

NP Bill HB 1461 for the 2020 legislative year

02/27/2020

To Distinguished Delegates of the State of Maryland Regarding House Bill 1461:

My name is Dr. Carolyn Howell. I am a Child, Adolescent and Adult Psychiatrist who practices in Maryland. My 3-year residency training in adult psychiatry was at George Washington University. I subsequently completed a 2-year Child at Adolescent Psychiatry Fellowship at Johns Hopkins University. After graduation from the fellowship program I joined the faculty at Johns Hopkins, where I practiced for 3 years. Since then I have held 3 Medical Directorships. One was held at Hope Heath Systems as the Medical Director for Mobile Treatment. Additionally, I acted as Medical Director of the Early Psychosis Intervention Program at Johns Hopkins Bayview. Currently, I serve as the Medical Director of Outpatient Mental Health Services at The Children's Guild.

Having served as Medical Director in various clinical environments, I am aware of the distinct expertise required to successfully fulfill such a position, and the challenges a medical directorship poses. Some of the duties of serving as Medical Director include:

- Managing and overseeing daily clinical and administrative operations.
- Attending and present at meetings with other departments and area groups and agencies.
- Provide patient care and follow up services, including assessing patient care plans. Prescribing, directing, and administering psychotherapeutic treatments or medications to treat mental, emotional, or behavioral disorders.
- Developing, evaluating, approving and revising clinical policy and protocols.
- Overseeing physician and allied health credentialing, appointment and reappointment,
- Assuring Medical Staff Bylaws, Rules and Regulations and regulatory compliance are maintained at all times. Assuring medical staff functions align with the hospitals goals and objectives and comply with JCAHO, Federal, State and other regulatory requirements.
- Provision of full range of psychiatric services to assigned patients. Services provided include direct care of patients in the clinical setting including: assessment, screening, diagnosis, and treatment of patients and determining the degree of disabilities in patients.
- Analyzing and evaluating patient data and test findings to diagnose nature and extent of mental disorder.
- Collaborating with physicians, psychologists, social workers, psychiatric nurses, or other professionals to discuss treatment plans and progress.
- Participates in treatment team activities to include the development and periodic review of patient treatment plans and will take necessary steps when a patient refuses treatment.
- Establishing and enforcing sound clinical policies, procedures and practices as they pertain to patient care.
- Assists in the recruitment and selection of new staff

The medical Director should already be adept at performing comprehensive psychiatric evaluations, providing an accurate differential diagnosis, pursuing appropriate diagnostic work-up, and providing/recommending appropriate evidence-based interventions. The appropriate interventions should not only include providing evidenced based psychopharmacologic treatments, but also providing or recommending evidenced based psychotherapies. I am concerned about the lack of comprehensive training of evidenced based practices in most psychiatric nurse practitioner training programs.

When I practiced in a community mental health clinic, I inherited a patient from a nurse practitioner who had been misdiagnosed as having Schizoaffective Disorder, when in fact her diagnosis was PTSD. She was prescribed a dose of an antipsychotic above the FDA approved maximum and suffered a severe and permanent movement disorder as a side effect. She was fired from a job due to the severity of abnormal movements. Upon aggressive chart review of her patients, it was discovered that this practitioner tended to utilize this same diagnosis more globally and inaccurately.

It is appropriate for the medical director to have experience not only being a part of a clinical team, but also having experience in leading a clinical team. While I had the experience of participating in team discussion of patients in various settings during my residency and fellowship, I didn't lead a team until I finished my training and joined the faculty at Johns Hopkins. Even during my first year of attending, and leading a greater team on an inpatient psychiatric unit, I received supervision by a more senior Psychiatrist faculty member.

The role of Medical Director also requires a great understanding of systems of care as well. There has to be an understanding and appreciation of all levels of care from standard outpatient care, to more intensive outpatient services, to inpatient and residential services. They should be very attuned to the unique practice considerations in the environment in which they practice which can include the interface of clinical practice and legal/ethical practices. I found that my experience as medical director across settings was varied and presented unique challenges at each site. Being effective in this position only came from the diverse setting and clinical experiences I had in residency and fellowship training. The majority of our training during residency is clinical, which prepares us for clinical practice and leadership positions. By comparison, nurse practitioners do not receive an equal amount of clinical training. Even the task of developing policies and procedures in the role of medical director requires exceptional skill in clinical practice. There are also billing/coding and documentation considerations that need to be understood and well-practiced. There are otherwise potential legal implications. I would also argue that the role requires an understanding of how to review and critique medical literature, and to understand the role of data collection in establishing policies and procedures for a clinic or other practice setting. I am glad that in my residency and fellowship training learning I learned these processes. To my knowledge, this may not be a part of curriculum of every residency training program, and neither a part of most Psychiatric NP training programs.

Additionally, a NP student contacted me to shadow me as a part of her requirement for exposure to Child and Adolescent Psychiatric clinical practice. She presented to my private practice office once to shadow me for four hours. I never heard from her again. I do not want to assume that she documented fulfilling all of her house at my practice despite only fulfilling four, but it is curious. If four hours was all that was required, that is far from sufficient.

I feel passionately about this topic and I strongly support House Bill 1461.

Please don't hesitate to contact me if I can be of additional assistance.

Passionately,

Carolyn Howell, MD