

Maryland Medicine

VOLUME 19 ISSUE 3



**What You Need
to Know Now**

**Recap:
MedChi's Successful
Legislative Session**

**What's Your
Political M.O.?**

**Physician
Candidates
Campaign for Office**

MedChi and CFHM Team Up to Help End Prostate Cancer

MedChi, The Maryland State Medical Society, and the Center for a Healthy Maryland, Inc. (CFHM) have teamed up once again for the ZERO Prostate Cancer Run/Walk in Baltimore, MD on Sunday, September 23, 2018. **The funds raised from ZERO Prostate Cancer Run/Walk provide research for new treatments, free prostate cancer testing, and education for men and families about prostate cancer.**



For more information, contact Josette Fullard at jfullard@medchi.org, or visit the MedChi/CFHM team page to register. Please register by September 1, 2018. If you cannot join us, support us. All donations are welcome.

Together we can get healthy, have fun, and save lives!

What You Need to Know Now

1. The Prescription Drug Monitoring Program (PDMP) Use Mandate began July 1, 2018.
2. MedChi has opened a PDMP Call Center for prescribers and pharmacists with questions regarding the Use Mandate (800.492.1056, x3324; direct dial, 410.878.9688; pdmp@medchi.org).
3. The Maryland Primary Care Program has been approved by the Centers for Medicare and Medicaid. Practices will register for the program in August 2018, and the program will begin in January 2019.
4. Fingerprinted Criminal Background checks must be completed prior to renewing your Medical License with the Maryland Board of Physicians.

Cover Photo: Gene Ransom, MedChi CEO, shown at bill signing for HB 736/SB 576, which allows pharmacists to discuss less expensive options with patients.

AMA: CVS–Aetna Merger Should Be Blocked

After extensive analysis, AMA opposes the merger of the pharmacy chain and health insurer. The AMA position is based on evidence indicating the merger's likely anticompetitive effects on Medicare Part D, pharmacy benefit management services, health insurance, retail pharmacy, and specialty pharmacy.

Since December, the AMA has conducted an intense evaluation of the proposed merger, and urged state and federal regulators to do the same. During its analysis, the AMA sought the views of prominent academic experts in health economics, health policy, and antitrust law.

The AMA will file a post-hearing memorandum outlining its concerns. The AMA filing will outline the merger's potential negative consequences for health care access, quality, and affordability, including:

- An expected increase in premiums due to a substantial increase in market concentration in 30 of 34 Medicare Part D regional markets.
- An anticipated increase in drug spending and out-of-pocket costs for patients as Aetna and CVS fortify their dominant positions in the health insurance, pharmaceutical benefit management, retail, and specialty pharmacy markets that already lack competition.
- A reduction in competition in health insurance markets that will ultimately adversely affect patients with higher premiums and a reduction in the quality of insurance.
- A foreseeable failure to realize proposed efficiencies and benefits because the merger faces enormous implementation challenges, and those efficiencies have a questionable evidence base.

To ensure patients are better served by dynamic and competitive health care markets, the AMA will endeavor to persuade federal and state regulators to oppose the merger.

Maryland Health Care Commission (MHCC) Releases Annual Report on Health Care Expenditures

The MHCC published a report on spending and utilization of health care services in Maryland's privately fully-insured market for 2016. This report, part of a series of annual reports using data from the Maryland Medical Care Data Base (MCDB), **shows that health care costs continued to increase in Maryland in 2016, although the rate of the increase was less than the rate of increase in 2014 and 2015.**

Overall, per capita spending on health care increased by 5 percent. Spending per capita declined for hospital inpatient services, labs, and imaging, but increased for hospital outpatient services, physician services, and retail prescriptions. Unit cost decreased for outpatient services but the per person spending did not decrease for outpatient services due to increases in utilization of these services. Per capita spending in the individual market, including Exchange and off-Exchange products, climbed by 12 percent. Spending in the DC metro area was higher than in other regions in the state.

Additional information on disease burden, individual out-of-pocket costs, and other topics are available in the report.

From the President...

Recapping MedChi's Successful Legislative Session

Gary Pushkin, MD, President, MedChi

MedChi, The Maryland State Medical Society, fought a hard battle in the 2018 Legislative Session and came out victorious. The fight would not have been won

without YOU, the MedChi member. I would like to thank ALL members for their support and congratulate you on YOUR legislative victories. Without this support, MedChi would not have had one of its most successful sessions in history.

