

MPS NEWS

Volume 27, Number 3

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July 2013

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

**There will be no
MPS Council
meetings until
September.**

**Have a great
summer!**

President's Column

Psychiatric Drug Development: Where Are We?

I have had the great pleasure of being a psychiatrist for 32 years (if you include my residency years). Most of that time, my focus has been on the care of patients with serious, often life threatening mood disorders. In previous iterations of my career, I did more direct care and lots of psychotherapy. In the past 12 years since moving to Maryland and Sheppard Pratt, I have mostly done clinical research, consultations to industry, developed a TMS program, and done expert consultations on diagnostic and somatic therapies for my colleagues. Perhaps the saddest reality I have had to confront is that despite lots of efforts to improve the care of our patients, over those three decades, I do not need more than one hand to list the somatic developments that have changed the way we practice our craft. In order of introduction, the biggest changes from my perspective are 1) The development of SSRIs, 2) The development of atypical antipsychotics, 3) The use of buprenorphine for management of opiate addiction, chronic pain (and maybe even treatment resistant depression, though this remains to be further investigated), and 4) The development of more tolerable neurostimulation paradigms and devices. Most of the other drug introductions fall into one of three different bins: 1) Me-too drugs (do we really need another SSRI?), 2) Patent extenders (who really wanted Prozac weakly (sic) or Paxil CR, but I will defend the improved tolerability profiles for Effexor XR and Wellbutrin XL), or 3) Drugs that are just not that helpful (BuSpar, Serzone and even our favorite Wellbutrin).

One of the biggest problems is that big pharma (the behemoth drug companies) have lost their taste for the long term development cycle of truly innovative drugs. It is cheaper and ultimately more profitable to head down well explored paths and get a piece of a crowded field rather than take the risk of longer term strategies that may or may not yield returns and will not help the balance sheet in the next quarter. The pickle that the industry finds itself in currently is that there are few drugs in their development pipelines and their blockbuster agents are heading to the end of their patent life. From my perspective, the majority of innovation in drug development is happening in small pharma, small, often start-up companies, long on ideas and often short on cash, that get gobbled up into big pharma as their ideas begin to show some positive results.

Complications abound in the world of psychiatric drug development, and several large companies have completely left the world of CNS drugs. It is much harder to show that a drug reduces depression or psychosis than it is to demonstrate that it lowers blood pressure. Our research scales are based on ultimately subjective ratings that we desperately try to make objective. In the end it is harder to quantify level of despair than systolic blood pressure or fasting blood glucose. The problem is further exacerbated by the general feeling of mistrust insurers have around paying for newer medications. It continues to feel to me that psychiatric treatments are held to a higher standard of anticipated efficacy as the suspicion is that we are not treating "real" illness. My dealings with many third party payers and their reluctance to pay for neurostimulation

(Continued on next page)

interventions such as VNS or TMS are a stunning example. It is my belief that VNS works as well for treatment resistant depression as it does for treatment resistant epilepsy, but it has been harder to evaluate improvement in mood in contrast to the relative ease of counting the number of seizures before and after the device is turned on.

On the other hand, I am happy to report that my skepticism is being delightfully challenged by several avenues of investigation I have the pleasure to be involved with. I am working with more novel compounds with novel mechanisms of action than I have in the past 20 years, along with several devices that will further expand the field of neurostimulation. I will talk about some of these potential treatments in subsequent columns.

Scott T. Aaronson, M.D.

Attention: Members Completing Psychiatric Training

The APA and MPS require Members-in-Training to advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation (e.g., copy of license and training certificate), the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Members-in-Training advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives targeted support from the APA and the MPS. Visit the [APA website](#) for ECP networking and career development information.

