miller, MD — Capital Women's Care - Division 36
Elisa Pratima Mohan, MD — Adfinitas Health
Bethanne Moore, MD
Lina Paola Moreno Rangel, MD — Adfinitas Health
Ata Motamedi, MD — Motamedi and Associates
Douglas M. Murphy, MD — Metro Orthopedics & Sports Therapy, PC
Nida Zahra Naqvi, MD — Adfinitas Health
Amelia Lynn Noble, MD — Adfinitas Health
Louis John O'Boyle, DO — Adfinitas Health
Hawa Osime, MD — Adfinitas Health
Josephine Owusu-Sakyi, MD — Padder Health
Heather A Pacheco, MD — ENTAA Care, P.A.
Pranav Patel, MD — Horizon Eye Physicians
Christopher Conrad Petruccelli, MD — Adfinitas Health
Saher Quraeshi, MD — Adfinitas Health
Mohammad Rahnama, MD — Medstar
Anne Rao, MD
Girish T. Reddy, MD — Meritus Health
Scott Rice, DO — Emergency Service Associates, PA
Tamanna R Roshan Lal, MD
Claire Staley Russell, MD — Adfinitas Health
Shalender Saini, MD — Adfinitas Health
Amare Samuel, MD — Adfinitas Health
Jasmol Sardana, DO
Kacie Saulters, MD
Alicia Scott, MD — Adfinitas Health
Rajesh Shah, MD
Mohsin S Sheikh, MD — Privia Health LLC
Jeffrey T Swett, DO
Asha M. Thomas, MD — Sinai Hospital of Balt.-LifeBridgeHealth
Asha Francis Tilley, DO — Adfinitas Health
Ashish K Tolia, DO — Adfinitas Health
Uchenna Declan Unamba, MD — Adfinitas Health
Camille Upchurch, MD — Northwest Hospital
Shalini Kumari Vaid, MD — Vivek C. Vaid, MD, PA
Manna Varghese, MD —
Arul Vigg, MD — Adfinitas Health
Lee-Ann M Wagner, MD — Adfinitas Health
Lloyd Antoine Webster, Jr., MD — Adfinitas Health
David Griffin Wholey, MD — Adfinitas Health
Rudolph Willis, MD — Adfinitas Health
Zeinab Abou Yehia, MD — Associates in Radiation Medicine
Michael Young, MD — Sheppard Pratt

Early Days in the Maryland Legislature

From the very first days of the existence of the Medical & Chirurgical Faculty of Maryland, in 1799, we have always been involved in the Maryland State Legislature. The first reference comes in 1799, when the Founders gathered for the first time, greeting each other, and congratulating themselves "upon the success of their long efforts to obtain [the] legislation," which finally resulted in the establishment of the organization. MedChi is the first state medical society established by an act of the Legislature.

University of Maryland, School of Medicine, 1812

After the initial legislation, the second most important was the founding by the Faculty, as it was then called, of the first medical college in Maryland. John Davidge, MD, had established a small "school" in a building that he owned, and was teaching anatomy, using the recently deceased members of the adjacent church.

The citizenry of Baltimore objected and burned Davidge's building down. But there was a groundswell of support from local physicians and other educated citizens. Another building was purchased, funds were raised, and the support of the Maryland State Legislature was secured, which cemented the close relationship between the Faculty and what was to become the University of Maryland School of Medicine. All of the faculty members were among the Founders and earliest members of the Medical & Chirurgical Faculty of Maryland.

In 1812, the medical school built Davidge Hall, which has secret staircases to escape mobs who objected to the anatomical classes. The Hall is still in use today as a medical school.

MedChi Calendar of Events

A complete list of MedChi and component events can be found at: http://www.medchi.org/Calendar-of-Events.

JANUARY

16: Opioid Pain & Addiction Committee Meeting
16: Council on Legislation Meeting
22: Proclamation Event in Annapolis
23: Council on Legislation Meeting
24: Center For A Healthy MD — Maryland Physician Health Program's 45th Anniversary Lecture VI
29: Council on Legislation Meeting

FEBRUARY

1: MD Academy of Family Physicians Lobby Day
5: Council on Legislation Meeting
8: Maryland Dermatologic Society CME Event, Topic: Coding
12: Council on Legislation Meeting
19: Council on Legislation Meeting
26: Anne Arundel County Medical Society & Prince George's County Medical Society Lobby Day
28: Baltimore County Medical Association House Call on Annapolis
28: Workers Compensation CME Event with CEIC
28: Maryland Neurosurgical Society Meeting with Larry Hogan

MARCH

19: Opioid Pain & Addiction Committee Meeting
23: Presidential Gala for Dr. Ben Lowentritt

APRIL

13: Prohibition and the Roaring 20s Dinner & Show with the BSO
24: Wicomico County Medical Society Meeting
28: MedChi Spring House of Delegates Meeting

Maryland Medicine
The Maryland State Medical Society
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- **Resource and referral** assistance
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- **Telemental health services** including psychological evaluations, care coordination, and records review and follow-up consultation provided by behavioral health professionals
- **BHIPP ECHO series** providing interdisciplinary training and case-based learning.

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

BHIPP is a free statewide child psychiatry access program that supports the efforts of primary care and emergency medicine professionals to assess and manage the mental health needs of their patients from infancy through the transition to young-adulthood through a variety of services.

For more information:

1-855-MD-BHIPP (632-4477)
www.mdbhipp.org

BHIPP is made possible through funding from the Maryland Department of Health, Behavioral Health Administration and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HSS) as part of awards U4CMC32913-01-00 and U4CMC49932-01-00. The content are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

BHIPP Maryland Behavioral Health Integration in Pediatric Primary Care