Defeated the Weakening of Maryland's Medical Malpractice Laws by Plaintiff's Attorneys

Senate Bill 30/House Bill 1581 would have eliminated the "20% Rule," Maryland's long-standing

law prohibiting "professional witnesses." MedChi members sent more than 1,500 emails to their legislators in the last days of Session, resulting in the bill's defeat (41-89) despite it being passed by the Senate (by one vote). This incredible victory, which many believed was impossible, clearly demonstrates the collective power of the physician community. MedChi also defeated efforts to triple noneconomic ("pain and suffering") damages.

Secured Additional Funding for Physician Payments

MedChi successfully lobbied to preserve \$17.6 million in the Governor's budget to maintain Medicaid physician rates, getting us one step closer to returning the rates to 100 percent of Medicare.

Successfully Lobbied for the Adoption of Pragmatic Solutions to Maryland's Opioid Crisis

MedChi lobbied for proactive initiatives to address Maryland's opioid crisis while fighting initiatives that would have unfairly targeted or unnecessarily burdened physicians. MedChi supported the creation of a "Pill Mill Tip Line" and development and expansion of crisis response systems. MedChi defeated efforts that would

What's Your "M.O." When It Comes To Politics?

Susan D'Antoni, with insights from Stephen Rockower, MD, and Duane Taylor, MD

"If you are in medicine; you are in politics!" Are you a GA, a PPA, or a PI?

Grassroots Activist (GA):

- The GA is aware of issues and trends affecting the profession of medicine, patient care, and health care delivery.
- When MedChi and/or your component society sends out a legislative alert, the GA ACTS! She goes to the MedChi website and sends an email via the Legislative Center to her senators, delegates or representatives, or makes a phone call to the legislator's office, and encourages her colleagues to do the same.
- The GA contributes to the Maryland Medical PAC (MMPAC) to ensure that candidates who are supportive of Medicine and who are fighting to protect the interests of Maryland physicians and their patients are elected or re-elected.


Public Policy Activist (PPA):

All the above *and*:

- The PPA participates in their component society's Lobby Day each year. The PPA understands this is an opportunity to connect with elected leaders during the session to influence the outcome of bills which affect the practice of medicine, delivery of care, and health care financing. The PPA recognizes there is "power in numbers" and the importance of the coordinated voice of Medicine. The PA understands the importance of "putting a face with a name."
- The PPA participates in his component society's annual legislative breakfast or other forums at which legislators are present seeing these as opportunities to demonstrate involvement in and support of MedChi's legislative agenda.
- The PPA becomes a key contact through their component society's legislative committee and welcomes being assigned to a delegate or senator from his district. The PPA makes a point of developing a relationship with his legislator(s) throughout the year so the legislator will recognize him as a resource on a variety of medical and nonmedical issues during the session. The PPA recognizes that it's important to cultivate relationships even if the legislator is not on a committee of jurisdiction over medical issues. Every vote counts in committee and on the floor!
- The PPA contributes personal funds to the elections of candidates which share his views and who have supported MedChi's legislative agenda. The PPA knows that legislators don't forget your name when you have given them money.

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Maryland Medicare All-Payer Contract Gets an Extension

The all-payer contract, also known as the Maryland Medicare Waiver, contemplates increased physician activity changing from a model totally based on hospital payments looking at the total cost of care in Maryland. The new agreement considers an increase in physician activity, and includes pro-physician protections negotiated by the physician community.

“The new Maryland Model will expand health care access and affordability—and ultimately improve quality of life—for Marylanders, especially those with chronic and complex medical conditions,” said Governor Hogan. “Maryland continues to lead the nation in innovative health care delivery, and the expansion of our successful model is a huge step forward in our efforts to ensure that every Marylander has access to quality care.”

The Maryland Model aims to control the growth in health care costs, both at hospitals and community providers, while improving patient outcomes and quality of care. To achieve this comprehensive coordination across the entire health care system, the Maryland Model will:

- Coordinate care across both hospital and non-hospital settings, including mental health and long-term care
- Invest resources in care that is focused on the patient and enhance primary-care teams to improve individual patient outcomes
- Set a range of quality and care improvement goals and provide incentives for providers to meet them
- Concentrate system and community resources on population health goals to help address opioid use and deaths, diabetes, hypertension, and other chronic conditions
- Encourage and facilitate programs focusing on the unique needs of Marylanders across geographic settings and other key demographics



Maryland Governor Larry Hogan

This comprehensive approach ensures the patient is at the center of decision making and their needs are being met with greater transparency and accountability.

