

# MPS NEWS

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Editor: Heidi Bunes

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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](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

The MPS Committee Chairs meeting will be Tuesday, **November 11** at 8PM in the MPS office.

## President's Column

### The Power of Language

In my copious spare time, I have been following a very interesting debate in the Irish newspapers regarding abortion. Abortion is constitutionally banned in the Irish Republic, but following the death of a woman three years ago from septicemia during a miscarriage, there has been a groundswell of support for some liberalization of the laws. Termination of a pregnancy is now allowed in limited cases, where the life of the mother would be clearly at risk, were the pregnancy to continue. In one case brought before the panel assigned to make these determinations, the abortion was not allowed. The young woman claimed that she would commit suicide if forced to carry the pregnancy through. The panel concurred that this did not constitute an acute danger to the mother's life, leading to an interesting conundrum; how can one prove that the mother's life is in jeopardy, unless she follows through with the act of suicide?

One of the more fascinating articles I read regarding this patently ludicrous situation posits the theory that the debate is complicated in Ireland by the issue of language. The Irish have always been recognized as having a rich and nuanced gift for expression, theoretically because of the overlay of English on the much older Irish vernacular. The writer suggests that this syncretism leads to artistic flowering, but that it is responsible for ambiguity and complexity when it comes to legal issues like these, which have a strong emotional overlay. This argument has particular resonance for me, as we in Maryland debate the definition of dangerousness.

A major task assigned to the DHMH [Outpatient Services Programs Stakeholder Workgroup](#) by the legislature during its 2014 session was to study the current standard for dangerousness and to propose a fix for the widely perceived inability of families to obtain appropriate help for relatives who are acutely mentally ill and refuse voluntary psychiatric admission. The current statute allows for involuntary hospitalization of unwilling or unable adults in cases where the patient has a mental disorder, is in need of inpatient care, presents a danger to the life or safety of themselves or others, and is unwilling to be admitted voluntarily, with no less restrictive form of intervention available.

Advocates for changing this definition maintain the stance that the language is too restrictive, and does not allow families to obtain the necessary care for their loved ones. Indeed, the interpretation of this language is wide, and I have had my own battles with ER doctors and inpatient psychiatrists who have taken an extremely narrow approach to the definition in the rare cases when I have had to Emergency Petition a patient.

However, the MPS, advised by experts well versed in the current law, holds the position that the current definition has enough latitude to allow the involuntary hospitalization of most of the patients who truly need it. We are convinced that the wording as it stands covers both acutely dangerous patients and those who are in danger through self-neglect under the "danger to self" criteria. Many of the administrative law judges who preside over the commitment hearings appear to agree with this fairly broad definition of the current statute. We feel that the real area of concern is the

(Continued on next page)

wide variation in the current law's interpretation and propose that this problem could be solved through educational outreach to law enforcement officers, administrative judges and the medical and mental health communities.

The new proposed language from DHMH in response to their mandate from the legislature differs in significant ways from the current standard, and the new language appears to be closer to that used in many other states. This definition declares that the patient meets the criteria for inpatient commitment where there is danger to the life or safety of the individual or of others, when in consideration of the individual's current condition and, if available, personal and medical history, there is a substantial risk that the individual will cause harm to the person or others if not admitted, or the individual so lacks the ability to care for himself that there is a substantial risk of death or serious bodily harm if admission is not ordered.

On the first reading, it appears that this definition broadens the interpretation of the statute by specifically including the idea that a mentally ill person might put themselves at risk through self-neglect. However, our legal experts have a number of concerns regarding its interpretation, much of it coming down to one word: substantial. How do YOU define substantial? I'm pretty sure you could ask ten people and get ten different answers. Does substantial risk of harm include the person who refuses to take their thyroid medication because of their paranoia, and has a TSH of 110? I think we can all reasonably agree on that. But what if the TSH is 20? Does that constitute a SUBSTANTIAL risk of harm, rather than a plain old vanilla risk of harm? Adding that one word, our legal experts argue, actually narrows possible interpretations, in effect making it more difficult to commit those who really need to be in the hospital. In certain states where similar definitions have been in place, the definition of "substantial" runs for many pages, and is the crux on which many petitions fail, as well-meaning patient advocates parse and argue the word as it applies to each patient.

