

MPS NEWS

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Editor: Heidi Bunes

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In This Issue

Free Webinar	p. 2
2013-14 MPS Election Results	p. 2
Cultural Competency & Health Literacy	p. 2
Risk Management CME	p. 2
Maryland Health Care Reform	p. 3
Medicare Updates	p. 4
MPS News & Events	p. 5
APA EHR Survey	p. 6
CPT Corner	p. 7
Bill Would Clarify Credentials	p. 7
Rate Your EHR	p. 7
In Every Issue	
Classifieds	p. 8

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

Volunteers

It is fitting that the annual MPS dinner falls during National Volunteer Week. We are an organization of volunteers with the mission of improving the care of people with psychiatric illness and advancing the profession of psychiatry in our state of Maryland. This has been a very busy year for us and we have had many different tasks this year. We have taken on the new task of educating mental health professionals on the newly introduced CPT coding. We have participated substantively in the preliminary stages of developing a new mental health care delivery system, working with the Maryland Department of Health and Mental Hygiene, along with advocacy groups, and other professional organizations. These tasks are in addition to our usual legislative activities during a very busy year in Annapolis, providing superb CME opportunities, publishing a bimonthly newsletter and quarterly magazine, keeping our coffers replenished and helping our member navigate an increasingly complex reimbursement arena.

All of these activities require the fierce dedication of many members of our society. I have been in awe of the generosity of time and spirit of many of our members and of their willingness to be available at critical junctures for testifying at the State House, for teaching at CME programs, for meetings with state officials or advocacy groups. I have had the pleasure to watch Jennifer Palmer in action as she went over MPS positions with legislators, to see Steve Daviss handle

complex negotiations with local advocacy groups when rifts threatened our joint goals, and to hear Bob Roca insightfully explain the complexities of CPT coding to an anxious audience. Best of all, I have had the opportunity to observe our MPS President, Elias Shaya, carry forth the missions of MPS with a passion and grace I can only envy. I have never met a psychiatrist as reliably gracious and warm as Elias. He and his predecessor, Andy Angelino have taught me much about the qualities required in an MPS president I can only hope that I have learned their lessons well. I am grateful that they will be available to me along with many other past and present MPS leaders as advisors in the coming year.

We have quite the year in front of us. DHMH will be moving ahead with developing a plan to care for the hundreds of thousands of Maryland residents who will now qualify for Medicaid. We should take great pride in our state taking a leadership role in the implementation of the Affordable Care Act. [See [p. 4](#) for more details.] DHMH will also be looking to improve the continuity of care provided for our most seriously ill people and MPS has been asked to participate in the task force to make this happen. There will likely be a continuation in next year's legislative session in matters of commitment and reporting laws and in rights of those with mental illness which were left unfinished in this year's session. Also we will be rolling out a series of CME programs led by Elias and Andy to educate psychiatrists and other mental health professionals on the DSM-5.

(Continued on next page)

Despite the many critical tasks ahead, the precarious political and professional environments, and the need for advocacy for our patients and our profession, we are watching our membership drop. While our decreases are lower than for many other district branches, they are still problematic. I believe this is an opportune time to make our non-member and early career colleagues aware of our activities and the importance of sustaining our active and responsive community. I would also like to encourage our members, especially some of our younger colleagues, to get involved in the critical business of the MPS. I look forward to a productive year as president of the MPS and call upon each of you to help make it so.

Scott T. Aaronson, M.D.

Teaching Guide on Cultural Competency and Health Literacy

The DHMH Office of Minority Health and Health Disparities and the University of Maryland School of Public Health and its Center for Health Literacy have released a free resource guide for health professional educators. "Cultural Competency and Health Literacy Primer: A Guide for Teaching Health Professionals and Students" provides teaching tools to improve cross-cultural communications skills, deliver culturally and linguistically appropriate healthcare services to diverse populations, and develop programs and policies to improve health outcomes and reduce health disparities. Maryland laws enacted in 2008 and 2012 require institutions that offer health profession degrees to report on how their programs are incorporating cultural competency and health literacy. The Primer is useful in developing these programs.

