

# Maryland Medicine

VOLUME 21 ISSUE 5



**Solutions to Increase  
Revenue & Improve  
Patient Care**

**MedChi's 2021  
Legislative Priorities**

**Maryland's Vaccination  
Plan, Health Disparities,  
Telehealth, & More**

## From the President...

Shannon P. Pryor, MD, President, MedChi

During the three decades that I've been involved with organized medicine, the lesson that has stuck with me



the most is that one voice can make a difference. A challenge is an opportunity to create change. And for Maryland physicians, MedChi makes that happen. This is how it works: Something — anything — is getting in the way of you caring for your patients efficiently and effectively. You bring this challenge to MedChi with a phone call, a resolution, a letter. And we help.

Right now we are facing some of the greatest challenges we have had to face in our careers. The COVID pandemic has upended our health care system and our lives in ways we never anticipated. But a challenge is an opportunity to create change. By exposing the flaws and inadequacies in our system, the pandemic has given us myriad opportunities to improve the way we care for our patients, and to prepare for subsequent disruptions.

To date, MedChi, together with its components, has done an amazing job serving Maryland physicians in this crisis. Yet the work is far from over. Every day provides new challenges that can be converted into opportunities and ultimately into solutions and innovations. How can we optimize this? How can we best serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health?

- By asking about your challenges and listening to your voices.
- By providing a forum for you to share challenges and brainstorm solutions.
- By involving the next generation and new physicians whose voices have not been heard in our process and our ongoing conversation.

I like to summarize with three M's: mentorship, monitoring, and membership.

Monitoring means not just monitoring our professional environment for challenges and opportunities, but actively listening for your voices. Soliciting your perspectives, your opinions, your challenges, and your ideas. This is your opportunity to make a difference.

Membership is key. The more members we have, the more voices we hear, thereby capturing more innovative ideas. More members translates to a more powerful and effective collective voice in our advocacy efforts, and more resources to accomplish innovation on behalf of our profession.

I challenge each of you to recruit three new MedChi members before our next annual meeting. It shouldn't be hard to convince our nonmember colleagues of the value in what we do. And what if they don't see it? What if they don't feel heard? What if they disagree with what MedChi is saying and doing on their behalf? Tell them that the best way to be heard and to influence the conversation and our direction moving forward is by joining MedChi, speaking up, and getting involved. Because one voice can and does make a difference.

## What You Need to Know Now

- As you all know, the COVID-19 vaccine is now available. If you haven't already, now is the time to get ready to receive and administer the vaccine. To do so, you must first be onboarded with ImmuNet. Please visit <https://bit.ly/3py4M7Z> for instructions and registration link.
- Testing or referring COVID-19 patients for testing is key to keep Maryland safe and testing in primary care offices serves patients and normalizes the process. Please visit <https://bit.ly/2WWBC6p> for guidance on testing in primary care offices.
- Encourage patients to register for the MD COVID Alert App, which can be accessed at <https://covidlink.maryland.gov/content/mdcovidalert/>.

On the Cover: A view of the House Chamber Annex in the Lowe House Office Building in Annapolis, where about half the members of the Maryland House of Delegates will sit during floor sessions, to ensure that lawmakers are keeping socially distanced during the COVID-19 pandemic. Photo by Hannah Gaskill/Maryland Matters. Reprinted with permission.



## Historic First: MedChi to Have Three Consecutive Female Presidents

*Victoria Hecht*

When Kamala Harris took to the stage at the Chase Center in Wilmington, Delaware, as Vice President-elect of the United States, it was a pivotal and momentous occasion, made all the more impactful by her fashion choice of a stark white pantsuit and ivory satin bow blouse. On that night Harris gave credit to the women before her (“I stand on their shoulders”) and expressed confidence for repeat performances (“while I may be the first woman in this office, I will not be the last”).

MedChi, too, is experiencing a seminal moment in female leadership. For the first time in MedChi’s history, the immediate Past President, the current President, and the President-elect are all women. Together, these three women make up MedChi’s executive committee, and will be a guiding force in shaping MedChi’s efforts over the next year.

Newly-inaugurated President Shannon Pryor, MD, an otolaryngologist, has always been a firm believer in organized medicine. “Medical school emphasizes the art and science of medicine,” she explains, “but the curriculum does not include the business side – such as regulations and legislation. Yet healthcare legislation directly affects how we practice and provide care. Physicians do not practice in a vacuum”. Dr. Pryor joined MedChi in 1993, the same year she began her internship at Johns Hopkins Hospital.

Dr. Michele Manahan’s involvement with MedChi began upon her arrival to Baltimore for medical school at Johns Hopkins and continued during her years in plastic surgery residency at the combined Johns Hopkins-University of Maryland program. Dr. Manahan, whose term as MedChi’s President recently ended, has served in leadership positions in medical organizations at the national, state and local level. She served in the leadership of the Baltimore City Medical Society in 2016, and later became MedChi’s first female Speaker of its House of Delegates. “Working through organized medicine provides physicians strength and resources to accomplish our common goals”, she stated, adding “I firmly believe MedChi serves as a forum for physicians to share problems, develop solutions, and advocate for our profession’s essential role in protecting the health and well-being of the people of Maryland.”

Loralie Ma, MD, an MRI and nuclear radiology specialist in Baltimore County, was recently elected to the office of president-elect, thereby becoming the society’s 174th president in 2022. Dr. Ma’s initial experience with organized medicine was with the Baltimore County Medical Association, which she joined during her transition from residency and fellowship

training at Johns Hopkins, to private practice. “Working with my fellow physicians from all specialties has allowed me to understand the unique viewpoints of the different specialties, and has made me even more aware of how our unified voice is so important to the advancement of our means to care for patients”, she stated. More recently, Dr. Ma has served as MedChi’s Speaker of the House.

Since MedChi was established in 1799, there have been five women in the position of President, starting with Catherine Smoot-Haselnus, MD, in 2002. Today, MedChi’s Board of Trustees is 50 percent female; the Board achieved gender parity in 2019. This is the first time in its history that MedChi has three consecutive female physicians as president. Their collective voice marks a major step toward equalizing women’s voices in health affairs and health care policy.

