

Maryland Medicine

VOLUME 20 ISSUE 1

MedChi Makes House Calls

**What You Need
to Know Now**

**Legislative
Hot Topics**

**Making the ACA Work
in Maryland**

MedChi Leadership at the AMA's State Advocacy Conference



MedChi leadership played a key role in the AMA's State Advocacy Conference, held in January in Scottsdale, Arizona. Gene Ransom, MedChi CEO, held an advocacy workshop that was lauded by attendees. (Pictured above, left to right: Willarda Edwards, MD; Al Redmer; Gene Ransom.) The conference was also attended by Bruce Smoller, MD, and Steve Rockower, MD, two of MedChi's current AMA Delegates. Willarda Edwards, MD, a member of the AMA Board of Trustees, welcomed Maryland Insurance Commissioner Al Redmer, Jr., who provided a keynote address on state advocacy.

Number of Uninsured Americans Reached Four-Year High in 2018, Poll Indicates

In the January 23, 2019, edition of *The Upshot*, *The New York Times* reports that the number of uninsured Americans “plunged” after the ACA took effect, but that figure “inched up throughout last year,” according to a new Gallup poll. Data indicate “the uninsured rate for adults increased by 1.3 percentage points,” which means there was “an increase of more than three million people without insurance between the first quarter of 2018 and the end of the year.”

Which Specialists Are the Happiest?

According to Medscape's *Physician Lifestyle & Happiness Report 2019*, which was released in January 2019, rheumatologists, otolaryngologists, endocrinologists, and pediatricians are among the happiest outside of their medical work. Among the least happy are cardiologists and infectious disease specialists. Medscape also reports that plastic surgeons, urologists, ophthalmologists and endocrinologists are among those specialists with the highest self-esteem.

What You Need to Know Now

1. Two opioid-related CME credits are now required for renewal of your CDS License. MedChi, in conjunction with the Maryland Department of Health, has created a CME Course on the Prescription Drug Monitoring Program to fulfill this requirement — contact Colleen George for details (410.539.0872, x3360; cgeorge@medchi.org).
2. The Maryland Primary Care Program (MDPCP) officially began January 1, 2019. If your practice was unable to participate with the MDPCP for 2019, please reach out to MedChi (Colleen George, 410.539.0872, x3360; cgeorge@medchi.org) so we may assist you in preparing for 2020 participation.

AMA Comments on Medicaid and CHIP Managed Care

The AMA submitted comments on a proposed rule from the Centers for Medicare & Medicaid Services (CMS) on managed care in Medicaid and the Children's Health Insurance Program (CHIP). The AMA's comments focused on concerns that several significant provisions in the proposed rule could result in inadequate payments to physicians and other providers, weaken access protections for beneficiaries, especially through changes to network adequacy, and decrease information transparency.

MedChi
The Maryland State Medical Society

SAVE THE DATES

MedChi House of Delegates Meetings

Sunday, April 28, 2019 | 7am-12pm

Saturday, November 2, 2019 | 7am-4pm

The Hotel at Arundel Preserve
Hanover, MD

www.medchi.org/HOD

From the President...

What Does Member Engagement Mean to You?

Benjamin Z. Stallings, II, MD, President, MedChi

“Member engagement” is a major buzzword in the association sphere, but what does it mean in layman’s terms? What does it mean for those of us who are the

engaged members? As the current President of MedChi and a former President of the Prince George’s County Medical Society, I’d like to share what “member engagement” means to me.

During the Maryland General Assembly Session, “member engagement” means that I play a key role in shaping MedChi’s legislative advocacy efforts by attending the weekly Legislative Council meetings. These meetings provide a forum for all members to engage in

debate and discourse to inform MedChi’s path through the tumultuous tides of the annual legislative session. I lend my expertise as a specialist and my perspective as a practitioner to the process of developing a cohesive voice on behalf of the physicians and patients of Maryland. I feel immense pride knowing that legislation is affected by my participation in this crucial process.