The Primer is timely considering implementation of the Maryland Health Improvement and Disparities Reduction Act of 2012, which established a Cultural Competency Workgroup under the Maryland Health Quality and Cost Council. The Workgroup's charge includes examining appropriate standards for cultural and linguistic competency for medical and behavioral health treatment, and recommending criteria for health professionals in Maryland to receive continuing education in cultural competency and health literacy training. Cultural competency is the ability of health organizations and practitioners to recognize individuals' cultural beliefs, values, attitudes, traditions, language preferences, and health practices and apply this knowledge to influence positive health outcomes. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health information can overwhelm even persons with advanced literacy skills. To learn more about the Primer and download a copy, visit [THIS SITE](#).

2013-14 MPS Elected Representatives

President-Elect

Sally A. Waddington, M.D.

Secretary-Treasurer

Brian Zimnitzky, M.D.

Councilors

Merle McCann, M.D.

Jennifer Palmer, M.D.

Arman Taghizadeh, M.D.

Par Triplett, M.D.

Susan Wait, M.D.

Early Career Psychiatrist Councilor

Margo Lauterbach, M.D.

Nominations and Elections Committee

Anita Everett, M.D.

Robert P. Roca, M.D., MPH

MedChi Delegate

Steven R. Daviss, M.D.

Festschrift Honoring Dr. Carpenter

An all day festschrift seminar is planned for **Tuesday, June 11** at the BWI Airport Marriott Hotel. This tribute to William T. Carpenter's life's work in schizophrenia research includes presenters from across the U.S. and abroad. The seminar is free, however space is limited and registration is required. Please e-mail Janet Smith at jsmith@mprc.umaryland.edu or call 410-402-6050 or fax 410-788-3837. **If you plan to attend, you must register. The program includes lunch and CME credits.**

Free Webinar

Opioid Dependence and the Future of Treatment: Buprenorphine in the VA, the final session in the APA's free PCSS-B webinar series, will take place **Tuesday, May 14 from noon - 1 PM**. Adam J. Gordon, MD MPH FACP FASAM will describe the problem of opioid dependence among veteran populations, the historical context of passive and active VHA efforts to increase the use of buprenorphine, and facilitators and barriers to implementation of opioid agonist therapy in this large health care system. **REGISTER AT:** www2.gotomeeting.com/register/892644698. Recordings of previous PCSS-B webinars can be accessed at www.psychiatry.org/pcssbwebinars.

From Novice to Risk Management Wonk: Legal Basics, Emerging Risks, & Real-life Scenarios

Thursday May 9, 2013

6:30PM-9:00PM

The Conference Center at Sheppard Pratt

This presentation will take participants from the very basics of professional liability risk management to considering complex, timely risk management situations. Participants will review the elements of a malpractice suit, consider the concept of the standard of care, learn why psychiatrists are sued, and discuss emerging risks in psychiatric practice. Participants will then tackle real-life scenarios in psychiatric practice based on actual calls to the Risk Management Consultation Service at PRMS, Inc. Scenarios that participants will tackle include:

- A patient has posted a terrible review about me online. What should I do?
- The FBI showed up in my waiting room with a search warrant for a patient's record. What should I do?
- The evening news just broadcast that my patient is the subject of a massive manhunt. Should I call the police?
- A pharmacist called to tell me that my patient appears to have altered a prescription. Should I call the police?

Agenda

6:30PM-7:00PM

Registration (Please note: Dinner will NOT be served)

7:00PM - 9:00PM

Presentation : *Charles D. Cash, JD, LLM, Assistant Vice President, Risk Management - PRMS, Inc.*

Educational Objectives:

After attending this live activity, you will be able to:

- Name the four elements of a medical malpractice lawsuit
- Explain the concept of the standard of care
- Conceptually describe the content of a treatment record
- Identify the two highest professional liability risks in psychiatric practice
- Identify three emerging risks in psychiatric practice
- Synthesize solutions to the most frequent types of risk management concerns of psychiatrists in private practice
- Incorporate into clinical practice two risk management strategies to increase patient safety and reduce professional liability risk

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Professional Risk Management Services, Inc. (PRMS, Inc.) designates this live activity for a maximum of **2.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Thursday, May 9, 2013
The Conference Center at SP
Towson, MD

Tickets are \$40.00 for
MPS Members
&
\$60.00 for Non-Members

Maryland Psychiatric Society
1101 St. Paul St., Ste. 305
Baltimore, MD 21202

Call: (410)-625-0232

Name _____

Address (Please print clearly.)