Tax Deduction for 2013-2014 MPS Dues

The Omnibus Budget Reconciliation Act of 1993 ended the deductibility of lobbying expenses for federal income tax purposes. Maryland's Attorney General made the same ruling for state tax purposes. Dues paid to most trade associations and professional societies are no longer deductible by the member, to the extent that they finance lobbying activities. MPS, as a 501(c)(6) non-profit, must track lobbying expenses and notify members of the portion of dues that is non-deductible. **Members who write off MPS dues as an expense of their psychiatric practice cannot deduct 6% of their 2013-2014 dues.**

Are You a General Member? Apply to Become an APA Fellow

Are you ready to take the next step in your professional career? Being an APA Fellow is an honorary designation to recognize members who have demonstrated allegiance to their profession and commitment to the work of the APA. Pursuing Fellow status is one of the first steps early career members can take to enhance their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Fellows and Distinguished Fellows during the 2014 APA annual meeting in New York City. The deadline for submitting a fellowship **APPLICATION** is **September 1**. The newly revised guidelines make it even easier to apply!

Pay 2013 APA Dues by June 30

APA membership dues must be paid by June 30 to avoid being dropped from the APA and MPS membership rolls (unless members are enrolled in the [APA Scheduled Payment Plan](#)). Renew your dues [online](#) or enroll in the payment plan to pay your dues by credit card in monthly, quarterly, biannual, or annual installments - with no interest or service fee.

Return Your 2013 Member Survey!

The 2013 MPS member survey was sent with dues notices in June. Please be sure to complete and return it to the MPS as soon as possible. The survey is also available online. Please click [HERE](#) to take the survey. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Janet Y. Lee, M.D.
Edore C. Onigu-Otite, M.D.
Nikita Shah, M.D.

Transfer Into Maryland

Paulo J. Negro, Jr., M.D.
Adegboyega A. Oyemade, M.D.
Arthi Parwani, M.D.
Zoya Popivker, M.D.
Fauzia Syed, M.D.

Advanced To General Member

Peter S. Armanas, M.D.
Enrique I. Oviedo, M.D.
Michael A. Young, M.D.

June 11 Council Highlights

Executive Committee Report

Dr. Aaronson reported that the MPS Payer Relations Committee has a meeting scheduled for July 22, which will include United Health Care representatives who have been invited to discuss CPT coding (see page 6). The committee hopes to have meetings with all the major insurance organizations to discuss the recent CPT coding changes. He noted that at the request of Dr. Jordan-Randolph, Deputy-Secretary for Behavioral Health, the MPS submitted names for the Continuity of Care workgroup. Appointments have not been made to date. He informed Council that MPS staff is working with the MOC workgroup to submit an APA grant proposal along with all DBs in Area 3. The proposal will seek to develop a basic training program for MOC: MOC 101 Made Easy. He noted that the MPS has five DSM-5 trainings scheduled in June and July. Two additional trainings will be given at Spring Grove Hospital and Springfield Hospital. Finally, he reported that a conference call with NAMI will be held to discuss legislation focused on civil/outpatient commitment, dangerousness and clinical review panels.

Executive Director's Report

FY14 dues notices will be mailed after June 19. Staff is checking with committee chairs regarding the composition of their respective committees for the coming year (see page 5 for a [list of chairs](#)). Committee rosters for FY14 will be mailed in late June.

Secretary/Treasurers Report

Dr. Waddington provided the MPS 3rd Quarter Financial Report that was deferred from the April meeting. The MPS has sufficient cash on hand to meet liabilities, fund capital expenditures and invest in a program that would bring in a greater return on investment. Although total assets of \$342K are down \$5K over last year, the current assets of \$298K are up by \$3K. Total revenue of \$260K is \$35K higher than budget at the end of March due in part to increased advertising revenue from *MPS News* and combined meeting income for trainings and CME programs. Expenses are under the line item budget for meeting expenses, legal fees and health insurance. However, overall MPS revenue continues to decline from this time last year. The MPS has saved money by emailing two MPS publications. Lack of the peer review contract has caused income to decrease by \$17K from last year. When the Board of Physicians issues a new peer review request for proposals, the MPS will submit a bid. Council gave unanimous approval.