I would like to take this opportunity to urge DHMH to listen to the concerns of our MPS experts, and consider making some minor changes in the wording of the dangerousness definition; changes we are convinced will better serve our patients.

Ah, the power of language!

*Sally Waddington, M.D.*

### Alert to All Healthcare Professionals

The U.S. Office for Preparedness and Response is [alerting healthcare providers](#) to have a plan as to how to respond when encountering a suspected Ebola patient. There are several useful resources included in the alert. The *AMA Wire* has a [post](#) on how physicians are preparing. Visit the [CDC Ebola](#) website for the most up-to-date information.

## MPS Members Out & About

**Thomas Franklin, M.D.** has been appointed medical director of [The Retreat at Sheppard Pratt](#) replacing **Don Ross, M.D.**, who has stepped down, but plans to continue running therapy groups, seeing patients, and supervising study groups and DBT consultation groups.

**Mark Komrad, M.D.** has been elected to the [American College of Psychiatrists](#), an honorary organization of psychiatrists who have demonstrated excellence and achieved national recognition.

Help us spotlight news of MPS members in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).

## Comment on Code of Medical Ethics revisions

As the process to update the *Code of Medical Ethics* moves forward, AMA members can [comment](#) (log in) on the updated draft language that will serve as the ethical guide for physicians in the future. The AMA Council on Ethical and Judicial Affairs (CEJA) is in the final stages of modernizing the 167-year-old *Code*, last comprehensively updated more than 50 years ago. During the six-year project, CEJA reviewed ethical opinions for relevance, timeliness, clarity and consistency across topics and incorporated feedback from the medical community. The update will appear in the Delegates Handbook for the 2014 AMA Interim Meeting this month.

From [October 20 AMA Wire post](#)

## Online Physician Databases

October saw the launch of the new version of [Healthgrades.com](#), which uses about 500 million claims from federal and private sources and patient reviews to rate and rank doctors based on their experience, complication rates at the hospitals where they practice and patient satisfaction. Like any database, it contains inaccuracies, for example long-deceased physicians.

Also last month, CMS issued a "beta" release of a search tool on its [Open Payments](#) website, which became public on September 30. Searches can be done by physician name, location or specialty. The results list each individual payment, which can be sorted by amount, and also group amounts by three categories: general payments, research payments, and ownership in companies. Each general payment includes the "nature of payment," such as food and beverage, education, consulting, etc.

## October 14 Committee Chairs Meeting Highlights

Dr. Waddington noted the importance of committees as a resource for MPS action in specialized areas, as well as a starting point for future MPS leaders. She indicated a desire to promote stronger ties between MPS committees, especially Legislative, Forensic Psychiatry, Public Psychiatry, Geriatric and Child and Adolescent Psychiatry, during the General Assembly.

Academic Psychiatry Committee - Robert Roca, M.D., Chair

In an effort to maintain an environment that encourages the submission of scholarly works and articles, Dr. Roca reported that they plan to continue the MPS Paper of the Year Award for Resident Fellow Members and Early Career Psychiatrists this year. Articles will be reviewed by the Academic Psychiatry Committee and winning authors will be recognized at the MPS annual meeting. The APA Assembly encourages DBs to promote research activities and papers that are developed in both public and private practice. Articles could be considered for publication in *The Maryland Psychiatrist*.

Book Club - Elizabeth Beasley, M.D., Chair

Book Club enthusiasm continues. The group meets five times a year, rotating to different participants' homes. An article about the Book Club, its schedule and book selections was suggested.

Child and Adolescent Psychiatry Committee - Robert Schreter, M.D., Chair

Dr. Schreter continues to serve as a liaison between MRCCAP and the MPS. Outreach efforts with MRCCAP will continue.

Disaster Psychiatry Committee - Eduardo Espiridion, M.D., Chair

Dr. Espiridion has participated in the APA disaster psychiatry listserv corresponding with other disaster committee chairs regarding the common goal of disaster relief. Staff will continue to distribute APA information regarding disaster training and information.