Phone _____ E-Mail _____

Number of tickets requested _____ Amount enclosed \$ _____

Please make checks payable to Maryland Psychiatric Society (MPS).
Tickets/Registration Fees are non-refundable.

REGISTER ONLINE: <http://riskmanagement2013.eventbrite.com>

Please indicate if you have special dietary needs or require special accommodations.

Maryland News & Information

Coming Up on the Health Care Reform Front in Maryland

Proposed insurance rates: Carriers have now filed with the Maryland Insurance Administration (MIA) their proposed forms and rates for the plans to be offered on the [Maryland Health Connection](#). On April 23, the MIA posted to its website [summary documents from the rate filings](#) of 12 health insurance companies for products they plan to sell through the new health insurance marketplace scheduled to open in October 2013. These summary documents, prepared and submitted by the "carriers" are intended to inform consumers and help them understand requested changes in their health insurance rates, and to enhance the transparency of the ratemaking process. Exercising her strong, expansive authority to review and modify proposed rates, the Insurance Commissioner will now begin a comprehensive review of those rate requests. This process, during which plans will be subject to close scrutiny and thorough review, is expected to take several months. The Commissioner and her staff will conduct actuarial analyses, test assumptions and projections, and work with carriers to arrive at the appropriate rates. So regardless of the rates requested, the point now is: **the proposed rates are just that - proposed. It is premature to reach any judgment or conclusion based on the rates as proposed.** The MIA will accept public comments on the rate filings for 30 days. Those comments will be considered in the rate review process. The MIA expects decisions on the filings to be made in July.

Timeline for Maryland Health Connection: The [Maryland Health Benefit Exchange](#) has announced the connector entities and the subcontractor community-based organizations that will provide comprehensive consumer assistance services in each of the State's six connector regions. [see article on right] The marketing and advertising campaign leading up to open enrollment will begin in early summer. The Consolidated Services Center, or call center/toll-free hotline, will begin operations in August to field general questions about eligibility, coverage options, and enrollment. Open enrollment in individual plans will begin October 1, with coverage under those plans beginning January 1, 2014. We expect open enrollment in the SHOP, where small employers can obtain tax credits and employee coverage, to begin January 1, with plans effective on March 1. The later enrollment date for SHOP is to allow for initial focus on the larger individual market and to ensure that third-party administrators, which will assist with SHOP premium collections and other functions, will be connected and ready to begin operations at the same time. The Medicaid expansion will go into effect on January 1, 2014.

To receive regular updates on the Maryland Health Connection through weekly newsletters, please [register](#) (at bottom right of page). We appreciate your input, engagement and support, all of which has been central to the State's effort to provide quality, affordable health care to all Marylanders.

*Carolyn Quattrocki, Executive Director
Jonathan Kromm, Deputy Director
Governor's Office of Healthcare Reform*

Maryland Health Insurance Consumer Assistance Program

The Maryland Health Benefit Exchange (MHBE) has launched the Connector Program, in accordance with the Affordable Care Act and Maryland law, to reach out to target populations and provide in-person education, eligibility and enrollment assistance. Nearly 250,000 Marylanders are expected to become newly insured as a result of expanded Medicaid eligibility and new subsidized health insurance products offered through Maryland Health Connection (MHC) beginning in October 2013. On April 25, the [MHBE announced the six organizations](#) that will serve as prime "connector entities" throughout the state:

[Capital Region: Montgomery County Department of Health & Human Services](#)

[Central Region: Health Care Access Maryland](#)

[Lower Eastern Shore Region: Worcester County Health Department](#)

[Southern Region: Calvert Health Care Solutions](#)

[Upper Eastern Shore Region: Seedco, Inc.](#)

[Western Region: Healthy Howard, Inc.](#)

Connector entities are responsible for organizing all partners and services across the region and providing a single point of responsibility for engagement with the MHBE and the Maryland Insurance Administration. They will employ health care navigators and assisters who will work to meet the needs of individuals and small employers through outreach and education, eligibility determination and enrollment into Medicaid and qualified health plans. Navigators and in-person assisters will also provide referrals to appropriate agencies, including the Attorney General's Health Education and Advocacy Unit, the Insurance Administration and Social Services.