Dr. Zimnitzky, newly elected Secretary/Treasurer, presented the FY14 budgets. The proposed operating budget projects a revenue increase of \$10,575. However due to projected expenses, the change in net assets is a deficit of \$32,536. Although CME trainings are projected at a breakeven, they

should generate some revenue to offset the deficit. Expenses are also increased for information technology hosting and high speed broadband internet connections. Health insurance, lobbyist fees and condo fees increase but without the peer review contract, the D&O insurance will not be renewed. The deficit for this year's budget is almost \$8K less than last year. Council voted unanimously to approve the operating budget.

Next Dr. Zimnitzky presented the proposed capital budget. Total investments amount to \$62,500, which includes \$15K for replacement of the MPS computer network, \$25K for upgrading and updating the MPS membership database to a new platform, \$17.5K for a redesigned website and \$5K for miscellaneous emergency replacements of equipment to be approved by the Executive Committee as needed. The Executive Committee recommended approval of the computer system replacement and summer study for the database and website redesign. Council voted unanimously to approve funding for the computer system replacement and continued study for the remainder of the capital budget.

Membership Committee Report

Dr. Lehmann presented the Membership Committee's recommendation to accept one member's resignation and a second member's request for 75% dues relief for FY13 and FY14. Council approved unanimously. Next she presented the MPS dues drop list, which had been reduced to 8 members. Council approved dropping the members on the list as presented, with the caveat that it remain open until Friday, June 14. She also presented the most recent APA dues drop list of over 50 members. Council was encouraged to individually contact those they know and urge them to pay before the APA deadline at the end of June.

APA Assembly Representatives' Report

Drs. Roca, Daviss and Hershfield each provided information about the Action Papers that were reviewed by the Assembly at the May APA Annual Meeting. Many of the papers were about violence, gun control and mental health. An Action Paper submitted by Area 3 involves an APA member participating in national meeting for electronic health information. DB listserv usage was the subject of another Action Paper. The Assembly approved that each DB should be able to determine the use of its own listserv. This action must be submitted to the APA Election Committee for review and ultimately to the Board of Trustees for approval. Dr. Hershfield suggested that the MPS do a study on the expansion of mental health needs with the advent of the implementation of the Affordable Care Act. The Executive Committee agreed to look into this topic.

New Business

Dr. Daviss presented the 2013-14 Slate of Officers for the Maryland Foundation for Psychiatry ([see page 5](#)). Council gave unanimous approval to the slate.

APA Information

Help Stop CPT Coding Abuses

Recent CPT code changes were intended to more accurately reflect the work psychiatrists do and improve access to care, but instead have been used as an excuse by some payers to discriminate against psychiatric patients in violation of the 2008 Mental Health Parity and Addiction Equity Act. Last week, the APA sent letters to Anthem Blue Cross and Blue Shield Companies in Virginia and Ohio and to Empire Blue Cross and Blue Shield in New York complaining that they are violating the law and asking them to end their discrimination against mental health patients. Empire and the three Anthem companies are subsidiaries of WellPoint, Inc., which APA named as a defendant in its lawsuit in Connecticut. APA staff and attorneys are continuing to combat this abuse; however, members need to provide the details they need to cause a change. **Click [here](#) to help the APA help you and your patients** (you will need your APA login). Email imus@psych.org, Sam Musinsky in APA Healthcare Systems and Finance, if you have difficulty with the web-based system.

Child and Adolescent Psychiatry Awards Deadline August 1

The APA is accepting nominations for the Blanche F. Ittleson Research Award, Agnes Purcell McGavin Award for Prevention, and Agnes Purcell McGavin Award for Distinguished Career Achievement in [Child and Adolescent Psychiatry](#). The deadline is August 1. Details on each award and instructions on how to submit nominations are posted [online](#). The awards will be presented at APA's 2014 Annual Meeting in New York.

