MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

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In This Issue

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

The MPS Council will meet next on Tuesday June 11 at 8:00PM in the MPS Office. All are welcome.

President's Column

The Battle over DSM-5

When I first saw the battle lines being drawn over the release of DSM-5, my reaction was to side with my fellow researchers to decry the latest version of a diagnostic manual that is completely phenomenological and not the slightest bit biological or pathophysiological. As I saw the lay press pick up on the particularly vitriolic and hyperbolic parts of the discourse, I realized that I wanted to help folks understand the discrepancy between the clinical and research sides of the debate.

There are certainly problems with the DSM as it has evolved over the years from a well-intentioned effort to codify psychiatric illness into a juggernaut that for some represents the bible of psychiatric diagnosis. The problem is that it has become something the creators never intended. It gets treated as the standard for psychiatric thought despite the fact that it is quite limited in its scope and too swayed by the tenor of the time it is published rather than presenting clear, immutable, scientific evidence. The pathologizing and subsequent de-pathologizing of homosexuality serves as a chilling reminder of its limitations.

I have spent a good deal of my professional career focused on the recognition and treatment of mood disorders. Despite the well intentioned efforts of some very smart people who have served on the mood disorder panels for various editions of the DSM, I have not found the classifications of mood disorders particularly helpful either in diagnosis or treatment. Many of the folks I consult on, or evaluate for research, do not easily fit in to diagnostic categories. The Procrustean bed of mixed bipolar states has required a threshold number of manic and depressive symptoms to make a diagnosis, yet in reality, depression with two symptoms of mania or mania with three symptoms of depression should be treated as a mixed state, DSM diagnosis be damned. This has been marginally improved in the DSM-5. As well, cyclical depression, an illness without mania, hypomania or mixed states, has more in common with bipolar disorder than with unipolar depression and may well have more congruent pathophysiology with other cyclical mood disorders.

It is also wrong to assume that psychotic disorders, anxiety disorders, and mood disorders are separable illnesses. The fact that atypical antidepressants can have some efficacy in all these categories is not a tribute to what a broad spectrum these drugs have as much as it points out a likely common underlying pathophysiology of these illnesses that may lead to different phenomenological expression in different individuals. As we are beginning to use neuroimaging, genetic testing and looking for state related biomarkers, we find stunning overlap between quite phenotypically different populations. Inflammatory cytokines can be significantly elevated in the midst of a psychotic, depressive or anxious episode. When Thomas Insel talks about the NIMH stepping away from the DSM, it is because for the investigation of psychiatric illness, it no longer serves a useful purpose in clarifying distinctions between disorders. The NIMH is working on developing a new way to look at diagnosis through Research Domain Criteria (RDoC). The problem is that this is a very new way of thinking and is far from being ready for clinical use.

(Continued on next page)

So what do we do in the meantime? In the absence of a better diagnostic nomenclature, we use what we have been using and make do. We do need to stop regarding the DSM as the bible and recognize that it is not based solely in science but also in sociology, politics, and economics (both from the standpoint of drug development and the APA's coffers). Psychiatry is still more of an art than a science and is subject to interpretation. The interpretations of the DSM-5 may not always be correct and are certainly not gospel. We need to be honest with ourselves, our patients and society about our limitations. I believe it is likely that within the next ten to twenty years diagnostic formulation of psychiatric illness will be quite different. This is just another stop along the way.

Scott T. Aaronson, M.D.

These views represent the author and not the MPS or APA.

Insurance Implications of DSM-5

The APA expects a seamless transition into use of the DSM-5 by clinicians and insurers. DSM-5 uses the ICD-9-CM codes for medical diseases, as well as ICD-10-CM codes in parentheses. The APA has posted insurance-related FAQs on its DSM-5 site (click on **Insurance Implications of DSM-5 to the left of the book image).** Questions include "When can DSM-5 be used for insurance purposes?" and "How will the previous multi-axial conditions be coded?" among others.