Distinguished Fellowship Committee - Neil Warres, M.D., Chair

Dr. Warres stated that his committee remains active performing the enviable task of identifying MPS members most worthy of this national honor. The impressive accomplishments of our members continue to be recognized.

Diversity Committee - Stephanie Durruthy, M.D. & Gayle Jordan-Randolph, M.D., Co-Chairs

APA resources regarding the formation of diversity committees in district branches will be shared with the MPS Diversity Committee to assist with reactivation of this committee.

Early Career Psychiatrists Committee - Margo Lauterbach, M.D., Chair

Maintenance of Certification (MOC) training grants totaling \$27K have been secured from the APA and from Area 3. To

date, three trainings have been held in Baltimore, Parsippany, NJ and Pittsburgh, PA. Two more are scheduled in Bethesda, MD and Philadelphia, PA for a total of five programs carrying CME credits. Dr. Lauterbach has provided instruction at each event, outlining the use of the ABPN website, other helpful sites for MOC resources and information, and answering questions. APA and ABPN representatives have also presented information to attendees.

Editorial Advisory Board - Nancy Wahls, M.D., Chair/Editor  
*The Maryland Psychiatrist*, under Dr. Nancy Wahls, Editor and Dr. Bruce Hershfield senior editor/advisor, will continue its e-publication of news including medications, ethics, obituaries and general articles of interest.

Ethics Committee - Joanna Brandt, M.D., Chair

The Ethics Committee meets twice a year unless there is a case involving an MPS member. Ethics recommendations for each case are approved by the MPS Council before final recommendation to the APA.

Forensic Psychiatry Committee - Anne Hanson, M.D., Chair

Coordination with the Legislative Committee during the 2015 General Assembly Session will be a top priority. Many bills before the General Assembly require input from forensic specialists.

Geriatric Psychiatry Committee - Marsden McGuire, M.D., Chair

This committee continues to interface with other organizations involved in the care of geriatric patients for their mental health needs. It also assists the Legislative Committee with legislation involving geriatric patient considerations.

Legislative Committee - Jennifer Teitelbaum Palmer, M.D., Chair

Dr. Palmer reported that a co-chair is being sought for this committee. Several members from the Forensic Psychiatry Committee will join the Legislative Committee. Training for the LAC Forum Board will be available. A strong relationship has developed over the past 5 years with our lobbyist, Harris Jones and Malone. Close to 500 bills were reviewed last year, with letters and testimony provided on over 25 bills. The MPS continued a close association with MedChi regarding positions on proposed legislation.

Membership and Recruitment Committee - Susan Lehmann, M.D. & Brian Zimnitzky, M.D., Co-Chairs

The committee works actively to retain members on the APA and MPS dues drop lists. Potential programs for recruiting Resident Fellow Members (RFM) and Early Career Psychiatrists are being developed in addition to continuing the focus on member retention. Annual events for new residents and fellows are scheduled at Hopkins and University of Maryland. An APA expedited grant will be used for RFM recruitment efforts.

(Continued on next page)

(Committee Chairs Continued)

Payer Relations Committee - Laura Gaffney, M.D., Chair  
This committee has become more active in sorting out questions regarding parity, pre-authorization of medications, and other issues that are brought to the attention of the MPS. A major effort has been the redesign of the Uniform Treatment Plan (UTP), which has been forwarded to the Maryland Insurance Administration for review, comment and approval.

Program and Continuing Medical Education Committee – Jason Addison, M.D., Chair  
So far this year, CME offerings have been the MOC trainings. Members and non-members have been very satisfied with the events that have occurred. The Spring Symposium topic is Women's Health Issues and Psychopharm. Planning for a program that involves treatments for dual diagnosis is being considered for Fall 2015.

Public Psychiatry Committee - Ann Hackman, M.D., Chair  
Dr. Hackman's committee will provide input to the Legislative Committee for any public health issues that are the subject of legislation. She agreed to develop articles for *MPS News* on public sector psychiatry.

Residents and Fellows Committee - Lori Schwartz, M.D. (University of Maryland) & Helen Bellete, M.D. (Johns Hopkins University), Co-Chairs  
Luncheon programs are being planned for recruitment of residents at both campuses. MPS leadership, the MPS Membership Committee and faculty will attend. The committee will work with residents and fellows to encourage more participation in MPS activities. RFMs have requested the ability to have representation and a vote on the MPS Council. This option is currently being explored.