Award for Research in Schizophrenia Deadline August 15

The American Psychiatric Foundation invites submissions for [The Alexander Gralnick, M.D., Award for Research in Schizophrenia](#), which must be emailed by August 15. The award and lecture are presented at the Institute on Psychiatric Services meeting in October. The award acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis and treatment and psychosocial aspects of the disease process. Additional preference will be given to researchers working in a psychiatric facility. The amount of the award is \$3,000. Application details are posted [online](#).

Maryland News & Information

Maryland Behavioral Health Integration Update

Continuing its effort to integrate publicly-financed behavioral health services in Maryland, DHMH is developing a Request for Proposals (RFP) to select the new performance-based Administrative Services Organization (ASO) to administer the new carve-out. One goal is to ensure parity, not only between somatic care and behavioral health, but also between mental health and substance use disorders. DHMH requested comments from mental health community on scores of complicated topics from care coordination to outcome measures to financial incentives to covered services. The RFP development process is slated to last 45 days, with the final stakeholder meeting scheduled on July 18.

The May 20 Mental Health Coalition meeting included Gayle Jordan-Randolph, M.D., Deputy Secretary for Behavioral Health and Disabilities. She noted that the comment period for the second version of the Behavioral Health Administration organizational chart is officially closed. DHMH hopes to distribute an operational chart by July 1 that will include more detail; define divisions more clearly; and include duties, oversight, personnel, etc. Forensic services have been fully integrated. Some notes on the organizational chart:

- There will be one executive director and one attorney general.
- There will be constant contact between consumer and communication divisions.
- There will be a special assistant/chief of staff.
- A deputy director for public health will ensure the public health message is communicated consistently within the department and divisions.
- The deputy director for public health will also act as liaison to other health initiatives and local health authorities.
- One division will focus specifically on children, with specialized services and multi-agency collaboration.
- The 'family and youth involvement' office will conduct research and training, monitor contracts, provide consulting to local health agencies, and oversee evidence based practices.
- An older adult office will be added under clinical services.
- There are a number of questions related to the consumer affairs office, including whether peers will be utilized, whether this is where grievances will be filed, etc.

Maryland Foundation for Psychiatry 2013 - 2014 Officers and Directors

In June the MPS Council approved the following Maryland Foundation for Psychiatry slate for the coming year.

PRESIDENT:

Jonas R. Rapoport, M.D.

VICE PRESIDENT:

Neil E. Warres, M.D.

SECRETARY-TREASURER:

Thomas E. Allen, M.D.

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Joanna D. Brandt, M.D.	Anita S. Everett, M.D.
William R. Breakey, M.D.	Mark S. Komrad M.D.
	Edgar K. Wiggins, M.H.S.

HONORARY DIRECTORS:

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Robert P. Roca, M.D.
Clarence G. Schulz, M.D.
Lex B. Smith, M.D.
Walter Weintraub, M.D.
William C. Wimmer, M.D.

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RRoca@sheppardpratt.org / (410) 938-4320

Book Club C. Elizabeth Beasley, M.D.
cebrdk@verizon.net / (410) 823-3444

Child & Adolescent Psychiatry Robert K. Schreter, M.D.
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Distinguished Fellowship Neil E. Warres, M.D.
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Program & CME Neil B. Sandson, M. D.
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Public Psychiatry Ann L. Hackman, M.D.
ahackman@psych.umaryland.edu / (410) 328-2564

Residents & Fellows Helen M. Bellete, M.D.
helen.bellete@gmail.com / (410) 287-4506

Lori S. Schwartz, MD
lschwartz@psych.umaryland.edu / 410-328-6018

Your Action Needed: Member Data Update Form

The MPS will publish its 2013-14 membership directory in September. Your member data verification form was mailed with your yearly dues statement. Please make any changes needed and return the form by August 1. **If we do not have your e-mail address, please be sure to provide it.** We will continue to accept updates after August 1, but they may not appear in the directory.