*Victoria Hecht is MedChi’s Development Coordinator and can be reached at [vhecht@medchi.org](mailto:vhecht@medchi.org).*

## Meet Your 2020–21 MedChi President

*MedChi Staff*

**Shannon Pryor, MD**, is an otolaryngologist who lives in Chevy Chase, Maryland, and practices in several locations in the Washington, DC, metropolitan area. Dr. Pryor earned her Bachelor of Arts degree with highest honors in neuroscience with a concentration in English from Williams College. A native of New Orleans, Louisiana, she went on to receive her medical degree from Tulane Medical School, and later completed her internship and residency training at Johns Hopkins University. She also completed a postdoctoral clinical fellowship in molecular biology at the National Institutes of Health.

Dr. Pryor joined MedChi when she first moved to Maryland in 1993 and has been actively involved since that time. In addition to her work with MedChi, she has been active in the American Medical Association at the national level for more than thirty years. She currently serves as the delegate from the Maryland AMA Delegation to the Southeastern Delegation, and as Chair of the AMA Council on Long-Range Planning and Development. In her non-medical life, Dr. Pryor is a single mother of three, an expert knitter and developing weaver, and a proud hockey mom. Dr. Pryor also holds a first degree first-class black belt in TaeKwonDo.



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## What the Virtual Session Will Look Like and Expectations for Lobbying

*J. Steven Wise, Esq.*

The 2021 Legislative Session began on January 13, 2021, the second Wednesday of the year as is the usual custom. The COVID-19 pandemic has caused the General Assembly to overhaul its usual procedures to minimize physical contact, all of which runs counter to what is supposed to be a very interactive, public process. In a normal Session, 188 legislators, their staff, thousands of citizens, and hundreds of lobbyists descend upon the State House complex, the equivalent in many regards to sporting events that have been off-limits for months now. The legislative leadership intends to remain in Session for the full ninety days, but they will be ready to respond to unforeseen developments, such as positive test results among legislators or staff.

At this time, the structure of this Session will be as follows:

### Introduction of Bills

Legislators were strongly urged to submit bill requests by November 1 to facilitate the increase in bills being ready for introduction on the first day of Session. Plans are to skip the many briefings that typically occur in the first few weeks of Session and move directly into bill hearings on January 14. Many bills are being re-addressed early on, after having “died” in the 2020 Session due to an unexpected early adjournment.

Consequently, MedChi’s Legislative Council adjusted its schedule and began meeting (via Zoom) before the start of Session, to account for bills that may be scheduled for hearings in the first week. Normally, the greatest number of bills are introduced late, closer to the bill filing deadline, and therefore the Council’s workload mimics that pattern. This year, it may end up that the workload is heavier near the beginning of Session. In addition, the Senate has capped the number of bills that an individual senator may introduce to twenty-five, although this cap does not include bills such as those introduced at the behest of the local governments that they represent. The House has not followed suit with an actual cap but has requested that delegates be judicious on bill



introduction. The general scope of bills is expected to be more focused this Session, with emphasis on legislation related to COVID-19, police reforms, education, and minority disparities. If legislation requires a significant number of workgroups, study or the like, the chances of it passing in 2021 will be diminished.

### Process

As expected, this Session will be held almost entirely virtually. Committee hearings and workgroups will be done through Zoom, and testimony will be limited. While legislators will still need to report to in-person chamber sessions, the 141 Delegates will be spread out among two different locations — the State House Chamber and Rooms 170/180 of the House

Office Building, to allow for appropriate social distancing. Plexiglass barriers will be assembled at each desk, and desks will be distanced. It is anticipated that floor sessions will be shorter in length — about two hours — to allow for ventilation and cleaning.

### Advocacy

The traditional receptions and dinners hosted by various groups for legislators have been cancelled. There will be no opening day ceremonies of the kind normally seen, or the typical committee dinners or social gatherings. Because of this, MedChi encourages

all members to reach out now to their individual legislators and share stories with them, especially regarding challenges faced during the COVID-19 pandemic. Information on legislators (either your home or place of employment) can be found at <http://mgaleg.maryland.gov/mgawebsite/Members/District>. An email or phone call before Session can open the door for you once Session gets underway.

### First Aid Room

Despite the changes to this Session, it has been requested that MedChi continue to operate the First Aid Room in the State House. A registered nurse will be present each day with a physician accessible by telemedicine. Stringent protocols will be followed, and PPE will be provided to all volunteers. Operating the First Aid Room has always been a privilege for MedChi and one that we want to continue during these uncertain times. If interested, please contact Chip O’Neil at [coneil@medchi.org](mailto:coneil@medchi.org).

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## Telehealth To Be a Focus of Legislative Agenda for 2021

*Danna Kauffman, Esq.*

Telehealth will again be a focus of the 2021 Legislative Session. Last Session, prior to the realization that COVID-19 was knocking at our door, House Bill 448/Senate Bill 402: **Health Care Practitioners - Telehealth and Shortage** was initially opposed by MedChi and other health care provider organizations as being an overreach due to the bill allowing for asynchronous interaction without the need for any in-person visit. MedChi expressed caution about moving too quickly in allowing medicine to be practiced solely using apps and other electronic means. However, with the onset of COVID-19, the use of telehealth has become an essential service and method of communication to keep patients connected with their physicians.

To assist physicians in integrating telehealth into their practices, MedChi worked to (1) advocate for payment for telehealth services by Medicare, Medicaid, and commercial carriers; (2) create and assist physicians in accessing grant programs to implement remote monitoring, including a grant program with CareFirst of Maryland to allow small physician practices to purchase the DrFirst tool; and (3) support physicians through its information resource center.

While the COVID-19 pandemic has illustrated the usefulness of telehealth in the practice of medicine, it has also shown the weaknesses in Maryland's currently enacted law. It is anticipated that legislation will be introduced this Session to ensure that audio-only remains an authorized modality of telehealth coverage. This is particularly important in areas of the State where internet coverage is weak or for the elderly who may not be able to access telehealth services through technology. The legislation will also seek to clarify that patients will be able to receive telehealth services in the patient's home or wherever the patient may be located. Lastly, the legislation will address payment by requiring that insurers reimburse the same for a

telehealth visit as an in-person visit but stating that it is the patient's decision whether to receive services through telehealth or an in-person visit.