Throughout the year, “member engagement” means plenty of late evenings and long drives as I visit medical staff meetings, county medical society events, and specialty medical society gatherings across the state. I attend these meetings to champion the cause of MedChi membership, to grow our numbers so that our voice is as strong, as experienced, and as diverse as possible. I meet with rural and urban physicians; early career physicians and retirees; primary care physicians and specialists. In my journeys, I learn more every day about what keeps physicians up at night and how MedChi can help.

What does “member engagement” mean for you? It certainly doesn’t have to require the time commitment I’ve outlined here. MedChi provides myriad opportunities for involvement. From special-interest committees to legislative advocacy to networking events and beyond, “member engagement” is what you, the member, make of it. I encourage you to get involved today.



MedChi is Focusing on Health Care Access and Delivery in the 2019 Legislative Session

Gene Ransom, CEO (@GeneRansom; gransom@medchi.org)

With approximately 40 percent of the Maryland General Assembly comprised of new legislators, and the resulting changes to House and Senate committees, MedChi has done the necessary homework to prepare for a busy and productive legislative session. Now that the 439th Session is underway, MedChi’s Legislative Council is meeting on Monday evenings to deliberate health-related legislation in service to our mission to act as Maryland’s foremost advocate and resource for physicians, patients, and the public health.

MedChi is working on a wide range of objectives during the 2019 General Assembly Session to **protect access to physician services**. To do this, MedChi is advocating that the Fiscal Year 2020 Medicaid budget fund E&M reimbursement rates be equal to the Medicare program; this parity will better support physician participation in the Medicaid program and ensure that Medicaid patients have equal access to physician services. We oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training. We are fighting initiatives to weaken Maryland’s current medical liability environment and jeopardize Maryland’s Total Cost of Care Model. And we are protecting the ability of physicians to dispense medications to patients, including allowing “prepackaged topicals” to be dispensed without the need for a permit.

A primary goal of MedChi is to **ensure timely delivery of health care services**. MedChi supports policies that promote greater efficiency and transparency of health insurance and that reduce administrative burdens on patients and physicians. We are working to improve Maryland’s payment climate by ensuring that gain-sharing and other mechanisms for system reform include broad physician participation and provide appropriate physician incentives. We strongly support initiatives that address drug price transparency for name brand and generic pharmaceutical manufacturers, pharmacy benefit managers, and insurers. And MedChi will support continued efforts to address network adequacy and formulary practices and further the standardization of credentialing requirements. MedChi is also working to protect the practice of medicine by monitoring the regulatory and disciplinary actions of the Board of Physicians and supporting legislation to alter the disciplinary process and to further examine credentialing requirements to ensure fairness.

As the opioid crisis continues to dominate both the headlines and the concerns of physicians and patients, MedChi is advocating strongly to **address behavioral health treatment and recovery needs**. We are pushing for expansion of Maryland’s crisis treatment centers throughout the state and addressing access to care barriers for

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CONSULTATIVE INSURANCE REVIEW

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- Long Term Care
- Estate Planning/Retirement Planning
- Auto/Homeowners/ Umbrella Coverage

MedChi's Focus in 2019 (continued)

behavioral health treatment. We are fighting to protect and enhance the integrity of the Prescription Drug Monitoring Program and its use by physicians as a prescribing tool. And we support the establishment of innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility.

Last, but certainly not least, MedChi is working to **strengthen public health initiatives**. We are investing in programs to address health disparities and the social determinants of health. We are advocating for a broad range of initiatives focusing on child health and safety, including lowering the threshold of intervention for lead exposure; increasing HPV immunization rates for children at the CDC recommended ages; educating parents on the risks of skin cancer and strategies to reduce the risk; preventing the separation of children from their caregivers absent a threat to a child's well-being; and limiting authorization of nonsecurity personnel in schools to bring, store, or discharge firearms at schools.

Our complete 2019 Legislative Agenda can be found at www.medchi.org/YourAdvocate, along with a checklist of opportunities for members to get involved in advocacy efforts.