Members' home information is never listed in the directory, unless they request that the home phone be included. The directory is always given to members and advertisers, and sometimes to other physicians.

Practice information is important for the MPS patient referral service. Please indicate whether you are willing to receive referrals from the MPS and provide complete information. You can change whether you accept patient referrals from the MPS at any time throughout the year.

If you have any questions please call the MPS at 410-625-0232 or email mps@mdpsych.org.

MPS Payer Relations Meeting With UHC

The MPS Payer Relations Committee is actively recruiting members with an interest in strengthening our relationships with health insurance executives with the goal of improving health care access and patient and provider satisfaction. We are in need of more members with strong communication skills, energy, creativity and motivation. For members who interested in honing their leadership skills and who think outside of the box this is an important opportunity to communicate with policy makers in the insurance industry and ensure that the voice of psychiatry is heard.

At **6:00 PM on Monday July 22nd** the MPS Payer Relations Committee will hold meeting with United Health Care executives to discuss problems with the new CPT codes and possible parity issues so we can be at the forefront of full implementation of mental health parity and affordable health care reform in October of this year. All members are invited to attend and participate. The meeting will be held at the [MPS office](#) at 1101 Saint Paul Street #305 in Baltimore. Please contact Dr. Jones-Fearing to alert her to any specifics you would like addressed. Hope to see you there.

Kim Jones-Fearing, MD
Office: 301-421-9112
Kim@gotashrink.com

Coding Corrections for DSM-5

The APA has posted [printable list](#) of important coding corrections for four disorders in DSM-5. Visit the [DSM-5 website](#) for news and assistance on implementation.

NAMI's *Early Psychosis and Recovery* Podcasts

NAMI is working to help families and young adults who may be experiencing the onset of symptoms of psychosis. In addition to its extensive [Psychosis website](#) resources, NAMI published the results of *First Episode: Psychosis*, an extensive survey of people living with psychosis and their families looking back at the onset of symptoms, sharing what they needed to know as they reflected on their experience. After a full literature review of both creative and traditional [treatments and services](#), and a [new brochure](#) that attends to this issue, NAMI has created *Early Psychosis and Recovery*, a [podcast series](#) on the topic to bring an audio resource to people who may be facing this challenge. More information on the podcasts is on the NAMI [website](#).

Clarence G. Schulz, M.D. Videos on YouTube

The following videos are excerpts from longer interviews with Dr. Schulz conducted in Port Clyde, Maine in January and March 2013.

Introduction: [A Core Concept for All Therapists](#)

Part I: [Early influences in the development of treatment techniques for psychotic illness](#)

Part II: [Optimism and Mutuality in Treatment](#)

Part III: [Attachment and Loss](#)

Part IV: [Harry Stack Sullivan's Inter-personal Theory: Early Influences](#)

Part V: [Harry Stack Sullivan: Treatment Innovations](#)

Part VI: [Sullivan's Inter-personal Theory Explained Further](#)

Part VII: [The Borderline Personality: All or None Thinking](#)

This information was shared by Charles Peters, M.D. on the MPS listserv.

Join the MPS Listserv!

Join the on-line MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, please go to: <http://groups.google.com/group/mpslist>. You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

Member Data Update Form

Your member data verification form was mailed with your yearly dues statement. Please make any changes needed and return the form by August 1.

Please indicate whether you are willing to receive referrals from the MPS. You can change whether you accept patient referrals from the MPS at any time throughout the year.

If you have any questions please call the MPS at 410-625-0232 or email mps@mdpsych.org.