2013 - 2014 MPS Meeting Dates

All Council Meetings are held at the MPS office:
1101 Saint Paul Street, Suite 305, Baltimore, MD 21202.
Council meetings begin at 8:00 p.m.

Council Meetings
June 11, 2013
September 10, 2013
November 12, 2013
January 14, 2014
February 11, 2014
March 11, 2014
April 8, 2014

Committee Chairs Meeting
October 8, 2013

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.

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.

Have You Paid Your 2012-13 MPS Dues?

The MPS Council will vote THIS MONTH on MPS dues drops. If you are unsure whether your July 1, 2012 to June 30, 2013 MPS dues are paid, please call 410-625-0232 or email mps@mdpsych.org. 2013-2014 dues notices will go out later this month.

Maryland News & Information

2013 Legislative Session – Bills Signed into Law

Child Abuse
House Bill 631/Senate Bill 534 – PASSED – May 2, 2013 – Chapter 380 – Effective Date October 1, 2013
Family Law - Preventing or Interfering with Report of Suspected Child Abuse or Neglect prohibits the intentional preventing or interfering with the mandatory report of suspected child abuse or neglect by specified workers. Individuals are also prohibited from intentionally preventing or interfering with the making of a mandatory report of suspected abuse or neglect of a child who lives outside of the State that is alleged to have occurred outside the State. Violation of this statute is a misdemeanor and subject to maximum penalties of 5 years in prison and/or a $10,000 fine. MPS provided written support for this legislation, and the House version of the bill passed the full General Assembly and was signed into law by the Governor on May 2, 2013.

Gun Legislation
House Bill 294/Senate Bill 281 – PASSED – May 16, 2013 – Chapter 427 – Effective Date October 1, 2013
Firearm Safety Act of 2013 is comprehensive legislation, sponsored by the Administration, to reform state gun control policy, which contained a substantial mental health component with widespread impact on both individuals and mental health professionals. As introduced, MPS had serious concerns with the policies, liabilities, and consequences created by mental health provisions, along with flaws in the proposed languages. MPS worked extensively with the relevant legislative committees, General Assembly leadership, and members of both the House and the Senate to dramatically amend the proposed legislation and create an acceptable and more effective mental health policy for firearms in Maryland. After extensive debate, review, and revision, with substantial input and approval by MPS, the Senate version of the legislation passed the full General Assembly and was signed into law by the Governor on May 16, 2013. It should be noted that many other bills dealing with firearm safety and regulation were introduced in the 2013 Legislative Session, dealing with a variety of facets and issues, but the Governor‘s bill was the only one to pass.

Medical Marijuana
House Bill 1101 – PASSED – May 2, 2013 – Chapter 403 – Effective Date October 1, 2013
Medical Marijuana - Academic Medical Centers - Natalie M. LaPrade Medical Marijuana Commission permits the investigational use of marijuana for medical purposes through the establishment of the an independent commission, within the Department of Health and Mental Hygiene, to (1) develop requests for applications for academic medical centers to operate programs in the State; (2) approve or deny initial and renewal program applications; and (3) monitor and oversee programs approved for operation. This bill also established a special funding mechanism to carry out the charges of the bill. MPS supported the legislation, along with the Department, and the bill passed successfully through both the House and Senate, with amendments clarifying the role of the commission, as opposed to the full Department, and was signed into law by the Governor on May 2, 2013.

Mental Health Parity
House Bill 1216/Senate Bill 581 – PASSED – May 2, 2013 – Chapter 288/289 – Effective Date October 1, 2013
Health Insurance - Federal Mental Health Parity and Addiction Equity Act - Notice and Authorization Forms requires insurers, nonprofit health service plans, and health maintenance organizations (“carriers”) that offer a health insurance policy or contract to provide specified information about mental health and substance use benefits for members and insureds. Carriers must also post a release of information authorization form on their website and provide the form by standards mail within 10 business days after a request for the form is received. MPS supported this legislation and both the House and Senate versions passed the full General Assembly and were signed into law by the Governor on May 2, 2013.