“For thirty-six years, the Maryland All-Payer Model has been transformative in delivering affordable, high-quality health care to Maryland’s families,” said Rep. Andy Harris, MD (1st District). “Once again, Governor Hogan is demonstrating his commitment to helping Maryland families and to driving Maryland innovation. The new, extended version of the Maryland Model will be even more effective in controlling the cost of health care while maintaining access, and in improving the quality of outcomes for Maryland patients.”

The all-payer contract agreement includes the Maryland Primary Care Program and other Care Redesign Programs that will help Maryland physicians achieve new value-based Medicare requirements.

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CONSULTATIVE INSURANCE REVIEW

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

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- Life Insurance
- Disability (Individual/Pension/
Business Overhead)
- Annuities
- Long Term Care
- Estate Planning/Retirement Planning
- Auto/Homeowners/ Umbrella Coverage

MedChi's Delegation to AMA Active on Key Issues

Maryland's delegation to the American Medical Association played an active leadership role at the AMA's Annual Meeting in Chicago. Serving on behalf of MedChi members and the physicians and patients of Maryland, the delegation worked closely with a contingent of twelve Maryland medical students to successfully champion an ambitious slate of resolutions calling for action on gun violence prevention, LGBTQ health education, physician dispensing, and other public health and economic concerns.



Maryland's AMA Delegation Family (L to R): Drs. Bruce Smoller, Steve Rockower with MUSC Medical Student and son Harry Rockower, Padmini Ranasinghe, Willarda Edwards, George Bone, and Shannon Pryor. Seated is Mrs. Ted Lewers.

MedChi is especially pleased to announce that Padmini Ranasinghe, MD, MPH, has been elected to serve on the AMA's Council on Science and Public Health. Dr. Ranasinghe is an internist, epidemiologist, and preventive medicine specialist at Johns Hopkins, where she also serves on the medical education faculty. She is the President of the Baltimore City Medical Society and serves on the MedChi Board of Trustees. MedChi is proud to be represented in leadership roles throughout the AMA, including on the Board of Trustees, various councils, and the AMPAC board.

More details about the AMA Annual Meeting can be found at www.ama-assn.org/hod-annual-overview.

MedChi Provides Online Education on Opioids and the Maryland PDMP

MedChi has launched a new online Continuing Medical Education Catalogue. The online educational site will provide physicians and other health care clinicians educational resources to address their needs and improve patient care.

The inaugural activity for the platform is Maryland Prescription Drug Monitoring Program (PDMP) Best Practice and Clinical Usage. The presentation describes the Maryland Prescription Drug Monitoring Program (PDMP), addresses when PDMP query is required, summarizes what the PDMP query portal looks like and what other states' data can be accessed through the query portal. It also establishes how to use the PDMP as a clinical tool and to identify where to find safe opioid prescribing resources. This presentation is the result of an ongoing collaboration with the Maryland Department of Health (MDH) and MedChi to improve clinician understanding of the PDMP and its use, as well as address its value and importance in addressing the current Opioid Crisis.

Charles County Medical Society Installs New President

The Charles County Medical Society has reasons to celebrate! Richard Cook, MD, has become the newest President of the Charles County Medical Society. At the May 24 meeting Dr. Cook accepted the position from interim President, Dianna Abney, MD. Dr. Abney will remain active, serving as the Charles County Medical Society Treasurer. Her service is deeply appreciated.



As a third-generation physician, raised in Annapolis, Dr. Cook has more than fifteen years of experience practicing Internal Medicine in Maryland. He is a graduate of Howard University School of Medicine. His residencies were completed in Baltimore at Union Memorial and University of Maryland Hospitals. He lives in Hughesville, Maryland, with his wife, who is a physician, and three children.

Dr. Cook is running for Charles County Commissioner, in District One. His motto, “Truth Shaping Politics, not Politics Shaping Truth,” is backed up by the fact that he accepts no campaign contributions; preferring to give government back to the people. The Medical Society wishes him well in his endeavors.