MEDICARE UPDATES

Errors in Medicare's Physician Information

Incorrect enrollment information on physicians participating in Medicare can lead to doctors losing billing privileges and inaccurate information being posted on the Physician Compare website. Wrong addresses, telephone numbers and licensing information for physicians have been found throughout the enrollment systems that Medicare uses to approve pay for beneficiary services, according to federal auditors. An estimated 58% of enrollment records in the Provider Enrollment, Chain and Ownership System (PECOS) were inaccurate, and 48% of records in the National Plan and Provider Enumeration System (NPPES) had errors, the HHS Office of Inspector General stated in a report published May 28. The records also were inconsistent between the two systems.

Work already is under way to fix [NPPES](#), which physicians use to obtain national provider identifiers that allow them to contract with public and private payers, and [PECOS](#), which allows physicians to participate in Medicare. CMS has led a massive effort to verify and correct errors found in PECOS. About 460,000 records have been revalidated to date, resulting in 10,041 physician billing privileges being revoked and 83,188 being deactivated. A felony record or noncompliance with CMS rules can lead to revocation. Deactivation can involve records for physicians who go a year or more without billing Medicare for services, among other situations.

Physicians and others participating in Medicare are responsible for reporting address changes and other revised information within 30 to 90 days, depending on the type of change. These updates must be recorded in each system separately. "It is critical that data in PECOS be accurate and up to date to ensure the data on [Physician Compare](#) are also accurate and up to date," CMS stated in the 2013 Medicare fee schedule. A physician can correct an address error found on the website by revising his or her PECOS record. The agency will repopulate information online periodically.

From [June 17 amednews](#)

CMS Training on National Physician Payment Transparency Program

The National Physician Payment Transparency Program is expected to increase public awareness of financial relationships between manufacturers of drugs, devices, biologicals and medical supplies, and between Group Purchasing Organizations, physicians and teaching hospitals. Data collection will begin next month. To provide additional education on this program, CMS produced a [CME training module](#) called "Are You Ready for the National Physician Payment Transparency Program?" available on Medscape. It covers the steps involved in collecting and reporting physician data, key dates for implementation, and actions by providers to verify information in advance of website publication. Check the CMS [MLN special edition](#) for more information.

Public Payment Reporting/Sunshine Act

A newly archived [AMA webinar](#) explains how the Physician Payment Sunshine Act will affect doctors and what they should do to prepare for public reporting of their financial interactions with drug and medical device manufacturers. Additional information about the new law, including requirements, key dates and answers to frequently asked questions, is available on the AMA [Sunshine Act Web page](#).

Advertise your Practice, Location Change, or Specialty

Place an ad in the 2013-2014 MPS membership directory for a special member rate of only \$90 for 1/3 page!

Design assistance is available at no additional charge.

Contact Kery Hummel at 410-625-0232 or khummel@mdpsych.org for more information or to reserve your space in this year's directory.

Deadline for ad and payment is July 18.

DSM 5: From The Experts

The Maryland Psychiatric Society is planning five training sessions across the state.

Learn from Maryland representatives trained in a special "By Invitation Only" workshop at the American Psychiatric Association Annual Meeting

The Maryland Psychiatric Society is accredited by MedChi, The Maryland State Medical Society, to sponsor continuing medical education for physicians. The Maryland Psychiatric Society designates this continuing medical educational activity for a maximum of 2.5 *AMA PRA Category 1 credits*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. (**Psychologists** may use this for CEU credit)

This activity is approved for a maximum of 2.5 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

This activity is approved for a maximum of 2.5 hours of Continuing Education for Counselors and Therapist by the Maryland Board of Examiners for Counselors and Therapists.

At the conclusion of the program, the participant should be able to:

- Begin using DSM 5 in their clinical work.
- Explain to patients why their diagnoses may have been changed.
- Apply measures to describe the severity of illness and associated disability

MPS DSM-5 SEMINAR OPTIONS - 2.5 CME/CEU Hours

Option A:

Thursday June 27
Hilton Double Tree, Silver Spring
In conjunction with Washington Psychiatric Society
6:30PM-9:30PM
Presenter: Elias Shaya, M.D.