*Danna Kauffman, Esq., is a partner with Schwartz, Metz & Wise, P.A., MedChi's lobbying firm.*

## Maryland Lawmakers Will Seek to Address Health Disparities

*Steve Wise, Esq.; Pam Kasemeyer, Esq.; and Danna Kauffman, Esq.*

Health equity and addressing health disparities has become a core component of the broader societal discussion regarding systemic racism and the social determinants of health. There have been numerous studies which have linked racism to poor health outcomes. Furthermore, health outcome data on various indices such as maternal and infant mortality demonstrate that health inequities based on race, ethnicity, disability, and place of residence persist in Maryland. This evidence has lent support to the assertion that racism is a public health crisis that exacerbates health disparities among Black, Hispanic, and Native American residents. It is anticipated that several legislative initiatives will be introduced in the 2021 Session which seek to address health equity and corresponding health disparities. The initiatives that have currently been identified include:

- Legislation that will seek to create a Maryland Commission on Health Equity, whose membership would include leadership from virtually all State Agencies. The most comprehensive of the anticipated initiatives, the Commission would be charged with utilizing a health equity framework to examine ways for units of state and local government to implement policies that will positively impact the health of residents. Policies to be examined include but are limited to access to safe and affordable housing, educational attainment, employment

*continued on page 9*

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*Health Disparities, continued from pg. 7*

opportunities, workplace diversity, transportation access and mobility; social, criminal, and environmental justice; and public safety. The ultimate objectives of the Commission would be to develop a comprehensive health equity plan addressing the social determinants of health and to set goals for the achievement of health equity in alignment with other statewide planning activities.

- Legislation advanced by the Maryland Citizens Health Initiative to create and fund Health Equity Resource Communities to help reduce health inequities. The legislation is modeled after the Health Enterprise Zone Program in place from 2012–16. The legislation proposes to provide grants, tax incentives, and health care provider loan repayment incentives to locations in the State with

poor health outcomes that contribute to health inequities. The goal of the legislation is to increase access to health resources, improve residents' health, and reduce hospital admissions thereby creating cost savings. The initiative is proposed to be funded by an increase in the alcohol tax.

- Legislation to require all licensed and certified health care professionals to complete implicit bias training before their next licensure or certification renewal.
- Legislation that will enhance the collection of race and ethnicity information by the Health Professional Boards.

*Danna Kaufmann, Esq.; Pam Kasemeyer, Esq.; and Steve Wise, Esq., are with Schwartz, Metz & Wise, P.A. They can be reached at 410.244.7000.*

## Police Response To Be Addressed by Maryland Legislature

*Steve Wise, Esq.; Pam Kasemeyer, Esq.; and Danna Kauffman, Esq.*

Reflective of the ongoing public discourse, comprehensive police reform will be a primary focus of the 2021 General Assembly Session. In advance of the Session, both the House and Senate began work evaluating a broad range of reform proposals, including the need to address the intersection of mental health crises and police response.

In late September 2020, the Senate Judicial Proceedings Committee held three days of virtual public hearings on fifteen draft bills related to police reform. At the hearings, Committee Chairman Will Smith asserted that it was critically important to begin the dialogue on police reform early so that all parties and perspectives had an opportunity to be heard. It is anticipated that the bills considered at the hearings will be finalized for formal introduction. The House of Delegates took a different approach to preparing for the General Assembly's deliberations on police reform and formed a Workgroup to Address Police Reform and Accountability, which met in 2020 to hear input on numerous issues from a broad range of stakeholders. The workgroup then compiled a list of recommended policy changes.

Although the Senate and House took a different approach to its interim work, the same general issues are being considered and/or recommended by both the House and Senate. They include body camera use; establishment of an independent investigation framework; public information act issues related to records and investigations; revision or termination of LEOBR; police training; use of force; mental health issues, and community oversight. While many of the issues remain controversial, the need to

address the intersection of mental health crises and appropriate police response was recognized across all political perspectives.

Reforming how law enforcement responds to incidents that involve a mental health crisis is considered particularly timely given the dramatic increase in mental health and substance use disorders associated with the the COVID-19 pandemic.

Support for this issue is strengthened by statistical evidence that supports the conclusion that a number of police shootings could be prevented if there were a more comprehensive approach to addressing law enforcements' response to mental health crises. The various reforms that have been raised by numerous stakeholders include enhanced police training requirements that incorporate behavioral health crisis response; the development of internal mental health crisis response teams within law enforcement agencies; and the establishment of partnerships between police and mental health professionals with the goal of developing programs that dispatch mental health professionals along with law enforcement for 911 calls that have been characterized by a mental health professional as involving a mental health crisis.

The impact of COVID-19 on the 2021 Session cannot yet be fully determined. What is certain is the commitment of the General Assembly to comprehensively address police reform, including its intersection with mental health and substance use crises. A work in progress.

*Danna Kaufmann, Esq.; Pam Kasemeyer, Esq.; and Steve Wise, Esq., are with Schwartz, Metz & Wise, P.A. They can be reached at 410.244.7000.*

# 2021 LEGISLATIVE AND REGULATORY PRIORITIES



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



**Shannon Pryor, MD**  
*MedChi President*

MedChi is in the trenches every day advocating for the needs of all Maryland physicians, both members and nonmembers, and our patients. In critical times such as these, MedChi has proven to be a strong and effective voice of reason focused on improving physicians' ability to provide the best possible medical care for the patients for whom we care.



**Loralee Ma, MD**  
*MedChi President-Elect*

MedChi's legislative priorities emphasize the protection of physicians and physician practices, so they can best care for their patients. Protection of Medicaid reimbursement, protection against blanket cuts to Medicare reimbursement, and continued availability for telehealth services for patients protects our ability as physicians to care for all patients.



**Willarda Edwards, MD**  
*AMA Board of Trustees Member & MedChi Past President*

MedChi works every day on behalf of our members, non-members, and patients across Maryland. We work closely with our component medical societies, as well as nationwide organizations like the American Medical Association (AMA), to help our members and all physicians effectively. Legislative advocacy is a large part of this work.