House of Delegates Meeting Featured Visits from Legislators and Health Leaders

On April 29, MedChi held its 2018 Interim Meeting and Spring House of Delegates Meeting. Delegates gathered to discuss health topics and set policy for the organization. MedChi was honored with a presentation by Maryland Secretary of Health Robert R. Neall. We were pleased to present the 2018 Legislative Awards



Maryland Secretary of Health Robert R. Neall

to Senator Joan Carter Conway, Senator Robert Cassilly, and Delegate Kathleen Dumais. Former Secretary of Health Nelson Sabatini was honored with the 2018 Laughlin Distinguished Public Officer Award for his efforts as a public health and patient advocate in Maryland. MedChi’s Immediate Past President, Stephen Rockower, MD, was presented with the 2018 Laughlin Distinguished Member Award.

The House of Delegates adopted resolutions to establish MedChi task forces on global budgeting, physician well-being, and gun violence. Eleven resolutions that were passed by the House will be addressed at the federal level by the American Medical Association. The House also reaffirmed MedChi’s commitment to eradicating gender-based income disparities for physicians.

The next meeting of the House of Delegates will be held during our Annual Meeting on September 22, 2018 in Hanover, Maryland. All MedChi members are invited to attend. Those interested in serving as a delegate should reach out to their component medical society or contact Catherine Johannesen at cjohannesen@medchi.org or 800.492.1056, x3308.

“All Politics is Local”— Component Medical Societies Make Annapolis House Calls

Lisa Williams

Component medical societies initiated “Annapolis Lobby Days” many years ago, and continue annual visits to Annapolis during the ninety-day General Assembly.

Prior to the components’ lobby days, association leaders and other physicians interested in advocacy and grassroots lobbying are recruited to participate. Between ten and twenty-five physicians often participate in each component lobby day. Component society staff schedule appointments with their county’s elected senators and delegates before and after the session.

Lobby days begin with a morning review of key bills and issues by the MedChi legislative team. Because the legislative process is always changing and progressing, this update is key to physicians’ understanding the status of the bill.

This year, the broad areas of discussion with the delegation were medical liability, Medicaid access, and priorities in addressing the growing opioid crisis. Legislators were receptive to MedChi and component positions, with a few able to join members for lunches hosted by the component society for further conversation.



Drs. Brent Faulkner, Robert Karp, and Audrey Corson visit with Senator Susan Lee and Delegate Aruna Miller.

MedChi and Component News continued on page 14

MedChi Needs Physicians to Staff First Aid Room

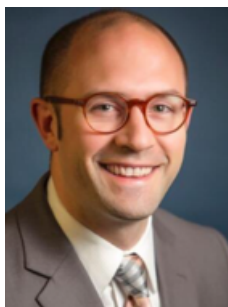
From the first day until the last day of the session, MedChi needs physician volunteers to staff the First Aid Room. Volunteer physicians work with a nurse to address any medical issues that arise. If you are interested in volunteering in the 2019 session, please contact Kevin Hayes at khayes@medchi.org.



Reed Winston, MD (pictured with MedChi Executive Director, Gene Ransom), has staffed the first aid room on the first day of the Maryland General Assembly for more than twenty years.

Physician Candidates Campaign for State Office

MedChi is excited to watch the 2018 elections as a group of physician leaders prepare to take a major step toward representing their communities in the Maryland General Assembly. Several new physicians hope to be part of Maryland's legislature. For a complete listing of all candidates, visit www.elections.maryland.gov. Please visit www.medchi.org/MMPAC for the results of the physicians' races.



Richard Bruno, MD
(Leg. District 41)



Terri Hill, MD (Leg. District 12)



Jay Jalisi, MD
(Leg. District 10)



Niles Kalyanaraman, MD
(Leg. District 43)



Clarence Lam, MD
(Sen. District 12)



Paul Manicone, MD
(Leg. District 23B)



Tim Robinson, MD
(Leg. District 42B)

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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.

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

MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between April 1, 2018, and June 12, 2018.

Reza Alavi, MD — DaVita Medical Group

Padmaja Bandi, MD — Erickson Health Medical Group of Maryland, PC

Monique K. Chheda, MD — Shady Grove Dermatology, Laser & Vein Institute

Samir V. Chheda, MD — Community Radiology Associates

Marianne Cloeren, MD, MPH — Managed Care Advisors, Inc.