Increasing Medicaid E&M Code Rates is Key to Increasing Access for Patients

Pamela Metz Kasemeyer, Schwartz, Metz & Wise

MedChi is working to restore Medicaid Evaluation and Management (E&M) Code payment rates to parity with Medicare rates. With the implementation of the Affordable Care Act in 2012, and the expansion of coverage to thousands of Marylanders, there was a need to address a significant lack of physician participation in Medicaid. E&M Code rates were historically too low to ensure an adequate network for enrollees, negatively affecting access to medically necessary services. The State responded by increasing reimbursement for E&M codes in Medicaid to 100 percent of Medicare rates for all physicians who accept Medicaid. In 2015, budget and other related issues resulted in a reduction to 87 percent of Medicare. MedChi was able to advocate for a restoration to 92 percent in 2015 and 94 percent in 2016. Governor Hogan has continued to provide additional funding to maintain rates at 94 percent, despite Medicaid budget deficits and uncertain federal funding. Full parity, however, remains MedChi's objective.

The increased physician participation in Medicaid, when parity with Medicare was implemented, demonstrated the importance of the rate increase to ensure appropriate access to medically necessary services. Access to care challenges lead to poor outcomes and result in an increase in the cost of care for Medicaid recipients. Appropriate payment rates not only encourage private practice physicians to participate in the Medicaid program, but also lessen the impact on employed and hospital-based physicians. Without an appropriate physician network, many enrollees often seek care in the hospital under emergency situations. Failure to restore E&M codes reimbursement to Medicare rates, and the resulting cost of care impact, also could have a negative impact on the successful implementation of Maryland's Total Cost of Care Contract.

Pamela M. Kasemeyer, Esq., is an attorney with Schwartz, Metz & Wise, MedChi's lobbying firm. She can be reached at 410.244.7000.

EDITORIAL STATEMENT		
<p>Editorial Offices: Montgomery County Medical Society, 15855 Crabbs Branch Way, Rockville, MD 20855-0689; 301.921.4300; sdantoni@montgomerymedicine.org</p> <p>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 (Production Editor)</p> <p>Managing Editor: Catherine Johannesen, 410.539.0872, ext. 3308; CJohannesen@medchi.org</p> <p>Advertising: Victoria Hecht, 410.539.0872, x3312; vhecht@medchi.org</p>	<p>All opinions and statements of supposed fact expressed by authors are their own, and not necessarily those of <i>Maryland Medicine</i> or MedChi. The Advisory Board reserves the right to edit all contributions, as well as to reject any material or advertisements submitted.</p> <p>Copyright © 2019. <i>Maryland Medicine</i>, 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.</p>	<p>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 <i>Maryland Medicine</i> does not imply approval or endorsement by MedChi unless expressly stated.</p> <p>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.</p>



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Making the Affordable Care Act Work in Maryland

Gene Ransom, CEO

ACA Task Force

Maryland established a Health Insurance Coverage Protection Commission to monitor and assess the impact of federal changes to health care programs and provide recommendations for action to protect access to affordable health care coverage. The commission includes a MedChi seat held by Stephen Rockower, MD, MedChi Past President.

Maryland's Unique All-Payer Contract

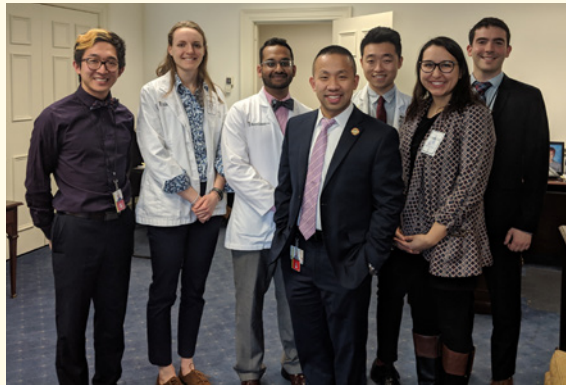
The Centers for Medicare and Medicaid Services and the State of Maryland are partnering to modernize Maryland's unique all-payer rate-setting system for hospital services. These updates will improve health outcomes and reduce costs. MedChi fought for language that protects Maryland tort reform and physician payment and created the primary care program in a separate waiver.

Reinsurance Exchange

Maryland was approved for a 1332 Waiver. MedChi fought to ensure that the program doesn't unfairly advantage some health plans over others.