MEDICARE UPDATES

May 1: Important Medicare Date

CMS announced that they are turning on the “edits” for physicians who refer or order services for Medicare patients starting May 1. According to the AMA, this may impact physicians who order or refer services for Medicare patients, bill for ordered or referred services, or privately contract. Impacted services include imaging, clinical laboratory services, DMEPOS and home health services. Physicians who refer or order services for Medicare patients will be required to be enrolled in the Medicare enrollment database known as PECOS (or have a valid opt-out affidavit on file with their local Medicare contractor), otherwise claims could be denied. It is the billing provider’s claim that is at risk of being denied. For more information see the [AMA Fact sheet and FAQs](#) or visit the [AMA Medicare Enrollment web page](#).

Apply by June 30 for eRx Hardship

Physicians must act now to avoid a 2% penalty in 2014 for not meeting the Medicare ePrescribing program's requirements in 2013. CMS will determine whether physicians qualify for a limited set of exemption categories; however, physicians can also request a hardship exemption by June 30 [at this site](#).

Other ways to avoid the financial penalty include:

- Reporting the ePrescribing measure via claims. Individual physicians must correctly report 10 ePrescribing events; practices of 2–24 health care professionals participating in the group practice reporting option must report 75 e-scripts.
- [Registering](#) for Medicare's EHR meaningful use incentive program by June 30.
- Achieving meaningful use recognition during a required reporting period.

Visit the AMA [ePrescribing page](#) for more info, including a list of the exemption categories. Also consult CMS's [Payment Adjustment Fact Sheet](#) to learn more about the 2014 payment penalty.

From [April 17 AMA Wire](#)

Sequestration Reductions for Medicare EHR Incentive Program

Incentive payments through the Medicare Electronic Health Record (EHR) Incentive Program are subject to the mandatory reductions in federal spending under the March 1 sequestration order. Medicare EHR incentive payments will be reduced by 2% for reporting periods that end on or after April 1, 2013. If the final day of the reporting period occurs before April 1, payments will not be reduced. *Please note:* This reduction does not apply to Medicaid EHR incentive payments, which are exempt from the mandatory reductions. Visit the [EHR Incentive Programs](#) website for the latest news and updates.

Novitas Claims Alert

Novitas reported on April 18 that it made incorrect denials for multiple psychotherapy services billed on the same day. It has identified a claims processing issue that has caused incorrect denials in some situations where multiple instances of psychotherapy services 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90857, 90865, 90870 were billed together on the same date of service. The problem was corrected on April 1, 2013. Novitas said it would identify and reprocess any claims that were denied incorrectly on or before April 26, 2013.

Physician Payment Sunshine Act CME

CMS has created a National Physician Payment Transparency Program that it refers to as "Open Payments." This program is in response to the Physician Payment Sunshine Act, which seeks to enhance transparency in financial interactions between drug and medical device manufacturers and physicians and teaching hospitals by requiring applicable manufacturers of drugs, devices, biologicals, or medical supplies to report payments or transfers of value to HHS annually in electronic format. Open Payments recently launched a [new website](#) to provide information and resources about the program. In addition, physicians can learn more about Open Payments through a CME activity, "Are You Ready for the National Physician Payment Transparency Program?" accessible via MedScape, and accredited by the ACCME for a maximum of 1 AMA PRA Category 1 Credits™. Through this activity, participants will learn more about Open Payments including the steps involved in collecting and reporting physician data, key dates for implementation, and how to verify physician information in advance of publication.

From April 15 [APA RushNotes](#)

MPS Meetings & Events

Coming Soon!