**Michele Manahan, MD**  
*MedChi Immediate Past President*

As we continue to deal with staggering health care challenges, patients need doctors more than ever. In turn, doctors need to be able to practice the art and science of medicine. MedChi preserves those abilities through strong advocacy for patients and physicians in the State of Maryland.

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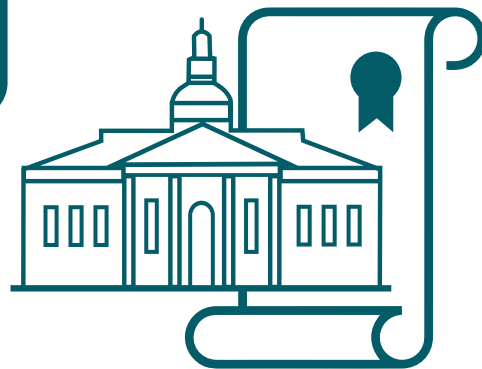
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# 2021 LEGISLATIVE AND REGULATORY PRIORITIES



## PROTECTING ACCESS TO PHYSICIAN SERVICES AND THE PRACTICE OF MEDICINE

- Advocate that the Fiscal Year 2022 Medicaid budget maintain E&M reimbursement rates at current levels and retain the rural Medicaid subsidy. Maintaining funding levels and the rural subsidy is essential to support physician participation in the Medicaid program and ensure that Medicaid patients have adequate access to physician services. In the long-term, MedChi will continue to advocate for a return to 100% of Medicare for E&M reimbursement.
- Oppose policies that would adversely affect patient care by inappropriately expanding the scope of practice of non-physician providers beyond their education and training, including the ability to independently diagnose, treat, and/or manage medical disorders or refer to themselves as physicians.
- Fight initiatives to weaken Maryland's current medical liability environment and jeopardize Maryland's Total Cost of Care Model, including increasing the "cap" on damages in medical malpractice cases or diminishing the immunity protections resulting from a proclaimed catastrophic public health emergency.

## ENSURING TIMELY DELIVERY OF HEALTH CARE SERVICES AND PAYMENT

- Support initiatives which:
  - Continue the authorization of telephone-only access to medical care when other technologies are not available.
  - Require third-party payors to pay for telemedicine visits equal to in-person visits to enhance access to medical care.
  - Allow hospice patients and patients obtaining written renewals of medical cannabis certifications to continue to be able to obtain written certification through telehealth services.
- Promote greater transparency of utilization management and physician rating system policies used by health insurance carriers and which lessen the administrative burdens placed on physician offices for authorizing services and obtaining payment for services.
- Address administrative challenges faced by physicians in querying, accessing, and submitting data to the Prescription Drug Monitoring Program and ImmuNet.
- Address network adequacy and the further standardization of credentialing requirements.

## PROTECTING THE PRACTICE OF MEDICINE

- Monitor the regulatory and disciplinary actions of the Maryland Board of Physicians to ensure the proper treatment of physicians.
- Ensure that actions of the board and its staff during the disciplinary process are transparent and that the laws governing the board provide for accountability.

## ADDRESSING BEHAVIORAL HEALTH TREATMENT AND RECOVERY NEEDS

- Advocate for expansion of Maryland's crisis treatment centers throughout Maryland and addressing access to care barriers for behavioral health services.
- Support innovative approaches to addressing the opioid crisis, such as the establishment of a pilot supervised injection facility.
- Advocate for comprehensive behavioral health reform that addresses current system deficiencies and study the feasibility of the creation of additional comprehensive behavioral health facilities in Maryland.

## STRENGTHENING PUBLIC HEALTH INITIATIVES

- Support an expansion of health equity initiatives to:
  - Require hospitals and health systems to develop a comprehensive health equity plan to address health disparities and the social determinants of health.
  - Establish training programs, created in conjunction with community partners, to educate and address problems associated with implicit bias.
  - Advocate that each health system establishes a "Chief Health Equity Officer" and for unaffiliated hospitals to designate an administrator to manage the health system's or hospital's health equity initiatives.
- Support the establishment of partnerships between police departments and mental health professionals to address decriminalization of mental health illness and the establishment of pilot programs in high need areas that dispatch mental health professionals along with law enforcement when 911 calls are characterized as a mental health crisis.
- Advocate for public health and safety initiatives including increasing immunization rates for children; encouraging the creation of enhanced health education programs and curriculum and the development of health workforce mentorship programs; prohibiting the sale of flavored tobacco products; and advocating for safe working conditions and COVID-19 testing for agricultural and seafood workers consistent with essential workers.





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## COVID Reinforces Need for Physicians to Consider Solutions to Increase Practice Revenue and Improve Patient Care

Andrea Mullin

### Remote Patient Monitoring

MedChi's continued effort to support providers has resulted in the addition of methods to increase practice revenue and provide remote care to patients. MedChi strongly believes these goals can be met through implementing Remote Patient Monitoring (RPM).

MedChi CEO, Gene Ransom, states "remote patient monitoring has emerged as a technology tool that expands access and improves outcomes, and MedChi is pleased to share resources for this important service for Maryland's physicians and patients."

Remote Patient Monitoring (RPM) is becoming an important component of care that contributes to better patient outcomes and higher satisfaction. RPM facilitates medical information to be captured automatically and shared remotely.

MedChi, in collaboration with various companies, now offers a variety of solutions to increase practice revenue and improve access to patients.

### Pain Scored

- Pain Scored is a remote monitoring service for Chronic Pain. It started as a way to digitize the pain diary and has evolved into a system for improving care and practice metrics. Pain Scored allows any clinician to feel comfortable monitoring patients with chronic pain through data driven patient engagement. Its optimized to fit into the workflow of a busy primary care practice or an intensive pain group.
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### Telehealth Grants

MedChi has helped hundreds, if not thousands, of physicians implement telehealth during the COVID-19 crisis. Take advantage of these free services and grant opportunities before time runs out.