Maryland Medicaid Waiver

MedChi and the AMA fought for passage of the Maryland Medicaid Waiver, stressing the importance of focusing on specific health care service access and delivery systems that directly impact overall health outcomes.



Medical Student Members Make House Call on Annapolis

The Medical Student Section of MedChi made its House Call on Annapolis in January. Student members met with legislators to discuss issues of importance to them. Left photo (left to right): Ian Qian, Ashling Zhang, Mary Melati, and Marie Ezran. Middle photo (left to right): James Ting, Cara Dooley, Saad Shamshair, Sen. Clarence Lam, Jack Peng, Amalia Rivera Oven. Right photo (left to right): James Ting, Kaushik Parvathaneni, Jack Gatti, Laura Pugh, Nivedha Kannapadi, Yesha Shah, Neel Koyawala.

Tort Reform Remains a Key Issue in Maryland

Steve Wise, Esq., Schwartz, Metz & Wise

MedChi is facing numerous proposals from the Trial Lawyers (now known as the Maryland Association for Justice, or MAJ) that would weaken the State's tort system.

MAJ has proposed bills to raise Maryland's cap on non-economic damages (pain and suffering), which already automatically increases by \$15,000 each year and is among the highest in the country. They are also trying to undermine the expert witness rule, which prohibits the use of experts who devote more than 20 percent of their time to being a professional witness in malpractice cases. Each of these proposals would result in more verdicts for plaintiffs and higher damage awards, driving up the cost of health care even further.

MedChi is working against these efforts, as the organization has every time they are proposed.

Steve Wise, Esq., is an attorney with Schwartz, Metz & Wise and is MedChi's lobbying firm. He can be reached at 410.244.7000.

Health Insurance a Major Focus for MedChi

Danna Kauffman, Esq., Schwartz, Metz & Wise

During the 2019 Session, MedChi is focusing its efforts on the passage of two health insurance bills.

The first bill prohibits health insurance carriers and pharmacy benefit managers from making formulary changes mid-contract year. Medically stable patients are often forced to switch medications without consideration of the medical repercussions or the reasoning behind the physician's decision to initiate a medication. Changing a stable patient's medication puts the patient's health at risk, potentially causing adverse side effects and decreased effectiveness of the medication. The risks are especially high when dealing with patients who have complex, chronic, or rare conditions. This is particularly troubling considering that consumers are increasingly paying more out-of-pocket in health care costs despite purchasing insurance. In the first three months of 2018, 47 percent of persons with private insurance were enrolled in a high-deductible plan, up from 43.7 percent in 2017.

The second bill revises Maryland's prior authorization requirements to ensure greater efficiency and transparency of system protocols and reduce administrative burdens on health care providers at point of service (both prescribers and dispensers) for pharmaceuticals. MedChi continues its efforts to ensure that the Affordable Care Act remains workable in Maryland.

Danna Kauffman, Esq., is an attorney with Schwartz, Metz & Wise and is MedChi's lobbying firm. She can be reached at 410.244.7000.

Physicians Needed to Work in State House First Aid Room

MedChi's First Aid Room in the State House is staffed by Colleen White, RN, assisted by a "Physician of the Day"

(Pictured: Colleen White, RN, joined by "Physician of the Day" Richard Bruno, MD, during the first week of the 2019 Session.) The "Physician of the Day" program provides an opportunity for MedChi members to



interact with legislators and provides valuable assistance to all those who need medical help in the General Assembly complex. The Physician of the Day also receives the privilege of being introduced on the floor of the House, Senate, or often both.

If you have not already signed up for a day or two in the First Aid Room, please contact Kevin Hayes at khayes@medchi.org.

MedChi Makes House Call on Annapolis

*Call our Legislative Office at 800.492.1056 x6001
for more information.*

Upcoming Organizational Lobbying Days

Mid-Atlantic Association of Community Health Centers
Thursday, March 7

Maryland/National Capitol Homecare Association
Tuesday, March 12

Component Societies' Lobbying Days

Anne Arundel and Howard County – Monday, February 25
(held in the evening)

For info, call 410.544.0312

Baltimore City – Wednesday, February 27

For info, call 410.625.0022

Baltimore and Harford Counties – Wednesday, February 27

For info, call 410.296.1232

Montgomery County – Wednesday, March 6

For info, call 301.921.4300

Private Equity Investment in Medical Practice: Is it Right for You and Your Patients?