## AMA Proposes Improvements for EHR Program

Challenges with electronic health record (EHR) systems are widespread, and the meaningful use program has only compounded those problems. The AMA called on the government to make four essential changes to meaningful use so EHR technology can become a tool for practice efficiency and enhanced patient care:

1. Adopt more flexible approach for meeting meaningful use.
2. Expand hardship exemptions for all stages.
3. Improve quality reporting.
4. Address physician EHR usability challenges.

This initiative is a continuation of AMA advocacy in the area of EHRs.

From [October 14 AMA Wire post](#)

## APA Information

### September APA Board of Trustees Meeting Highlights

In recognition of the current widespread changes affecting the practice of psychiatry, the Board spent considerable time on its Strategic Planning Initiative, continuing work done by the Executive Committee at its recent retreat. Business and organizational theory and lifecycles were background materials. The Board focused on wide-ranging discussion of matters such as Key Strategic Questions: 1. How do we achieve our mission?; 2. What is our core business?; 3. How do we add sustainable value?; and 4. What are our most important priorities?

Medical Director/CEO Saul Levin, M.D. reported a welcome 5.5% increase in membership in the past year, including a 4.3% increase in dues-paying members.

Treasurer Frank Brown, M.D. reported that revenue for the year is \$5.2 million above budget, due to DSM-5. At August 31, total sales for DSM-5 were \$48.8 million. The book stood at #6 on Amazon, and in the Top 100 Books list.

Chief of Communication Jason Young noted that many different logos are used by different APA components and products, resulting in dilution of the APA brand; these will be consolidated.

The American Psychiatric Foundation continues its excellent and wide-ranging work, including the new mental health and faith partnership.

The Ad Hoc Work Group on Real Estate presented alternatives to the Board for planning its new headquarters. The Board agreed to explore purchase of a suitable new home for APA, likely in DC or northern VA.

Brian Crowley, MD, DLFAPA  
[bcrowleymd@aol.com](mailto:bcrowleymd@aol.com)  
202-537-3300

## APA Health Reform Resources

The APA now has a dedicated [webpage](#) with resources from the *Health Reform – Policy and Practice Implications for Psychiatry* meeting held in June. This page contains the slide sets from the discussions on the role of psychiatrists in integrated care, antitrust and contracting considerations, and the healthcare reform overview, which also includes speaker notes. The antitrust and contracting slides are only available as PDFs, but the others can also be accessed as Power Point files.

# APA Information

## November APA Assembly Agenda

The APA Assembly Rules Committee reviewed the 19 Action Papers, 2 Position Statements, and 9 Practice Guidelines for consideration during the November Assembly meeting November 7-9 in DC. Below is a list of the authors, the names of the Action Papers, and whether the items will be on the Consent Calendar or referred to a Reference Committee. To read the details, you can download the large PDF file containing all of these items at this link: <http://bit.ly/1rx1vFW>.

**If you have input on any of these items being considered during the Assembly meeting, please email the MPS reps no later than November 5 using the links below.** Thank you.

[Steve Daviss, MD](#)  
[Robert Roca, MD](#)

*APA Assembly Representatives for the MPS*

### **ACTION PAPERS**

(RC = Reference Committee #; CC = Consent Calendar)  
Aoun: Integrating Buprenorphine Maintenance Therapy with Primary Mental Health (RC3)  
Aoun: Production and Distribution of The APA Mini Reference to Inform Patient Care during Training and Lifelong Practice (RC3)  
Behrens: E-prescribing of Controlled Substances (CC)  
Burd: Telepsychiatry (RC2)  
De Faria: Addressing the Educational Specifics and Training Needs of International Medical Graduates (RC3)  
De Faria: The Impact of the Diminishing Number of IMGs on the Care of the Underserved Populations (RC3)  
Geller: Direct to Consumer Advertising (RC1)  
Hart: Critical Psychiatrist Shortages at Federal Medical Centers (RC2)  
Lewis: Conversion of the Components Directory to an Online-only Format (CC)  
Pabbati: Standardization of Psychiatric Nurse Practitioner Training (RC3)  
Peele: Assembly DSM Component (RC5)  
Peele: Exploration: Whether to Add some Symptoms to the Next DSM (RC5)  
Peele: Medical Term for "Lack of Physical Exercise" (RC5)  
Peele: Neurodevelopmental (RC5)  
Peele: Replacing "Personality Disorder" with "Syndrome" (RC5)  
Sarkis: District Branch President-Elect Orientation (RC5)  
Sarkis: EHR for Psychiatrists (RC2)  
Scasta: Assembly Allied Organizations and Sections Liaison (AAOSL) Committee Name Change (RC5)  
Tiamson-Kassab: Training and Regulatory Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders (RC2)