House Bill 1252/Senate Bill 582 – PASSED – May 2, 2013 – Chapter 290/291 – Effective Date October 1, 2013
Health Insurance - Federal Mental Health Parity and Addiction Equity Act - Utilization Review Criteria and Standards requires health insurance entities that provide for utilization review of health care services to ensure that the criteria and standards to be used in conduction utilization review for mental health and substance use benefits are in compliance with the federal Mental Health Parity and Addiction Equity Act (“MHPAEA”). MPS supported this legislation and both the House and Senate versions passed the full General Assembly and were signed into law by the Governor on May 2, 2013.

Substance Abuse
House Bill 890/Senate Bill 610 – PASSED – May 2, 2013 – Chapter 299 – Effective Date October 1, 2013
Health - Overdose Response Program – Establishment
As passed, this bill establishes an Overdose Response Program in the Department of Health and Mental Hygiene (“DHMH”) to authorize certain individuals to administer naloxone to an individual who experiences, or is believed to be experiencing, opiod overdose to help prevent a fatality when medical services are not immediately available. To qualify for a certificate, an individual must (1) be 18 or older; (2) have, or reasonable expect to have, the ability to assist an

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Bills Signed into Law (Cont.)

individual who is experiencing an opioid overdose; and (3) successfully complete an educational training program offered by a private or public entity authorized by DHMH. A physician or nurse practitioner may prescribe and dispense naloxone to a certificate holder. MPS supported this legislation and both versions of the bill passed the full General Assembly and the Senate version was signed into law by the Governor on May 2, 2013.

Harris Jones & Malone

Maryland Access to Care Forums

At the end of 2012, Maryland launched its Access to Care Program in order to prepare for the expected demand for health care services by newly eligible individuals. This program is designed to promote robust participation of safety net providers in insurance plan networks while also bolstering safety net provider capacity to serve low-income and uninsured individuals. Six **Access to Care Regional Forums** will be held in June to connect commercial carriers and Medicaid Managed Care Organizations (MCOs) with safety net providers throughout the state. By incorporating safety net providers into their networks, commercial carriers and MCOs will be better able to serve their new and existing enrollees. **Registration is required; contact Lena Hershkovitz.**

Maryland Health Reform Outreach

The Maryland Health Benefit Exchange has planned a series of webinars to share the Communications & Outreach Plan and resources with community organizations, faith leaders, advocates, providers and state agencies engaged in outreach. Registration is required and space is limited. May 30: **Medicaid Expansion in Maryland (11 am-noon)** and June 6: **Maryland Health Connection Toolkits & Resources (11 am-noon)**.

In addition, outreach events will be held in early June. A **June 5th (8:30 am-noon) Community Outreach Summit** will be hosted by the Maryland Health Connection. A **June 7th (9 am-noon) Maryland Hospital Association: Community Outreach Conference** will provide an overview of the Connector Program, outreach and consumer assistance through Maryland Health Connection. Resources and toolkits will be provided for hospital communications professionals.

Maryland Health Information Exchange Services for Physicians

CRISP is Maryland's statewide Health Information Exchange (HIE), as designated by the state and federal governments. The goal of the Maryland HIE is to deliver the right health information to the right place at the right time, providing safer, timelier, and more efficient patient-centered care. To achieve that goal CRISP has launched two free products for Maryland physicians: a portal and an encounter notification system.

The **CRISP portal** is a free tool available to clinical staff. For example, if you are a family physician and your patient was admitted to a Maryland hospital, you could use the portal to look up his/her radiology report and discharge summary. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP portal, which allows providers to securely look up patient information through the Internet. The portal retrieves the clinical data from participants and displays it in a view-only screen at the point of care.

CRISP is also offering a service which enables physicians to receive real-time alerts when a patient is hospitalized. The service is offered in partnership with all 46 Maryland hospitals at no cost to ambulatory practitioners. Customizable by practice, the **CRISP Encounter Notification System** will send a secure email message to providers for active patients in the practice. Practices may choose which alerts are most relevant to them, such as: hospital admission, hospital discharge, or emergency room visit. Coupled with the CRISP HIE portal, Maryland physicians will be able to access relevant clinical documents to better coordinate care for their patients.