Susan G. D'Antoni

Medical practices are hot commodities these days, especially in particular specialties, like dermatology and ophthalmology. Even though Maryland has a Corporate Practice of Medicine doctrine prohibiting corporations from operating medical practices unless owned exclusively by physicians, **investment companies, large for-profit corporations, insurance companies, and hospitals are recognizing there is profit to be made from investing in or acquiring medical practices.** Sometimes the investment companies or purchasers of medical practices have had nothing to do with health care previously, which leaves many physicians scratching their heads and wondering if profits are being put ahead of patient care.

At a time when physicians and practice administrators are looking at many options to help their practices survive and thrive, **equity investment represents an often attractive option** when remaining independent, unaligned, or going concierge do not seem to be the answer in this ever-increasing challenging world of medicine.

How do you know whether your practice would be attractive to equity investors? In this case, bigger is probably better. **A healthy bottom line with more patients, more physicians, more procedures, more locations, and more brick and mortar are what equity partners are usually looking for** when they are considering acquisition or capital infusion. Why? Because this capacity produces greater profits.

Your practice's positive financial health makes your practice more attractive to investors. The acronym, EBITDA, may be a new one in the medical practice vocabulary that physicians are not as familiar with as ACO, IPA, or COPD. EBITDA (earnings before interest, tax, depreciation, and amortization) is a measure of a company's operating performance. According to *MarketWatch*, some deals include "EBITDA multiples as high as 15 times," which physicians find appealing when faced by declining payment from insurers.

Clearly, every deal doesn't include such attractive terms, but, yet, having capital infused into the practice from an investment entity is good, right?

There are pros and cons to every business decision. The same goes for considering equity investment or acquisition of your practice. These are issues to consider according to *Dermatology World's* "Pulling Back the Curtain on Private Equity" [January, 2018]:

Pro 1: Immediate Payout if your practice is valued favorably. Because the market is hot, especially in dermatology, the amount of capital being infused by equity investors is increasing accordingly.

Pro 2: Relief of administrative duties. Through consolidation of back office responsibilities, physicians are freed up to focus on patients.

Pro 3: Financial backing for ambitious expansion. If you have visions of more locations or expanding the services your practice offers, private equity can help you achieve those dreams.

Con 1: Loss of control. Understandably this is often physicians' most significant concern. Will the decisions made by the equity partner affect patient care? Will long-term employees be terminated without consulting you? As profit takes on an even greater focus, some equity firms are reported to have replaced more trained health care professionals with lesser trained to produce more profit.

Con 2: Conflict of interest. Putting the patient first is your first concern even though your own financial success may be affected. Understanding how important decisions are made before selling your practice or having significant equity investment is critical.

Con 3: Weighing the pros and cons. Do your homework by engaging the right professionals to advise you. Talk to your medical colleagues who have experienced working with equity partners. Research what's happening in your own specialty related to equity investment, and know the major equity investment players and their track record.

Maryland is a hotbed of equity activity. Know your options. Do your homework, and decide if an equity partner is right for you.

Susan G. D'Antoni, FAAMSE, is CEO of Montgomery County Medical Society. She can be reached at sdantoni@montgomerymedicine.org.

Concierge Medicine — Worthy of Exploration

Neil Hoyt, Sr.

Amid the perfect storm of today's health care landscape, countless physicians are seeking a different model of care which is viable and sustainable. Amongst the various options is **concierge medicine, which is a national movement, adopted by thousands of physicians and growing exponentially.**

What is concierge medicine? First, it's important to know it's also referred to as retainer medicine, membership medicine, boutique medicine, private medicine, personalized medicine, and so on. It often is confused with direct primary care, aka DPC, but they are not one and the same.

