

# Maryland Medicine

VOLUME 19 ISSUE 2



**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.**

## What You Need to Know Now

1. Prescription Drug Monitoring Program (PDMP) Usage Mandate begins July 1, 2018.
2. There is a PDMP CME program available on the MedChi website (<http://www.medchi.org/PrescriptionDrugMonitoringProgram>).
3. The Maryland Crisis Hotline (800.422.0009). State Police Barracks Become 24-hr Drop-off Locations for Unused Prescription Meds: <http://news.maryland.gov/msp/2017/06/08/state-police-barracks-become-24-hr-drop-off-locations-for-unused-prescription-meds/>.

## 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.

To see results of the survey, go to: <https://www.ama-assn.org/sites/default/files/media-browser/public/arc/prior-auth-2017.pdf>.

## 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](mailto:KMathis@medchiagency.com) today to schedule your “no obligation” review at no cost!

1204 Maryland Avenue  
Baltimore, Maryland 21201  
**410.539.6642** or **800.543.1262**  
410.649.4154 fax  
**[www.medchiagency.com](http://www.medchiagency.com)**

### YOUR “NO OBLIGATION” REVIEW INCLUDES THE FOLLOWING:

#### **Employee Benefits:**

- Group Medical, Dental, and Vision Coverage
- Group Life & Disability
- Voluntary Benefits

#### **Property & Liability:**

- Medical Malpractice
- Workers Compensation
- Medical Office Insurance
- 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](http://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](mailto: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.

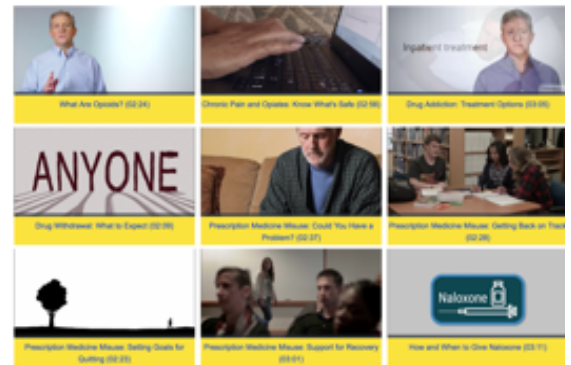
In April, the Center launched a consumer education program aimed at increasing the general public's understanding of the issues surrounding opioid use and abuse more fully.

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](http://www.marylandpatientsafety.org).



## EDITORIAL STATEMENT

### Editorial Offices

Montgomery County Medical Society  
15855 Crabbs Branch Way  
Rockville, MD 20855-0689  
301.921.4300; [sdantoni@montgomerymedicine.org](mailto:sdantoni@montgomerymedicine.org)

### Advisory Board

Bruce M. Smoller, MD, Chair  
Stephen J. Rockower, MD, Vice Chair  
Gene Ransom, III, Esq., CEO, MedChi  
Susan G. D'Antoni, MedChi Director of Publications  
Susanna M. Carey, Managing Editor

### Advertising


Cathy Johannesen: 410.539.0872, ext. 3308  
[CJohannesen@medchi.org](mailto:CJohannesen@medchi.org)

All opinions and statements of supposed fact expressed by authors are their own, and not necessarily those of *Maryland Medicine* or MedChi. The Advisory Board reserves the right to edit all contributions, as well as to reject any material or advertisements submitted.

Copyright © 2018. *Maryland Medicine*, The Maryland Medical Journal. USPS 332080. ISSN 1538-2656 is published by the Medical and Chirurgical Faculty of Maryland, 1211 Cathedral Street, Baltimore, Maryland 21201, and is a membership benefit.

All rights reserved. No portion of this journal may be reproduced, by any process or technique, without the express written consent of the publisher. Advertising in *Maryland Medicine* does not imply approval or endorsement by MedChi unless expressly stated.