For information or to sign up, call 1-877-95CRISP (27477) or email HIE@crisphealth.org.

Behavioral Health Integration Update

DHMH recently posted a revised draft Behavioral Health Administration organizational chart, and accepted written comments from interested parties. Any questions should be submitted to dhmh.bhintegration@maryland.gov.

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Update on Maryland Health Care Reforms

Six medical carriers and 10 stand-alone dental carriers have received authorization to offer plans on Maryland Health Connection, the insurance exchange that is scheduled to open in October as part of the ACA implementation:

•Medical: Aetna, CareFirst, Coventry, Evergreen (CO-OP), Kaiser, United HealthCare
•Stand-alone Dental: Aetna Dental, BEST Life, CareFirst, Coventry, Delta Dental, DentaQuest, Dominion Dental, Guardian, Metropolitan Life, United Concordia

To offer plans on Maryland Health Connection, these insurance companies have completed a series of steps to become authorized by the Maryland Health Benefit Exchange. To date, these steps have included filing rates with the Maryland Insurance Administration and completing a Carrier Application Package.

Physician Health Services in Maryland

The Center for a Healthy Maryland, a MedChi affiliate, provides two distinct and separate physician health programs:
•A mandated program of the Maryland Board of Physicians, the Maryland Professional Rehabilitation Program, which is for individuals who are under an agreement with Board;
•A voluntary, confidential program, the Maryland Physician Health Program (MPHP), that does not answer to the Board, and provides confidential assistance to physicians and allied health professionals for the purpose of support and advocacy.

The MPHP has served physicians and allied professionals struggling with chemical abuse/dependence, mental/cognitive illness, or behavioral difficulties, including disruptive behaviors for more than 35 years. The voluntary MPHP allows an individual to address in a confidential manner the issues that may interfere with their ability to practice medicine without the Board's involvement. Federal and state laws ensure confidentiality. The MPHP is funded through hospital management consultation fees, individual client fees, donations and the support of the Center and MedChi. For additional information, please call 410-962-5580, or visit their website.

From May 20 *MedChi News*

Parity Updates

Court Ruling on Parity is Favorable to Mental Health

Issuing a decision favorable to mental health patients, the United States District Court for the District of Vermont became the first court in the country to interpret the Mental Health Parity and Addiction Equity Act of 2008. The plaintiff in *C. M. v. Fletcher Allen Health Care, Inc.* alleges that the Plan violates MHPAEA by: (1) requiring pre-approval for routine mental health services but not for medical-surgical services; (2) conducting concurrent reviews of mental health services but not requiring such reviews for medical-surgical services; and (3) initiating automatic review processes triggered by a fixed number of visits for mental health services but not for medical-surgical services. The Court found that "the Parity Act was promulgated to eliminate impermissible disparity in the benefits afforded for mental health and substance abuse disorders when compared to those afforded medical/surgical conditions. ... It stands to reason that plan administrators would also bear the burden of establishing under the Parity Act, why mental health and medical benefits are treated differently based upon divergent clinical standards." According to APA General Counsel Colleen Coyle, "this is significant because it clearly puts the burden on the insurance industry to provide clinically appropriate standards of care to justify treating mental health claims differently than medical-surgical claims." Lead attorney Alison J. Bell, partner at Langrock Sperry & Wool, LLP, received assistance from the APA and Psych-Appeal, which supports mental health professionals and their patients in challenging insurance denials for mental health treatment. To ensure that the full vision of MHPAEA is realized, more patients will need to speak out publicly about disparate treatment of mental health claims.