Lauren M. Curtis, MD — Johns Hopkins

Lynda S. Dougherty, MD — Fairfax Colon and Rectal Surgery, PC

Kendall Dupree, MD — Sinai Hospital

Sasha R. Jarrett, MD — Chesapeake Anesthesia Associates

Nilesh Kalyanaraman, MD — Health Care for the Homeless

Arkadiy Koshkin, MD — Chesapeake Anesthesia Associates

Peter E. Lavine, MD — Peter E. Lavine, MD

Alex S. Mohseni, MD — Memorial Hospital

Elzbieta M. Mroz, MD — Family Healthcare of Elkton

Richard O. Odero, MD — Community Radiology Associates

Barbara A. Parey, MD — Family Healthcare of Elkton

Pradip Sahdev, MD — Advanced Surgicare of Maryland

Paul S. Schaefer, MD — Community Radiology Associates

Vivian Umeozulu, MD — Canna Care Docs

Surender K. Vaswani, MD — Allergy & Asthma Clinical Center

Kimberly C. Walker, MD — Regenerations Counseling Services

David J. Wang, MD — Maryland Cardiovascular Specialists

Ming Yi, MD — Erickson Health Medical Group of Maryland, PC

**Carolyn B. O'Connor, MD
(Family Medicine, Rockville)**

was honored as the incoming President of Montgomery County Medical Society at Corks & Forks for a Cause at Rocklands Farm & Winery. A celebration of Medicine in Montgomery County was held along with fundraising activities for the National Capital Physicians Foundation.



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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.

From the President continued...

have allowed law enforcement, local health departments, and insurance companies direct access to the Prescription Drug Monitoring Program.

Protected and Enhanced the Practice of Medicine

MedChi continued to protect the integrity of the practice of medicine. Working with the Maryland Society of Eye Physicians and Surgeons, MedChi defeated an expansion of scope by optometrists. Likewise, MedChi worked with the Maryland Orthopaedic Association to prohibit the attempt by podiatrists to use the term “physician”. MedChi worked for the successful passage of legislation that makes Maryland a member of the Interstate Medical Compact. MedChi also successfully advocated to prohibit hospitals and insurers from requiring physicians to maintain their specialty certifications through the American Board of Medical Specialties. The issue will be studied over the interim by the Maryland Health Care Commission.

Ensured that Patients Can Benefit from Less Expensive Drug Costs

MedChi successfully worked with “Health Care for All!” and other Maryland health leaders to prohibit “gag clauses” in pharmacy benefit contracts to allow pharmacists to discuss less expensive options with patients.

Advanced Public Health Initiatives

MedChi successfully advocated for public health concerns, including legislation for students to use sunscreen at school activities without written permission from their physician; legislation that requires correctional facilities to provide feminine hygiene products to inmates and have written policies regarding medical services for pregnant inmates; and legislation that establishes a grant program to address youth homelessness.

Thank you again to every physician who made a phone call, sent an email, came to Annapolis, or attended a fundraiser. A successful effort is a team effort.

Continued from page 3

Political Influencer (PI):

All the above *and*:

- The PI often volunteers on important committees at a local or state level to share expertise, and represent medicine knowing the value of “being at the table.” The PI knows these roles open doors to other opportunities.
- The PI participates in campaign fundraisers and enjoys meeting and greeting the candidate and other legislators or supportive constituents. The PI doesn’t hesitate to put a sign on their lawn in support of particular candidates.
- The PI asks pointed questions so the candidate understands the importance of an issue.
- The PI cultivates relationships on a local, state and federal level and responds quickly when called to testify or to provide insight on issues. The PI shows they are community-minded.

Being involved takes time, talent and resources. Every physician has one or more of these to give. Get involved. Start at the beginning. The rewards will come back FOR you and your patients.

Susan D’Antoni is the Executive Director of Montgomery County Medical Society. She can be reached at sdantoni@montgomerymedicine.org.

Maryland Medical Political Action Committee (MMPAC) Supports MedChi Advocacy

One way to get involved after the legislative season is to join your Maryland Medical Political Action Committee (MMPAC). Your MMPAC membership supports MedChi’s lobbying efforts during the Maryland General Assembly Session and allows MedChi to succeed in serving as your advocate.



In 2018, MMPAC contributions helped

- Kill attempts by the trial attorneys to allow “professional witnesses”;
- Successfully oppose a potential increase on the cap for non-economic damages;
- Increase the Governor’s Fiscal Year 2019 Medicaid budget by \$17.6 million;
- Advocate for common-sense Opioid legislation; and
- Prevent broad expansion of non-physicians’ scope of practice.