At its core, concierge medicine is a membership-based model of care in which physicians reduce their panel size. Participating patients pay an annual fee in return for a host of non-covered features. The common thread, and most important consideration, is features do not include any covered services that would be submitted for insurance reimbursement.

Common features include direct physician access, same day or next day office visits, on-time extended appointments, a comprehensive annual physical exam that extends far beyond a typical Medicare or commercial insurance exam. Features can vary greatly and extend far beyond the cited examples. However, the tangible benefits derived from the features should be the basis of any concierge program.

The goals of concierge medicine include enhancing the relationship between physicians and patients, engaging patients in their own health, creating a patient experience that promotes patient engagement, practicing proactively rather

than reactively, focusing more on prevention and wellness and improving patient outcomes.

Studies indicate concierge medicine patients do have improved outcomes. Perhaps the primary reason for this is physicians are not practicing under the time restraints of the traditional care system.

The national concierge medicine movement was created out of frustration and need. The benefits to physicians include: maintaining independence, spending more time with patients, reduced administrative demands, membership fees are similar to an annuity, peace of mind with a sustainable practice, greater work-life balance and greater financial rewards for your education, experience, and expertise.

Transitioning your practice to concierge medicine is an art and science that requires a team of experts who have the time and resources needed to create, implement, and manage your concierge program. Their efforts include assessing your patient panel for its viability, creating a customized program, financial modeling, legal documentation and compliance adherence, marketing, operations, training, enrollment, billing, collections, patient attrition, patient acquisition, and more.

As you consider the current state of your practice, and overcoming the challenges you face, take a look at concierge medicine. It's worthy of exploration.

Neil Hoyt, Sr., is Vice President for Practice Implementations, Retention & Growth for Paragon Private Health. For more information, contact request@paragonprivatehealth.com.



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Member Profiles: Benjamin Lowentritt, MD, and Sarah Merritt, MD

Benjamin Lowentritt, MD, grew up in New Orleans and maintains a strong allegiance to the city, still riding in a Mardi Gras parade every year and cheering for the Saints every Sunday in the fall. Dr. Lowentritt attended Harvard University and Baylor College of Medicine in Houston. He completed his



Urology residency at the University of Maryland and a fellowship in robotic/laparoscopic/endourology at Tulane University. During residency, Dr. Lowentritt met his wife, Lee Snyder, an ophthalmologist and physician leader. They have two sons, William and Andrew, ages 8 and 5.

Dr. Lowentritt is currently the Medical Director of the Prostate Cancer Care

Program and of Minimally Invasive Surgery and Robotics at Chesapeake Urology Associates. In 2018, he added the position of Director of Prostate Cancer Services for United Urology Group. During his early years of practice, he was the first surgeon in Maryland to perform robot assisted surgery for bladder cancer. In 2013, Dr. Lowentritt was selected as a *Washington Post/Super Doctors* "Super Doctor," and named as a "Top Doctor" in *Baltimore* magazine. Dr. Lowentritt enjoys working within organized medicine at different levels. He is a past president of the Baltimore City Medical Society (2013) and current co-chair of the Legislative Council for MedChi. He was recently named President-Elect of the Mid-Atlantic Section of the American Urological Association.

Sarah Merritt, MD, is originally from Huntsville, Alabama. She attended Birmingham-Southern College and the University of Alabama School of Medicine. During medical school, Dr. Merritt was selected for the prestigious Howard Hughes Medical Institute-National Institutes of Health (NIH) Research Scholars program, and worked for a year as a researcher at the NIH in Bethesda. Following residency in anesthesiology at the University of North Carolina in Chapel Hill, she elected to pursue extra fellowship training in pain management at the Johns Hopkins Medical Institute. Her training included the full spectrum of pain management techniques, including interventional pain management and pain medication management.



Dr. Merritt practices interventional pain management at Lifestream Health Center in Bowie, MD. She also co-chairs MedChi's Legislative Council. In her spare time she enjoys spending time with her family, bicycling, and yoga.

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MedChi's Newest Physician Members

MedChi welcomes the following new members, who joined between December 5, 2018, and January 22, 2019.