#### MHCC Telehealth Grant

- Physicians can receive a \$500 grant and complimentary consulting services from Zane Networks, an MSO and leader in health care quality improvement.
- The Maryland Health Care Commission is offering this grant to practices that partner with an MSO to receive guidance on adopting telehealth. The purpose of this grant is to diffuse telehealth in practices statewide with an emphasis on workflow redesign that meets the increased need for virtual patient visits.
- To qualify for this grant, a practice cannot have previously billed for telehealth services. Email [amullin@medchi.org](mailto:amullin@medchi.org) if you are eligible and interested in learning more.

#### CareFirst/DrFirst Telehealth Grant

- Physicians will receive a one-time grant of \$300 to pay for a year of DrFirst's Backline Telehealth Service. Backline offers in-home patient care through video consults, including one-on-one and group sessions. Backline is a simple and easy-to-use platform for both providers and patients.

*continued on page 15*

The image depicted contains models and is being used for illustrative purposes only. J&J Healthcare Systems, Inc. © JJJCS, 2019



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## *Solutions to Increase Practice Revenue, continued from pg. 13*

- The grant application can be found on the MedChi website or by mentioning the grant to a DrFirst employee during your registration process. Learn more about Backline by visiting: <https://drfirst.com/products/telehealth/>.

### **Additional Opportunities**

#### *iPrescribe*

- iPrescribe makes e-prescribing easy and fast. You start the app and send a new prescription or a refill with a few taps on your phone. Through the app, providers can view and manage drug and controlled substance prescribing, medication history, PDMP queries, allergy alerts, and more.
- iPrescribe is FREE! To register, download the iPrescribe app from the Apple or Google stores, launch the app, tap “Sign Up,” and follow the prompts. For additional help visit: <https://www.iprescribe.com/support>.

#### *Elenchos Behavioral Health Program (BHP)*

- Elenchos Health is a national care coordination company that focuses on behavioral health as the foundation of outcomes-based care management.
- The Elenchos BHP is a cloud-based behavioral e-screening, desktop, and tablet-based application designed to be placed in a practice’s waiting room. The platform generates standardized behavioral health assessments specifically

chosen for each patient and flags the reports that are positive with advice and guidelines on next steps for providers. Through the simple action of providing a patient with a tablet loaded with the Elenchos BHP, practices can generate thousands of dollars per year in their waiting room.

- To learn more, contact Mike Eaves of Elenchos Health at 443.904.5568, or [meaves@elenchoshealth.com](mailto:meaves@elenchoshealth.com).

*Andrea Mullin is MedChi’s CTO Administrator. She can be reached at [amullin@medchi.org](mailto:amullin@medchi.org).*

### **Enable Healthcare Inc.**

- Enable Healthcare, Inc. (EHI) was formed in 2008 to deliver Health Information Technology (HIT) products, solutions & services to health care practices. EHI services are in more than 5,300 practices nationwide.
- EHI’s RPM Solution offers a smartphone, Bluetooth-enabled medical devices, supplemental staff, access to specialists, and IT support for providers and their patients.
- Their RPM solution can increase practice revenue by over \$120 per patient per month.

For more information, visit [www.ehiehr.com](http://www.ehiehr.com) or call/text 240.436.3119.

## **MedChi’s First Virtual House of Delegates Meeting Deemed a Huge Success**

*Catherine Johannesen*



On November 7, MedChi held its first-ever virtual House of Delegates meeting. A post-event survey of members indicated that (1) the meeting was deemed a success, despite the

constrictions of the platform, and (2) our members really miss seeing one another. For most respondents, the only “complaint” was the inability to see their colleagues in person.

Despite the social drawbacks of a virtual meeting, the MedChi House of Delegates was able to conduct the important business of the organization, including:

- Adopting the 2021 Budget
- Adopting the 2021 Legislative Agenda (see p. 11)
- Developing new legislative priorities regarding telehealth, mental health first responders, health equity, and more
- Installing our new President, Shannon P. Pryor, MD, a Montgomery County otolaryngologist (see p. 3)
- Making history by electing Loralie D. Ma, MD, as President-elect, thus creating our first all-female executive committee (see p. 3)

The House of Delegates will meet again on Sunday, April 25, 2021...perhaps in person? Time will tell...

*Catherine Johannesen, CAE, is MedChi Chief of Staff.*



# THE IMPORTANCE OF HIRING REPRESENTATION

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- ▶ Interest
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- ▶ Etc.

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### 2. MISUNDERSTANDING THE ROLE OF LISTING AGENTS

Three important things to know about listing agents:

- ▶ Their fiduciary responsibility is to maximize the returns of the landlord or seller
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## Chair of MedChi's Public Health Committee Advises On State Vaccination Plan

MedChi Staff

Since the onset of the COVID-19 pandemic, Richard Bruno, MD, has been at the forefront of educating Marylanders about the virus. As a certified physician in Family and Preventive Medicine, and with a master's degree in Public Health from Johns Hopkins, he comes well-qualified to advise the state on vaccination strategies.

When the Centers for Disease Control (CDC) tasked each state to submit a vaccination plan, the Maryland Department of Health (MDH) quickly convened a technical advisory work-group (TAG) to assist them in drafting a plan. This work-group is composed of experts and stakeholders from across the state, including Dr. Bruno. The draft plan calls for a distribution schedule that will take place in three coordinated phases:


- Phase One: high risk health care workers, first responders; residents of nursing homes and residential care facilities; judicial employees; incarcerated individuals; correctional officers, and people with high risk co-morbidities.
- Phase Two: teachers and childcare workers; workers in high risk and essential industries, such as grocery store workers; people with comorbidities that are moderately high risk; people living shelters and group homes; and adults over age sixty-five.

- Phase Three: individuals with a lower risk, including children and young adults without comorbidities.

In addition to outlining who will be eligible to receive the vaccine and when, the Technical Advisory Group (TAG) is working on addressing the public's reluctance to getting vaccinated. The Draft Plan aptly notes the public's fear, citing "concerns about the safety of vaccine as well as distrust in government, the medical research community and pharmaceutical companies all contribute to the hesitation in receiving the COVID-19 vaccine." As a result, "messaging should be tailored and developed for each audience to ensure communication is effective". "Primary care physicians are important to overcoming patient hesitancy," Dr. Bruno noted. "Patients often trust their own doctor — the one with whom they have an established relationship."