Federal Parity Court Action Summary

APA Government Relations has developed a new resource for members, policymakers, media, and interested parties that summarizes the current court actions underway on the Mental Health Parity and Addiction Equity Act of 2008. Final federal rulemaking to clear up key questions on parity has not yet been released, so the APA has adopted a litigation strategy to enforce the provisions of the law. The resource chart includes information on plaintiffs, defendants, venue, relevant statute, background, specific alleged parity violence, and damages pursued. To view the chart, click here.

Prescription Databases Spur Concerns

The New York Times reported on May 17 that vast databases of patient and doctor information are being used by pharmaceutical companies in sophisticated ways to market their drugs. Drug makers say they are putting the information to good use to help doctors and patients. However, others have concerns about anonymous data being re-identified through matching with other databases and about subtle intrusions into the doctor-patient relationship. Notably, the AMA's opt-out program established in 2006 for physicians who do not want their prescribing information accessed by pharmaceutical companies includes only 31,650 of the 767,000 practicing physicians in the U.S. To enroll in the AMA opt-out program, click here.

New Tools Educate about HIPAA

The HHS Office for Civil Rights (OCR) has developed an array of new tools to educate consumers and health care providers about the HIPAA Privacy and Security Rules. Since many consumers are unfamiliar with their rights under the HIPAA Privacy Rule, OCR has posted a series of factsheets, available in eight languages, to inform them. The fact sheets compliment a set of seven videos released earlier this year on OCR's YouTube channel. An additional video, The HIPAA Security Rule, has been designed for providers in small practices and offers an overview of how to establish basic safeguards to protect patient information and comply with the Security Rule's requirements. OCR has also launched three modules for health care providers on compliance with the HIPAA Privacy and Security Rules, available at Medscape.org:

Patient Privacy: A Guide for Providers

HIPAA and You: Building a Culture of Compliance

Examining Compliance with the HIPAA Privacy Rule

The Medscape modules offer free CME credits for physicians and CE credits for health care professionals. For more information, please visit this site.

From May 6 MedChi News

Data Collection for OPEN PAYMENTS Begins August 1

The National Physician Payment Transparency Program (OPEN PAYMENTS) was established by the Affordable Care Act to create greater transparency around the financial relationships of manufacturers, physicians, and teaching hospitals. OPEN PAYMENTS requires that the following information be reported annually to CMS:

- Applicable manufacturers of covered drugs, devices, biologicals, and medical supplies to report to CMS the payments or other transfers of value they make to physicians and teaching hospitals.
- Applicable manufacturers and applicable group purchasing organizations (GPOs) to report to CMS certain ownership or investment interests held by physicians or their immediate family members.
- Applicable GPOs to report to CMS the payments or other transfers of value made to physician owners or investors if they held ownership or an investment interest at any point during the reporting year.

CMS will collect this data, aggregate it, and publish it on a public website.

Visit the official OPEN PAYMENTS website for more details. CMS has posted an MLN issue on this initiative that gives definitions and other information including how to review and correct data prior to publication. The AMA has posted a free online webinar with Jeremy Lazarus, M.D. presenting what you need to know and how to prepare.

Medicaid News

Bill to Increase Medicaid Reimbursement

On May 6, bipartisan legislation was introduced in Congress that would significantly increase reimbursement to psychiatrists who treat Medicaid patients. Introduced in both chambers, this bill is in response to a decision made by CMS while implementing a provision of the Affordable Care Act that failed to include psychiatry, neurology, and OB/GYNs in a list of specialties eligible for Medicaid payment at Medicare rates for certain primary care services. The Enhanced Access to Medicaid Services Act (H.R.1838 / S.755) was introduced in the House by Steve Stivers (R-OH) and Jim Moran (D-VA), and in the Senate by Senators Amy Klobuchar (D-MN) and Susan Collins (R-ME). It has received the support of mental health community organizations like Mental Health America, the National Alliance on Mental Illness, and the National Council for Community Behavioral Health, as well as several psychiatric subspecialty organizations. Join the APA campaign to support this legislation and send a message.