DSM 5: From The Experts

During June and July the MPS will hold seminars throughout the state that focus on DSM 5.

The DSM 5 - the Diagnostic and Statistical Manual of Mental Disorders, will be published in May, 2013. This is the first major rewriting of the essential manual of mental disorders since DSM IV was published in 1994. This conference will present the changes made to the structure of the DSM, and the changes to the diagnostic criteria for the specific conditions encountered by clinicians caring for individuals with significant mental illness. Conference attendees will see that some of the diagnoses in DSM IV have been eliminated, and new diagnoses have been created, in an effort to more accurately and usefully describe the problems experienced by patients. The process of development for DSM 5 will be explained, and presenters will describe the bases for the changes that have been made to specific conditions.

Watch your mailbox and email for information soon!

MPS News Survey

Last month, the MPS completed a two month pilot of twice monthly issues of *MPS News*. Please give us feedback and suggestions by responding to the survey [here](#). Your input will be a major consideration in whether the mid-month issues continue, so please take time now to respond. It is only three questions and will take less than two minutes.

2013-14 MPS Committees Forming!

Your energy and ideas can help the MPS effectively focus on activities that are important to you. Please volunteer for MPS committees by returning the signup form included in the ballot mailing, calling the MPS office at (410) 625-0232, or emailing mps@mdpsych.org.

Have You Paid Your 2012-13 MPS Dues?

The MPS Council will vote in June on MPS dues drops. Invoices will be mailed again this week. 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.

SHEPPARD PRATT HEALTH SYSTEM & **The Department of Psychiatry UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE**

and the Maryland Psychiatric Society
cordially invite you to a reception during the

**166th Annual Meeting of the
AMERICAN PSYCHIATRIC ASSOCIATION**

and to join in recognizing

DR. ANTHONY F. LEHMAN, M.D., M.S.P.H.

Professor and Chair, Department of Psychiatry, University of Maryland School of Medicine
and recently appointed Senior Associate Dean for Clinical Affairs,
University of Maryland School of Medicine

for his leadership in medical education, psychiatric research and treatment

Monday, May 20, 2013 ■ 7:00 to 9:30 p.m.

San Francisco Marriott Marquis, Yerba Buena Salons 1 & 2
Lower B2 Level, 55 Fourth Street

Please R.S.V.P. by May 10th to rsvp@sheppardpratt.org. Call 410-938-3157 for additional information.

CPT Corner

Questions Remain about Anthem's Restatement of Fees

On April 24, the Connecticut Insurance Commissioner issued a [press release](#) stating that Anthem had agreed to adjust its fee schedule for mental health providers to recognize changes in CPT codes. The readjustment, which will be retroactive to January 1, 2013, is reported to cover 28,000 claims and \$400,000 in payments owed. Earlier in the month, the APA initiated a [lawsuit against Anthem and Wellpoint](#) alleging that its implementation of the new CPT codes violated the Mental Health Parity and Addiction Equity Act (2008) and state parity, contract and consumer protection laws. It appears that the dispute in the lawsuit is not over. According to APA CEO James Scully, M.D., "APA cannot assume that Anthem's proposed solution complies with MHPAEA or that Anthem has ended its discrimination against those in need of mental health care and benefits that we alleged in our complaint. In our view, the press release is interesting in that there is much that it does not say; leaving many outstanding issues that need to be resolved before we can assure members and their patients that Anthem is not discriminating against mental health patients." In a [communication with Anthem CEO David Fusco](#), Dr. Scully requested more information to clarify whether Anthem and Wellpoint companies will continue their alleged violation of MHPAEA and discrimination against mental health patients.

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.

Bill Would Clarify Credentials

When is a doctor not a doctor? That is the focus of legislation that calls for clarification of any practitioner's qualifications and licensure, which was just introduced in Congress. The [Truth in Healthcare Marketing Act of 2013](#) (H.R. 1427) refers to surveys conducted in 2008 and 2010 that identified patient confusion regarding ambiguous health care nomenclature. For example, patients are often confused by sets of initials following a practitioner's name or by titles (like "medical psychologist") that may not be connected to an actual professional license. The bill requires the Federal Trade Commission (FTC) to identify misleading practices regarding practitioner credentials and detail instances of harm these practices may have caused. It would prohibit any misrepresentation of a person's licensing, training, or expertise, and be enforced by existing FTC measures. The APA, AMA, and other medical professional organizations have urged Congress to pass this bill.