Option B:

Wednesday, July 10, 2013
Sheraton Hotel, Annapolis
6:30PM-9:30PM
Presenter: Andrew Angelino, M.D.

Option C:

Thursday, July 11, 2013
Conference Center at Sheppard Pratt, Towson
6:30PM-9:30PM
Presenter: Elias Shaya, M.D.

Option D:

Tuesday, July 16, 2013
BWI Airport Marriott
6:30PM-9:30PM
Presenter: Andrew Angelino, M.D.

Option E:

Tuesday July 23, 2013
Holiday Inn, Frederick
6:30PM-9:30PM
Presenter: Elias Shaya, M.D.

- **Registration is from 6:30-7:00pm**
- **Dinner will NOT be served**
- **For maximum learning, bring a copy of the DSM-5 with you - it will not be available for purchase on site!**

Name _____

MPS/WPS Member Non-Member Psychiatrist Other: _____

Address (Please print clearly.) _____

Phone _____ E-Mail _____

Seminar Selection: _____ Amount Enclosed \$ _____

**In the event that a speaker is unavailable MPS reserves the right to use a qualified replacement.*

Registration is **\$75.00 for MPS/WPS Members** and **\$150.00 for Non-members**.

Fees are non-refundable. Registration fee includes seminar, program material and 2.5 CME/CEU hours.

Please send check to:

The Maryland Psychiatric Society, 1101 Saint Paul Street, Suite 305, Baltimore, MD 21202

REGISTER & PAY ONLINE: <http://dsm5seminar.eventbrite.com>

For questions or more information please contact the MPS office at 410-625-0232.



WEEKEND PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

Either Towson or Ellicott City, Maryland

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend-only services on either our main campus in Towson or on our campus in Ellicott City, Maryland. This position could either be part time or full time, depending upon the candidate's interest.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt offers a generous compensation package and is an equal opportunity employer.

CONTACT:

To inquire about this position, please contact Kathleen Hilzendeger, Director, Professional Services, 410-938-3460 or khilzendeger@sheppardpratt.org.



CRISIS EVALUATION PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

Crisis Walk in Clinic (CWIC)

Part Time Position

Towson, Maryland

Sheppard Pratt is recruiting BE/BC psychiatrists to provide services for approximately 20 hours per week (over the course of three days/evenings per week) in our Crisis Walk-in Clinic (CWIC) adjacent to our Admissions Suite in our Towson Campus hospital, located approximately twenty minutes north of Baltimore's Inner Harbor.

The Crisis Walk-in Clinic psychiatrist will evaluate people in crisis and determine the appropriate disposition with the assistance of the dedicated Access Coordinator. Shifts are available during the normal work week during the day and evenings and on Saturdays during the afternoon.

Sheppard Pratt is seeking psychiatrists who are experienced in a fast paced emergency-department type practice and who are familiar with criteria for admission to inpatient and partial hospital programs. Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt is an equal opportunity employer.

CONTACT:

To inquire about this position, please contact Kathleen Hilzendeger, Director, Professional Services, 410 938-3460 or khilzendeger@sheppardpratt.org.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

BOARD CERTIFIED FORENSIC PSYCHIATRIST STAFF PSYCHIATRIST - CHILD PSYCHIATRIST - Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital is currently seeking to hire several board certified psychiatrists for permanent full-time and part-time positions. Contractual part-time positions are also available for board certified Psychiatrists. Spring Grove Hospital Center is a 388 bed complex that provides a broad spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 200 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington, D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification. **Devika Krishnan, M.D., Clinical Director, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, Maryland 21228. 410-402-7595, 410-402-7038 (fax) EOE**

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a general psychiatrist to work 16 hours per week with adult outpatients. Six weeks paid time off, CME time off, 403B, flexible hours, experienced interdisciplinary colleagues, pleasant environment. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

Bay Counseling Services is recruiting a BE/BC psychiatrist for our Harford and Baltimore County offices. Join a dynamic outpatient multi-discipline group mental health practice providing services since 1979. Benefits available. Excellent compensation. FT/PT, no on call coverage. Contact Dr. Terry Pritt or Dr. Frank W. Gibson, Jr. by faxing CV to 410-288-4009.