The full Maryland COVID-19 Vaccination Draft Plan can be viewed at <https://bit.ly/34U6TLq>. The letter to clinicians who wish to become COVID-19 vaccinators can be viewed at <https://bit.ly/3rGCJFy>.

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## Spotlight on Dennis Dey, MD, PhD, President, Allegany County Medical Society

Cathy Peters



Dennis Dey, MD, immigrated to the United States in 1999 from Germany. Dr. Dey is Board Certified in Neurology & Pain Management. He completed his neurology residency at Drexel University College of Medicine in Philadelphia, followed by a fellowship in Medical and Interventional Pain

Management at Massachusetts General Hospital, from where he graduated with distinction in 2004. Since then, Dr. Dey has adopted Cumberland, Maryland, as his new home for himself and his family.

Dr. Dey has published in international peer-reviewed journals and has contributed to the Massachusetts General Hospital Handbook of Pain Management. In addition to MedChi he is a member of the American Medical Association, the American Academy of Pain Medicine, and the Spine Intervention Society. Dr. Dey has given several presentations at grand rounds and conferences on a variety of topics in pain management.

As the Medical Director of Proactive Pain and Neurology, in Cumberland, Maryland, Dr. Dey and his staff are committed to providing competent and compassionate care of the highest standards in general neurology, pain, and headache management. Dr. Dey believes in a multidisciplinary approach and in close cooperation between local, regional, and university based practitioners.

Dr. Dey has been an active member of MedChi and the Allegany County Medical Society since 2008. In 2018 he was elected President of the Allegany County Medical Society and continues to serve in this position today. Dr. Dey also serves on the Technical Advisory Committee for the Maryland Prescription Drug Monitoring Program. He believes that the physician-patient relationship needs to remain the foundation of ethical, rational, and appropriate health care today and in the future. Dr. Dey is supportive of MedChi as a steadfast and effective advocate for Maryland physicians.

Cathy Peters is Membership Liaison, MedChi, and can be reached at [cpeters@medchi.org](mailto:cpeters@medchi.org).

## MCMS Executive Director Recognized by American Medical Association

Karissa Miller

The American Medical Association (AMA) recognized Susan D'Antoni, Montgomery County Medical Society Executive Director, at their 2020 Special House of Delegates with the Medical Executive Meritorious Achievement Award. The award honors medical executives who have rendered outstanding service to the medical profession by working to address the needs of physicians and promoting patient care. MedChi, The Maryland State Medical Society, nominated Ms. D'Antoni for the award, and physicians in both Maryland and Louisiana submitted letters of support.

Ms. D'Antoni began her career as a medical society executive in Louisiana, where she served as Executive Director of the Orleans Parish Medical Society for seventeen years. In 2006, she moved to Maryland where she serves as Executive Director of Montgomery County Medical Society (MCMS) and CEO of the National Capital Physicians Foundation. She is also a Past President of the American Association of Medical Society Executives.



The award was presented to Ms. D'Antoni by Russ Kridel, MD, AMA Chair. In his remarks, Dr. Kridel emphasized how highly respected in the field of medical association management Ms. D'Antoni is, and highly skilled in advocacy, community relations, recruitment, and retention. Her efforts to launch an early intervention counseling program for physicians struggling with burnout have provided support to dozens of local physicians. She has demonstrated exceptional crisis management through two disasters, as well: Hurricane Katrina in Louisiana, and later, a fire that destroyed the MCMS headquarters in Rockville. In the wake of Hurricane Katrina, she assisted physicians in returning to New Orleans and rebuilding their homes and medical practices. And, after the fire, she was responsible for recovery, restoration, and rebuilding the MCMS headquarters in just one year.

*continued on page 21*

# MedChi now offers a cost effective 401(k) solution for its Members



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*MCMS Exec Director, continued from pg. 19*

In her acceptance speech, Ms. D'Antoni reiterated her dedication to medical society management:

“It has been my privilege and pleasure for the last thirty-one years to represent, serve, and advocate for you and your patients. It is truly gratifying to work at a grassroots level as I witness your passion for medicine, address your practice challenges, and celebrate the rewards which come from caring for your patients each and every day.”

Ms. D'Antoni closed her remarks by dedicating her award to her mother, noting that she had “always been her greatest cheerleader.” Members can stream the award announcement and her acceptance remarks online at [youtu.be/TBYFwvAr3Aw?t=4444](https://youtu.be/TBYFwvAr3Aw?t=4444).

*Karissa Miller is MCMS's Communications & Program Specialist. She can be reached at [kmiller@montgomerymedicine.org](mailto:kmiller@montgomerymedicine.org).*

## COVID-19 Programming & More: BCMS

*Lisa B. Williams*

Baltimore City Medical Society continued highlighting perspectives on COVID-19 in its October/November newsletter. Earlier issues shared perspectives from BCMS members and former Baltimore City Health Commissioners. In the latest issue, patients share their experiences with returning to their physicians' offices for care. Most noted the change in patient area layouts, along with patient temperature checks, and strict adherence to wearing of masks by all in the office. Two perspectives summed up the overall sentiment of those interviewed: “We very much owe our physicians a great deal for caring for us, especially during these uncertain times.” “They're an essential part of our modern day society and they put their lives on the line for our sake.”

**Continuing Medical Education:** Adding to continuing medical education (CME) activities held earlier in the year on physicians re-opening/re-vamping their practices, and point-of-care testing, BCMS co-sponsored the BCMS Foundation Annual Furlong Lecture on development of a COVID-19 vaccine. The year ended with a lecture on the Baltimore Convention Center Field Hospital. Both activities enjoyed excellent attendance that included members of other MedChi components. COVID-related programs are in development for 2021, as we all look to a downward spiral in cases and deaths.

**Membership:** Non-members have enjoyed BCMS special programs this year and are being encouraged to join BCMS and MedChi. Incoming BCMS president, Camellus Ezeugwu, MD, led a “virtual happy hour” for new members earlier in the year, and will continue to lead a special workgroup established

to develop innovative recruitment and retention strategies, and membership benefits for 2021 and beyond.