Rate Your EHR!

The APA is emailing psychiatrists to request that they complete a survey on electronic health records (EHRs). Look for "APA Survey" in the subject line and open the personalized link to complete the survey. The responses will provide a kind of *Consumer Reports* review from physicians, making it possible for those who do not yet use EHRs to consider unbiased information from their peers—not just information provided by vendors—in making purchase decisions. The survey includes general questions and psychiatric questions, developed by APA's Committee on Electronic Health Records, which cover topics related to an EHR's ability to support *DSM* diagnoses and new coding requirements, ability to customize templates, ability to manage (separate) psychotherapy notes, and the ability to collaboratively create records with an integrated treatment team. The survey takes about 20 minutes. **People who complete it are entered into a drawing for an iPad Mini and two \$100 Visa gift cards.** If APA participation is robust, the responses will help influence the development of EHRs and other technologies that are increasingly at the center of how psychiatrists communicate, access, interpret, and comply. The survey can also be accessed [HERE](#). For more information, click [HERE](#). The survey period ends mid-May, so please act soon!

2013 NAMI Walks!

May 18, 2013
[Rash Field - Baltimore Inner Harbor](#)
 Check-in: 10:00 am
 Start Time: 11:00 am
 Please email Ashley at ahaynes@namimd.org for more information.

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.

Full time and part time out patient psychiatrist position at The Univ of Md., College Park Health Center. Primarily responsible for prevention, diagnosis and treatment of mental health disorders in college students. Apply online <https://ejobs.umd.edu>. Any questions call Julie Parsons, 301-314-8142.

Psychiatrist: The MD State Retirement Agency is looking for someone to serve 1x/month for 3 hours on our Medical Board. The panel of doctors determines whether a member is mentally or physically unable to perform his/her job duties and that the incapacitation is likely to be permanent. Only medical documentation is reviewed. Contact Robin McClelland at (410) 625-5500 or rmcclelland@sra.state.md.us for more details.

Therapeutic group home in Baltimore city is seeking a per time psychiatrist that has completed a residency in child psychiatry to work 4 hours a week, please call 443-929-4942 for more information.

The Body Image Therapy Center, a multi-disciplinary outpatient clinic treating eating disorders, substance abuse, self-harm, social anxiety and mood disorders related to body image and self-esteem concerns, is seeking a psychiatrist to work with our team one to two days a month. We are a fee for service practice and are offering very competitive rates. Opportunities exist to grow with us. For more information contact Andrew Walen, LCSW-C, founder, at (410) 299-2272 or andrew@thebodyimagecenter.com.

AVAILABLE OFFICE SPACE

Ellicott City - Offices available in a very congenial, multi-disciplinary professional environment. Furnished, Sound proofed offices available \$40-\$50 per day (\$160-\$200/month). Includes workroom (Xerox, Fax, Microwave, Refrigerator), handicapped access, ample parking, private staff bath. Convenient to Routes 40, 70, 29 and 695. Contact Mike Boyle: 410-645-2500.

MPS Members Out & About

Marsden McGuire, M.D. is now Deputy Chief Consultant for Mental Health Standards of Care at the Veterans Health Administration. He can be contacted with questions/concerns regarding Veterans mental health issues at marsden.mcguire@va.gov.

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

More than just medical professional liability insurance...

You've just been subpoenaed. Do you know how to respond?

If you are insured with us, you can rest assured. Let us help you by determining the validity of the subpoena and advising on how to respond so your time can be spent caring for patients.

Simply call the Risk Management Consultation Service (RMCS) for risk management advice and guidance.

- **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
- ♦ Accredited by the ACCME
- ♦ Administrative and governmental billing defense coverage
- ♦ Coverage for forensic and telemedicine psychiatric services
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