Ghulam Abbas, MD — Comprehensive Primary Care, LLC
 Hossam E. Abdalla, MD — Mid-Atlantic Nephrology Assoc.
 Navneet K. Ahuja, MD — Mid-Atlantic Nephrology Assoc.
 Sarina Ahuja, MD — Mid-Atlantic Nephrology Assoc.
 Akshay N. Amin, MD — Mid-Atlantic Nephrology Assoc.
 Oluwaseun O. Babalola, MD — Advanced Radiology
 Walid Barbour, MD — Cigna-Healthspring Living Well Center
 Mary T. Behrens, MD — Mid-Atlantic Nephrology Assoc.
 Anuradha Boddeti, MD — Mid-Atlantic Nephrology Assoc.
 Patricia A. Bowyer, MD, MPH — Patient First
 Mark Brejt, MD — Advanced Radiology
 Eric M. Brown, MD — Mid-Atlantic Nephrology Assoc.
 Rafi A. Bukhari, MD — Patient First
 Dana M. Meyer Buxser, MD — Potomac Physician Assoc., PC
 Lisa J. Cardo, MD — Patient First
 Nadia Chaudhri, MD — Mid-Atlantic Nephrology Assoc.
 Ping-Hsin Chen, MD — Mid-Atlantic Nephrology Assoc.
 Thomas Cudjoe, MD, MPH — Johns Hopkins Bayview Medical Ctr
 Rochelle M. Cunningham, MD — Mid-Atlantic Nephrology Assoc.
 Praveen Duggal, MD — Chesapeake Ear Nose and Throat
 Jennifer L. Eras, MD — Mid-Atlantic Nephrology Assoc.
 Robert A. Fuld, MD — Mid-Atlantic Nephrology Assoc.
 Robert C. Greenwell, Jr., MD — Mid-Atlantic Nephrology Assoc.
 Salih S. Grice, MD — Patient First
 Samuel B. Holzman, MD — The Johns Hopkins Hospital
 LaChrisa S. Jennings, DO — Patient First
 Dorothy Kalyanapu, MD — Rethink Psychiatry, LLC
 Frederick J. Karkowski, MD — Patient First
 Rao A. Khan, MD — Mid-Atlantic Nephrology Assoc.
 Shahab A. Khan, MD — Mid-Atlantic Nephrology Associates
 Sonal Korgaonkar, MD — Mid-Atlantic Nephrology Associates
 Ibikunle O. Koya, MD — Mid-Atlantic Nephrology Associates
 Vijay V. Kumar, MD — Mid-Atlantic Nephrology Associates
 Leonid A. Klopouh, MD — Mid-Atlantic Nephrology Assoc.
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Ganiyat Oladapo, MD — Patient First
 Toyin Opesanmi, MD — Gennesaret Medical Center, LLC
 Anita Pasumarthy, MD — Mid-Atlantic Nephrology Assoc.
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 Mary A. Pieprzak, MD — Mid-Atlantic Nephrology Assoc.
 Rudolf Pullmann, MD — Mid-Atlantic Nephrology Assoc.
 Tedine P. Ranich, MD — Mid-Atlantic Nephrology Assoc.
 Curtis J. Read, DO — Patient First
 Jessica L. Record, MD — Advanced Radiology
 Brian Salter, MD — Daniel Hexter, MD, PA
 Bayannah Shabazz, MD — Mid-Atlantic Nephrology Assoc.
 Sirisha M. Sastry, MD — Comprehensive Primary Care, LLC
 Maziar Sadri, MD — Patient First
 Rupali Singla, MD — Patient First
 Tanya Q. Tan, MD — Patient First
 William Tham, MD — Physical Medicine & Pain Mgmt. Assoc.
 Laura Toso, MD — Capital Women's Care
 Kenneth B. Yim, MD — Mid-Atlantic Nephrology Assoc.
 Stephen M. Zemel, MD — Mid-Atlantic Nephrology Assoc.