Springfield Hospital Center in Sykesville, MD is accepting applications for a Forensic Psychiatrist. Eligible candidates must have board certification including added qualifications in forensic psychiatry (or equivalent). Duties include pretrial evaluations of competency to stand trial and criminal responsibility, competency restoration, and training of residents and students. Please forward a CV and inquiry to Erik Roskes, MD, Director, Forensic Services, Springfield Hospital Center, by fax (410.970.7105) or email (erik.roskes@maryland.gov).

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Drmalik.baltimore@gmail.com.

FT Staff Psychiatrist Position -University of Maryland, Baltimore, Student Counseling Center (UMB SCC): Seeking a FT board certified psychiatrist to work with motivated graduate professional students. No insurance or billing hassle; no nights or weekend call, no quotas and option of carrying a few therapy cases. For information about UMB SCC go to www.umaryland.edu/counseling.edu or call Emilia Petrillo at 410-328-8404 To apply for the job go: [HERE](#) Requisition # 8542 **The University of Maryland, Baltimore is an Equal Opportunity/Affirmative Action Employer.**

Joshi & Merchant, M.D., P.A., Outpatient Psychiatry Services, in Columbia, MD, is looking for a Board-Certified Psychiatrist to work full-time with adult outpatients. Please forward resume to Milan Joshi, M.D. by email (milanjoshi11@gmail.com) or call 410-299-8147.

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

Psychiatrist looking for a partner to share in private practice located Baltimore City/Howard County area. Looking to collaborate with growth in mind, including sharing administrative and marketing expenses. Out of pocket practice with high functioning clients. If interested please contact Dr. Alok Rawat at (443) 878-6247.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

**BOARD CERTIFIED FORENSIC PSYCHIATRIST
STAFF PSYCHIATRIST CHILD PSYCHIATRIST
And Board Certified Somatic Physician - Spring Grove Hospital Center**, a progressive, publicly funded, freestanding psychiatric hospital, is currently seeking to hire several full-time board certified Psychiatrists and a full-time board certified Somatic Physician. Spring Grove Hospital Center is a 388 bed complex that provides a board spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 189 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification. **Devika Krishnan, M.D. Clinical Director, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, Maryland 21228. 410-402-7595 410-402-7038 (fax) EOE**

Established outpatient mental health clinic in Baltimore, Maryland is currently looking for board certified/eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a Joint Commission accredited organization. In addition to a large out-patient clinic, mobile treatment services, substance abuse treatment and growing school-based programs, we also provide services to detained youth in Baltimore City. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

Springfield Hospital Center is seeking Board-certified or Board-eligible general psychiatrists for our 230-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Paramjit Agrawal, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@maryland.gov. EOE

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Drmalik.baltimore@gmail.com

AVAILABLE OFFICE SPACE

Office space available on Historic Main Street, Laurel, in a well established multidisciplinary practice. Handicap accessible, with full access to office facilities, including a kitchen. Ample free parking, with proximity to I95. Opportunities for referrals, peer supervision, and vacation coverage. Call: (301) 490-0778

MPS Members Out & About

Steve Daviss, M.D. was featured on [Fox45 TV](http://Fox45TV.com) twice on June 20 discussing a way to measure mental wellness.

Help us spotlight MPS members who are out and about in the community by sending info to

mps@mdpsych.org.

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- Kathi Heagerty, BSN, JD
Risk Manager



- More than 20,000 psychiatric claims handled
- Over 40,000 issues responded to by the Risk Management Consultation Service (RMCS) since inception in 1997
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