MMPAC is grateful to all of its members for their continuous support. For more information and how to join, you can visit www.medchi.org/MMPAC.

We're Here to Help

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MedChi & Component News continued...

Lobby days are followed by e-mails and calls to legislators to provide additional information on positions on key bills.

Annapolis House Calls are just one way of maintaining communication with legislators. Each year, component delegations are invited to other component society events. Baltimore City Medical Society holds an annual holiday reception to which legislators are invited, and Montgomery County Medical Society holds an annual legislative breakfast in December. Legislators frequently receive copies of component society communications, or patient communications. In addition, physician members attend fundraising and district meetings that allow for more casual interaction with legislators. During the General Assembly, legislators know component society members and are pleased to have them visit.

Plan to join your component society lobbying team in Annapolis in 2019, the first year of a new four-year term. Look for the component society lobby dates in future communications, and volunteer to staff the first aid room.

As U.S. House Speaker Tip O'Neill said, "All politics is local."

Lisa Williams is Executive Director of Baltimore City Medical Society. She can be reached at info@bcmsdocs.org.

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 or call 1.800.492.1056.

MedChi's Buildings Have Rich Architectural History

MedChi built one of its buildings in 1909 and acquired the other main building in the mid-1970s for the sum of \$1.00. Of course, MedChi had to renovate the building after buying it. The 1898 building was originally the University School of Baltimore, a private school. By the early 1910s, it had become a Baltimore City Public School. As School #49, it served as an accelerated school for students who completed three years of junior high school in two years. A number of MedChi members attended the school.

The main building, and the former gymnasium which is now the MedChi Agency, are filled with a variety of architectural details, reflecting the building's former life. When you next visit the MedChi offices, please take a minute to notice, and appreciate, the architectural details, some of which are shown here.



Have You Ever...

- Noticed while at work that a physician colleague smelled of alcohol?
- Been concerned by a physician who was so upset and angry with colleagues that it interfered with patient care?
- Been plagued with worry or concern because a colleague "just doesn't seem right?"

Do You Know Where To Turn If...

- You think a physician friend might have a drinking problem?
- A colleague is self-prescribing pain-killers or other controlled medications?
- A colleague seems depressed, is experiencing mood instability, or is overly anxious to the point that their performance is being affected?



MPHP is a private, confidential, non-disciplinary program that advocates for the health and well-being of all physicians and other allied health professionals who are licensed by the Maryland Board of Physicians to safeguard the public. MPHP is HIPAA compliant, and protects the confidentiality of participant records as set forth under state and federal law. MPHP is administered by the Maryland State Medical Society's 501 (c)(3) affiliate, the Center for a Healthy Maryland, and is separate from the Maryland Board of Physicians.

For more information and/or a confidential consultation for you or a colleague who may benefit from our help, please call **800-992-7010** or **410-962-5580**.

MPHP

MARYLAND PHYSICIAN HEALTH PROGRAM

Helping One Physician Helps a Thousand Patients

MedChi
The Maryland State Medical Society

Center for a
Healthy Maryland

1211 Cathedral Street / Baltimore, MD 21201 / 410.878.9698 Ph / 888.507.6034 Fx

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Events

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

July 10

Baltimore City Medical Society Board Meeting, 6:00 p.m.
MedChi Office, Malouf Board Room, 1211 Cathedral Street,
Baltimore. Lisa Williams, 410.625.0022.

July 19

MedChi Board of Trustees Meeting, 6:00 p.m. MCMS Head-
quarters, 15855 Crabbs Branch Way, Derwood, MD. Cathy
Johannesen, 410.539.0872, ext. 3308.

September 5

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

September 13

MedChi Board of Trustees Meeting. MedChi Office, Osler
Hall, 1211 Cathedral Street, Baltimore. Cathy Johannesen,
410.539.0872, ext. 3308.

September 22

House of Delegates Meeting. Arundel Preserve Hotel, 7795
Arundel Mills Blvd., Hanover, MD. Cathy Johannesen,
410.539.0872, ext. 3308.

September 24

2018 Baltimore City Medical Society Physician – Student
Exchange.

September 26

Baltimore County Medical Association, CME Event.
GBMC, 6701 N. Charles Street, Baltimore, MD. Patricia
Keiser, 410.296.1232.

October 17

Montgomery County Medical Society, General Membership
Meeting. Bethesda North Marriott, Bethesda, MD. Karissa
Miller, 301.921.4300.