Practice Managers:

Linda Katz — Chesapeake Wellness Center
 Denise Mannes — Comprehensive Primary Care, LLC

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Baltimore's Treasure: Baltimore City Medical Society

The theme for 2019 for Baltimore City Medical Society (BCMS) is Baltimore's Treasure: Baltimore City Medical Society. BCMS has a rich history on which to build. To assure BCMS has a rich future, there is a need to engage more early-career physicians in planning. Incoming president, Tom Edmondson, MD, has outlined his top priority for 2019: to increase awareness of BCMS within the physician and larger communities. The ultimate two-fold goal is to attract and retain members and to reach and introduce more city residents to the range of BCMS and BCMS Foundation programs.

A robust calendar of events is being fine-tuned and will include new activities, a series of "Fireside Chats" and "Waterfall Conversations," membership focus groups and surveys, as well as increased physician engagement in public forums to lend expertise on critical health issues in Baltimore City.

"Campaign 365: A Dollar A Day and We're Here to Stay!"

Baltimore City Medical Society Foundation's ongoing "Campaign 365" has been well received since it was unveiled the day after the November 2018 General Election. BCMS members, colleagues, friends, and family are encouraged to donate just one dollar a day to support the work of BCMS Foundation. A new promotional brochure, Hot Off the Press, will be used to market "Campaign 365." Tax-deductible donations may be mailed to BCMSE, 1211 Cathedral Street, 3rd Floor, Baltimore, MD 21201.

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**.

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MedChi's Portrait Collection Includes Peale's Portrait of Famous Dentist

MedChi has a collection of more than 100 portraits, ranging from the late 1700s to the mid-1900s. Each portrait has its own fascinating story. One of our most significant portraits is that of Horace Henry Hayden, DDS (1769–1844). Born in 1769 in Connecticut, Horace Hayden worked as a cabin boy, carpenter, architect, and schoolteacher before becoming a dentist. In 1800, Dr. Hayden began a dental practice in Baltimore, Maryland. In 1810, the Medical and Chirurgical Faculty of Maryland issued Dr. Hayden a license, the first for the practice of dentistry in the United States. During the War of 1812, Dr. Hayden was a private in the 39th Regiment, Maryland Militia, and later served as an assistant surgeon. Hayden went on to study botany and geology, and discovered the mineral Hadenite, which was named for him. Dr. Hayden was one of the founders of the Maryland Academy of Sciences and served as its president in 1825. MedChi's portrait of Dr. Hayden was painted by the renowned Baltimore artist, Rembrandt Peale.



CRISP FREE Services for Ambulatory Practices

Connect. Share. Improve Patient Care

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

Clinical Query Portal

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

Encounter Notification Service (ENS)

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

Prescription Drug Monitoring Program (PDMP)

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

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



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Events

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

March 6

Montgomery County Medical Society Lobbying Day in Annapolis. 7:00 a.m.–2:00 p.m. MedChi Annapolis Office, 224 Main St., Annapolis, MD. Karissa Miller, 301.921.4300

March 12

Baltimore City Medical Society Board Meeting. Malouf Board Rm, MedChi Building. Lisa Williams, 410.625.0022.

March 13

Baltimore County Medical Association Board of Governors' Dinner. 6:15 p.m. Patricia Keiser, 410.296.1232.

March 20

Cecil County Medical Society Membership Meeting. Cathy Peters, 410.539.0872, ext. 3369.

March 21

MedChi Board of Trustees Meeting. MedChi Building. Catherine Johannesen, 410.539.0872, ext. 3308.

March 25

Maternal Mortality Review Mtg. 5:30–7:30 p.m. Malouf Board Rm, MedChi Bldg. Shayna Banfield, 410.539.0872, ext. 3341.

March 27

Carroll County Medical Society Membership Meeting. Cathy Peters, 410.539.0872, ext. 3369.

April 3

Calvert County Medical Society Membership Meeting. Cathy Peters, 410.539.0872, ext. 3369.

April 28

MedChi Spring House of Delegates Meeting. Hotel at Arundel Preserve, 7795 Arundel Mills Blvd, Hanover, MD. Catherine Johannesen, 410.539.0872, ext. 3308.

April 29

Maternal Mortality Review Meeting. 5:30–7:30 p.m. Malouf Board Room, MedChi Building. Shayna Banfield, 410.539.0872, ext. 3341.