DISCLAIMER: Some articles may contain information regarding general principles of law. They are not intended as legal advice and cannot be substituted for such. For advice regarding a specific legal situation, consult an attorney licensed in the applicable jurisdiction and with appropriate training and/or experience in the legal area in question.



**Good medicine deserves the strongest  
protection you can get.**

**MEDICAL MUTUAL aggressively defends  
your practice and professional reputation.**

In today's complicated world, sometimes medical professionals feel like they are under siege. So, it's understandable that Doctors want strong protection for their practices. For 40 years the "gold standard" of a rock-solid defense has been MEDICAL MUTUAL. We're Maryland's largest and most experienced medical professional liability insurer and we are known for our relentless claims defense. That's why we help Maryland Doctors withstand the slings and arrows of sometimes dubious claims better than any other insurance company.

**MEDICAL  MUTUAL**  
*Liability Insurance Society of Maryland*

225 International Circle  
Hunt Valley, Maryland 21030  
410-785-0050 | 800-492-0193  
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](mailto: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](http://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

### Simple Yet Powerful Medication Management

Now, prescribing gets even more convenient for physicians and patients. iPrescribe<sup>SM</sup> 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.

### Better Prescribing Accuracy and Streamlined Workflow

With iPrescribe's powerful features, you'll never want to pull out your prescription pad again.

- Predictive analytics makes prescribing easier with commonly prescribed medications and complete sig data based on the patient, diagnosis codes, and your prescribing patterns
- Real-time drug pricing lets your patients know their out-of-pocket costs before they leave your office
- Prescriptions flow through to medication history to keep patient history up to date
- The integrated Backline<sup>®</sup> 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](http://drfir.st/iprescribe)  
to get started today.**



Google Play and the Google Play logo are trademarks of Google LLC.



**Corporate Headquarters**  
9420 Key West Ave., Suite 101  
Rockville, MD 20850  
Phone: (301) 231-9510

[sales@drfir.com](mailto:sales@drfir.com) | [www.drfir.com](http://www.drfir.com) | [blog.drfir.com](http://blog.drfir.com)

©Copyright DrFirst 2018



## 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](mailto:bbuckley@aaahs.org).*



THIS IS AN ADVERTISEMENT

**THE INDUSTRY IS CHANGING.  
UNDERSTAND THE IMPACT  
ON YOUR ORGANIZATION.**

Put our singular health care focus to work for you. Visit [hallrender.com](http://hallrender.com).

**HEALTH LAW IS OUR BUSINESS.**

**HALL  
RENDER**  
KILLIAN HEATH & LYMAN

# PREDIABETES: THE FORK IN THE ROAD

Lead patients down the proper path toward diabetes prevention

## Facts

**100 million+** U.S. adults are living with diabetes or prediabetes<sup>1</sup>

**84 million** American adults have prediabetes<sup>1</sup>

**90 percent** don't know they have prediabetes<sup>1</sup>

## What happens when patients ...

### Ignore prediabetes

Condition worsens and becomes  
**type 2 diabetes**



Every organ in the body  
could be affected<sup>2</sup>

**100%**

Increased risk of developing  
hypertension<sup>3,\*</sup>

**80%**

Increased risk of being hospitalized  
for a heart attack<sup>4,\*</sup>

**70%**

Increased risk of dying of heart  
disease or stroke<sup>4,\*</sup>

**2X**

Greater risk for depression<sup>2,\*</sup>

### Address prediabetes

**58%**

Reduced incidence of type 2 diabetes<sup>4</sup>



Participate in CDC-recognized diabetes  
prevention lifestyle change program<sup>4</sup>



Learn to  
eat healthy



Moderate physical activity for at least  
150 minutes each week



Lose weight (at least 5–7  
percent of body weight)



Improved stress management

\* 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  
 Tonasha 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  
 Andrea 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, P.C.  
 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, P.A.  
 Tia R. Medley, MD — Franklin Square Pediatrics  
 Andrew S. Mener, MD — Maryland Oncology Hematology, P.A.  
 Nicole L. Merritt, DO — Chesapeake Pediatrics  
 Mark Mollenhauer, MD — Spring Grove Hospital Center  
 Joselito S. Navaleza, 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