**Legislative Advocacy via Zoom:** The annual February “lobby day” in Annapolis will go virtual for 2021. BCMS members shared their experiences providing care during the pandemic and highlighted some of the anticipated legislative concerns during a December exchange with city senators and delegates. Baltimore City has new leadership in the offices of Mayor and City Council President, as well as some new City Council members. Ongoing exchanges with all city legislators are anticipated in furthering a shared mission of improving the quality of health for all city residents.

For information on BCMS programs and initiatives, [info@bcmsdocs.org](mailto:info@bcmsdocs.org) or 410.625.0022.

*Lisa Williams is the CEO/Executive Director of Baltimore City Medical Society. She can be reached at [info@bcmsdocs.org](mailto:info@bcmsdocs.org)*

## Medical Student Section Proposed Six New Resolutions This Fall

*Amalia Rivera Oven*

The Medical Student Section (MSS) submitted six resolutions to the House of Delegates Fall meeting and all were adopted. Most of the resolutions focused on the public health and addressing issues that directly impact pre-medical and medical students. Here are a few of the resolutions the students worked on and why they felt it important for MedChi to adopt them.

Matthew Rabinowitz, a Johns Hopkins second year medical student, led the effort to write **Resolution 19-20 — Revision of Restrictions on Maryland Blood Donations**. The impetus came from one of his classmates, Chirag Vasavada, who published a letter that detailed the discriminatory and antiquated national policies being upheld that bar men who have same sex relations (MSM) from donating blood. Through MedChi, Matthew saw an opportunity to advocate for the MSM community, as they are directly affected by these outdated policies, and a way to replenish the national blood supply.

Kimia Abtahi, a University of Maryland second-year medical student, focused on **Resolution 20-20 — Climate Change and Patient Health**. It resolved that the appropriate MedChi committee will research climate change initiatives or policy and make recommendations on which ones MedChi should support. Expressing her passion for this resolution, Kimia stated, “I believe it is our duty as physicians to do our part in making sure that the earth is a safe place to live for our patients and for posterity.”

*continued on page 23*



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MSS, continued from pg. 21

MSS President Elisabeth Fassas, a University of Maryland second-year medical student, got behind **Resolution 23-20 — Fair and Comprehensive Pregnancy/Maternity Leave Policies for Medical Students**. As a student, Elisabeth has observed firsthand “the difficulties of balancing family life and medicine, especially for students who don’t take the traditional route.” Fassas admitted that she found it “frustrating that there wasn’t support from medical schools for women wanting to take time to build their families.” She is currently brainstorming resolutions for next spring and is considering a resolution that would push for internet tracking of mental health-related searches.

The Medical Student Section (MSS) is an integral and active part of MedChi’s continued advocacy work on behalf of physicians and patients alike.

*Amalia Rivera Owen is MedChi Outreach Liaison and CRISP Implementation Specialist. She can be reached at ariveraoven@medchi.org.*

## Baltimore County Medical Association Update on Activities

*Russel J. Kujan*

Nine months into the pandemic, Baltimore County Medical Association members have become experts at navigating online meetings and CMEs. Virtual meetings have enabled BCMA to efficiently communicate vital information when needed.

In October, MedChi CEO Gene Ransom briefed the membership on legislative and regulatory changes since Governor Hogan’s March announcement of a state of emergency due to COVID-19. In November, BCMA joined the Baltimore City Medical Society for a fascinating presentation by Kathleen Neuzil, MD, on “The Current Status in the Development of SARS-CoV2 Vaccine.”

Between the two meetings, we celebrated the election of BCMA member Loralie Ma, MD, as MedChi President-Elect. Dr. Ma also serves as president for The Center for a Healthy Maryland, as a MedChi delegate to the AMA House of Delegates, and was a past president of BCMA. Her inauguration as President of MedChi will be next year.

Reacting to health disparities in minority communities revealed by the pandemic, our CME and Program Committee is planning a presentation that aims to combat vaccine hesitancy. The CDC has recommended that health care workers and nursing facilities be among the first to get vaccinated. This emphasizes the need for physicians to lead by example and encourages everyone in the Maryland health care system to be vaccinated.

Working with the University of Maryland Center for Health Equity, our February 10 CME will focus on how physicians can promote COVID-19 vaccination and vaccine acceptance in Maryland. A panel comprised of physicians, public health officials, and legislators is currently being considered for this CME. This town hall event will be made available beyond Baltimore county and across the state. Additionally, we are planning a risk management seminar for our members, with resources to help health care providers minimize risks.

*Russel J. Kujan is the Executive Director of Baltimore County Medical Society. He can be reached at rkujan@medchi.org.*

## International Medical School Graduate Section: Fall Meeting Recap

*Cathy Peters*

On November 5, the International Medical School Graduate (IMG) Section met. Padmini Ranasinghe, MD, called the meeting to order. Three resolutions were discussed in advance of the House of Delegates Meeting, which took place on November 7, 2020.

Attendees discussed how to further the causes of the IMG Section, including supporting and recruiting new members. There was also discussion regarding future meetings, with the Covid-19 pandemic in mind. There is interest in having an in-person social meeting for the Spring of 2021.

Thank you to all those who attended. We look forward to a Spring meeting with additional members.