From May 6 APA *RushNotes*

MPS Member Saul Levin, MD, MPA to be APA CEO and Medical Director

The APA Board of Trustees has selected Saul Levin, MD, MPA as the APA's next Chief Executive Officer and Medical Director following the retirement of James H. Scully, Jr. MD, who has led the APA for the past twelve years. Dr. Levin joined the APA in 1987, and has served on many APA components and committees, including the APA Delegation to the AMA, the APA PAC Board, the Scientific Program Committee, and as a consultant to the Finance and Budget Committee. He currently serves as the Interim Director of the District of Columbia Department of Health, a position he assumed in July 2012. As Chair of the District's Essential Health Benefits Package subcommittee of the Health Benefit Exchange Authority, on which he sits, Dr. Levin was influential in insuring that benefits were comprehensive and included parity coverage for mental health and substance use services. He oversaw the merger of the DOH's Addiction Prevention and Recovery Administration and Department of Mental Health into D.C's Department of Behavioral Health. Prior to that, Dr. Levin was the Vice President for Science, Medicine and Public Health at the AMA. Dr. Levin will join APA in mid-July as CEO-Designate and work closely with Dr. Scully until he retires in the fall of 2013.

Congratulations

Congratulations to Bruce Hershfield, M.D. who has been designated the **Assembly Parliamentarian**, and will advise and assist the Speaker, Melinda Young, M.D., of California. He will participate on the Assembly Executive Committee and Committee on Procedures, advising on questions from District Branches, Area Councils, or the Assembly Executive Committee, with respect to specific issues, challenges by individual members, or questions of interpretation. Considering his long record of service in the MPS and the Assembly, Dr. Hershfield is likely to serve quite capably in this capacity.

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.

Selecting an Electronic Health Record System

According to Steve Daviss, M.D., chair of psychiatry at the Baltimore-Washington Medical Center and chair of APA's committee on Electronic Health Records, a major point for psychiatrists to consider regarding electronic health record (EHR) systems is the ability of the system they choose to import and export all patient information. He recommends that the system use a standard called CCD—the Continuity of Care Document. Psychiatrists who want to find out more about choosing an EHR system can go to APA's EHR website, which offers listings of educational resources, ways to evaluate vendors, and software reviews. A video interview with Dr. Daviss provides more information.

From May 22 *Psychiatric News*

Youth and Young Adult Mental Health Resources

NAMI has several resources focused on children's mental health. A new fact sheet, Investing in Effective Mental Health Initiatives for Youth and Young Adults *is now available* to help increase awareness of key issues. NAMI has also recently released policy fact sheets on mental health screening, school-based mental health and school resource officers in its *Where We Stand* series. Strengthofus.org: An Online Community for Young Adults is a NAMI collaboration with young adults impacted by mental health issues. Find more information on efforts and resources for working with youth and young adults at NAMI's Child and Adolescent Action Center.

Maryland Community Services Locator

The Maryland Community Services Locator (MDCSL) is a free online directory developed to assist professionals in making referrals for clients to community services. MDCSL contains about 9,000 social service, health service and criminal justice programs statewide that are searchable by many different types of services. The resource links on the left of the home page offer still more resources, searchable databases, and a statewide clearinghouse of directories. For more information, contact mdcsl@cesar.umd.edu or 301-405-9796.

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*™
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

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.

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 - 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.

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

Joshi & Merchant, M.D., P.A., Outpatient Psychiatry Services, in Columbia, MD, is looking for a Board-Certified Psychiatrist. This multidisciplinary, collegial, mental health practice has been established for 32 yrs. The psychiatrist is to work full-time with adult outpatients. Duties include evaluations and medication management. Fully functional EMR and office support available. Please forward resume to Milan Joshi, M.D., by email (milanjoshi11@gmail.com) or call (410)-299-8147 for details.

MPS Members Out & About

Sheldon D. Glass, M.Ed., M.D. has been elected President –Elect of the American Society of Adolescent Psychiatry.

Help us spotlight MPS members who are out and about in the community by sending info to mps@mdpsych.org.