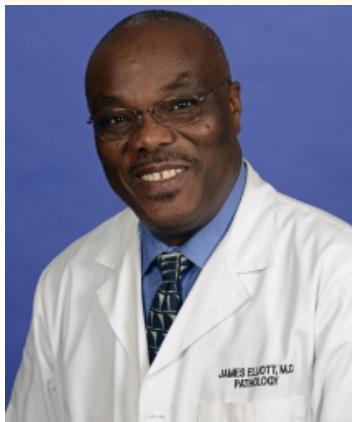
*Continued on page 12*

## Member Profile: James Elliott, MD

*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, P.C.
- 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 Vilorio-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

### Members are the Key to Our Success

Getting involved and engaged strengthens MedChi's and component medical societies' abilities to serve you and the profession of Medicine more effectively.



If you have a new physician joining your practice this summer, encourage your new colleague to join MedChi and a component medical society.

We are your advocates and your resources!  
To join, go to [www.medchi.org](http://www.medchi.org) or call 1.800.492.1056.

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](http://www.cdc.gov)
- Maryland Board of Physicians: [www.mbp.state.md.us](http://www.mbp.state.md.us)

*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.*

- Maryland Department of Health: <http://beforeitstoolate.maryland.gov>
- MedChi: [www.medchi.org/ending-opioid-crisis](http://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](http://www.marylandsbirt.org)
- The Opioid Risk Tool (ORT): [www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf](http://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](http://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](http://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](http://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](http://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.





## 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](http://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](mailto: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.



Compliments of: MedChi



# 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

DRUG NAME	QTY	RETAIL PRICE	DISCOUNT PRICE	SAVINGS
Montelukast (Singulair) TAB 10MG	30	\$33.98	\$16.18	52%
Levocetirizine (Xyzal) TAB 5MG	30	\$69.72	\$14.95	79%
Azelastine SPR (Astepro) 137MCG	30ML	\$81.99	\$29.50	64%
Desloratadine (Clarinet) TAB 5MG	30	\$131.83	\$28.35	78%
Clarinet (Brand) TAB 5MG	30	\$409.62	\$235.26	43%

\*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 CMN HOSPITAL EACH TIME A PRESCRIPTION IS PROCESSED USING THIS COUPON.



## Pharmacy Coupon | Prescription

Coupon MBR ID: Enter Year & Time  
*(Example: Year 2016; Time 9:14; Enter ID 2016914)*

RxGRP: MDRX

RxBIN: 610709

*This coupon has no expiration date and is reusable on Brand and Generic Rx's. Savings can be as high as 75%.*

**PATIENT INSTRUCTIONS:** This card/coupon is pre-activated and can be used immediately. Present this card/coupon to any participating pharmacy to receive a discount on prescription medications.

**PHARMACIST INSTRUCTIONS:** Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information: For processing questions and comments please call the Pharmacy Helpline below.

This program is not insurance.

Customer Service: 877-321-6755 Pharmacy Helpline: 800-223-2146 This is a point-of-sale discount program.

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

**MedChi** *Maryland Medicine*  
The Maryland State Medical Society  
1211 Cathedral St., Baltimore, MD 21201

The Maryland State Medical Society



Address Service Requested

Presorted Standard  
U.S. Postage  
PAID  
Permit No. 48  
Merrifield, VA

## Events

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

### May 30

MedChi Summer Social Event — Baltimore Orioles vs. Washington Nationals, 5:00 p.m. Oriole Park at Camden Yards, 333 W Camden St., Baltimore. Cathy Johannesen, 410.539.0872, ext. 3308.

### 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

AMA Annual Meeting, June 9–13. Hyatt Regency, Chicago. Cathy Johannesen, 410.539.0872, ext. 3308.

### June 13

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