*Cathy Peters is Membership Liaison, MedChi, and can be reached at cpeters@medchi.org.*

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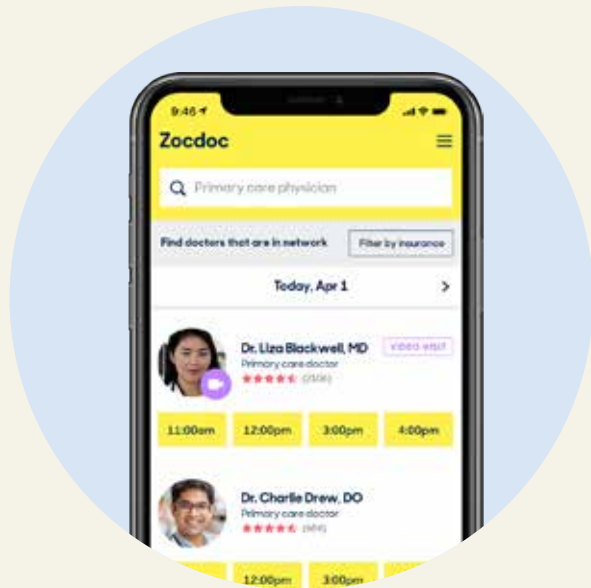
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In 2020, MedChi and the local component societies have:

- Helped hundreds of practices with rapid implementation of **telehealth**, including development of a comprehensive summary of coding guidelines to help answer telehealth questions
- Directly aided thousands of Maryland's physicians in applying for and obtaining **economic relief**
- Conducted **weekly webinars** on clinical topics, human resources law, practice reopening guidelines, and developed re-opening toolkits
- Provided dozens of **complimentary CME accredited activities** for more than 4,250 physicians
- Successfully lobbied for your **liability protections** through executive orders

MedChi membership offers a significant value: two organizations in one. When you join MedChi, you also join your local county or city medical association without any extra fees. Fifty percent of your annual dues are tax deductible. It is your annual membership dues and your contributions that allow us to continue to provide essential services you need!



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MedChi, The Maryland State Medical Society, established the Maryland Physician Health Program (MPHP) in 1978 by physicians, for physicians.

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## Medical & Chirurgical Faculty of Maryland's First President

Upton Scott was born in County Antrim in Ireland in 1722 and received his medical training in Glasgow, Scotland. He arrived in Annapolis in 1853 with Horatio Sharpe, the last Royal Governor of Maryland, and served as his personal physician. His position helped him build a large practice, and he became known as the "Court Physician" of the capital.



In 1760, Elizabeth Ross became his bride, and they built a stately house, which still stands today, on the north shore of what is now Spa Creek in Annapolis, Maryland.

Dr. Scott was an American colonist who supported the British side during the American Revolution, yet chose to sit out the American Revolution in Ireland. Eventually he returned to his home in Annapolis upon war's end.

In 1799, at the age of 76, Dr. Scott joined other Maryland physicians in founding the Medical and Chirurgical Faculty of the State of Maryland and served as the organization's first president.

Dr. Scott's nephew-by-marriage was Francis Scott Key, who stayed with the doctor while attending St. John's College in Annapolis. Key attended St. John's for more than seven years, and evidence indicates that he stayed with the Scotts throughout this time. Dr. Scott died in 1814 at age ninety, and was buried at St. Ann's Church in Annapolis, the same year his nephew penned the National Anthem.

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## MedChi's Newest Physician Members

*MedChi welcomes the following new members, who joined between September 14, 2020, and December 3, 2020.*

Yasmeen G. Ahmed, MD — Grace Medical Center  
 Danisha L. Allen, MD — Grace Medical Center  
 Anuradha Arun, MD — Primecare Medicine, P.A.  
 Kamakshi Baig, MD — Dr. Baig LLC  
 Theodora G. Balis, MD — Grace Medical Center  
 Reginald M. Brown, MD — Grace Medical Center  
 Anna Cherian, MD — Advanced Radiology  
 Nadya Clarke, MD — Nadya Clarke, MD  
 Mohamed S. Dauda, MD — Grace Medical Center  
 David Hauser, MD — Grace Medical Center  
 Robert A. Herman, MD — Spectrum Behavioral Health  
 Erica C. Isles, MD  
 Uchechi Iweala, MD — Orthopaedic Associates of Central  
 Maryland, The Centers For Advanced Orthopedics  
 Brian Andrew Janz, MD — Orthopaedic Associates of Central  
 Maryland, Centers For Advanced Orthopedics  
 Gregory Jasani, MD  
 Kambiz Kadkhodayan, MD  
 Wayne Kramer, MD

Mariana Leone, MD, MPH  
 Hilarie Martz, MD  
 Cheryl Lourdes Mejia, DO — Gonzaga Family Health  
 Phuong X. Nguyen, MD — St. Paul Place Specialists  
 Emmanuel R. Oni, MD — Grace Medical Center  
 Drew Pate, MD — Grace Medical Center  
 Shanta Henderson Powell, MD — Grace Medical Center  
 Rebecca Richardson, MD — Advanced Radiology  
 Esteban Schabelman, MD — Grace Medical Center  
 Frank Sparandero, MD — Sinai Hospital  
 Jeffrey Stamler, MD — North American Partners in Anesthesia  
 Henry G. Taylor, MD, MPH — Deputy Health Officer, Cecil &  
 Carroll Counties  
 Christiane Tellefsen, MD  
 Radcliffe M. Thomas, MD — Grace Medical Center  
 Joseph Tanning, MD — Your Health Concierge, Inc.  
 James S. Wolf, MD — James S. Wolf, MD, PA, Greater  
 Baltimore Medical Center  
 Sheila Woodhouse, MD, MBA, FACC

## MedChi Calendar of Events

### January

- 21:** MedChi Board of Trustees Meeting
- 28:** BHA/MedChi Behavioral Health Webinar Series:  
 Helping the Helpers and Those They Serve, Topic:  
 Vicarious 28: Trauma and Self-Care for Health Care  
 Workers During COVID-19

### February

- 1:** MedChi Legislative Council Meeting 1
- 8:** MedChi Legislative Council Meeting
- 11:** BHA/MedChi Behavioral Health Webinar Series:  
 Helping the Helpers and Those They Serve,  
 Topic: Balancing Work and Parenting During the  
 COVID-19 Pandemic
- 15:** Maternal Mortality Review Work Group
- 15:** MedChi Legislative Council Meeting
- 18:** MedChi Board of Trustees Meeting
- 22:** MedChi Legislative Council Meeting

### March

- 1:** MedChi Legislative Council Meeting
- 8:** MedChi Legislative Council Meeting
- 15:** MedChi Legislative Council Meeting
- 18:** MedChi Board of Trustees Meeting
- 22:** Maternal Mortality Review Work Group

### April

- 24:** MedChi Presidential Gala Honoring Shannon Pryor,  
 MD
- 26:** Maternal Mortality Review Work Group

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



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