### **POSITION PAPERS**

Position Statement on Residency Training Needs in Addiction Psychiatry for the General Psychiatrist (RC3)  
Proposed Position Statement on Firearm Access, Acts of Violence and Relationship to Mental Illness and Mental Health Services (RC1)

### **PRACTICE GUIDELINES**

These have been reviewed before and are coming to the Assembly for an up or down vote (no edits). They will be heard in RC4. **See article on page 6 for details.**

### **Here's how this Assembly thing works...**

Items on the Consent Calendar are voted on as a group on the floor of the Assembly, without any discussion about the details. Any Assembly member can request that an item on the Consent Calendar be removed for further discussion.

All items not on the Consent Calendar are discussed in detail within a Reference Committee. (In some circumstances, items are referred to some or all Area Councils, but that did not happen this time.) There are 5 Reference Committees, arranged by theme:

RC1 - Advocating for the Patient  
RC2 - Advocating for the Profession  
RC3 - Supporting Education, Training and Career Development  
RC4 - Defining/Supporting Professional Values  
RC5 - Enhancing the Scientific Basis of Psychiatric Care/  
Governance Issues

The Reference Committees meet for 2-3 hours and listen to input from members who wish to speak in favor of or against each item. They then decide to support or not support the item, or may develop suggested amendments to the item.

Each Reference Committee then makes its recommendations on the floor of the Assembly, followed by the author or sponsor of the item, who either moves the paper as originally stated, or as revised by the Reference Committee. At this time, there is floor discussion, with possible amendments, each voted on in turn until the final item is approved or rejected.

## New APA Policy Finder

The APA has developed a new searchable PolicyFinder. The link is posted in multiple places on the website, including the governance page at <http://www.psychiatry.org/about-apa--psychiatry/governance>. This should make it much easier for members, leaders and staff to access and review official APA positions.

## APA Information

### Draft Practice Guidelines on Psychiatric Evaluations

The APA Steering Committee on Practice Guidelines has asked that the Assembly approve the revised version of the practice guidelines on psychiatric evaluation at its November 2014 meeting. The revised version of the practice guidelines on the initial psychiatric evaluation of adults includes the following nine topic areas:

- Review of psychiatric symptoms, trauma history, and psychiatric treatment history
- Substance use assessment
- Assessment of suicide risk
- Assessment of risk for aggressive behaviors
- Assessment of cultural factors
- Assessment of medical health
- Quantitative assessment
- Involvement of the patient in treatment decision-making
- Documentation of the psychiatric evaluation

The text of the guideline can be viewed by clicking the following link: [PRACTICE GUIDELINES ON PSYCHIATRIC EVALUATION](#) (PDF, 211 pages, 1.54 MB)

These documents are drafts only and do not yet represent official APA policy.

For more details, please click [here](#). You will need your member log-in to access the page. For additional information or

## Maryland News

### MIA Issues Fines for Slow Grievance Decisions

A September 25 Maryland Insurance Administration (MIA) [Consent Order](#) reveals that slow resolution of 2012 grievances filed with CareFirst of Maryland, BlueChoice and GHMSI resulted in total fines of \$126,000. The insurers must also implement measures to correct the conditions that led to the violations. The average number of days for grievance decisions in non-emergency cases was higher than allowed by law in each quarter of 2012. Out of 2,117 non-emergency decisions rendered that year, 1,253 exceeded the legal time frame. CareFirst of Maryland was the worst offender with 80.5% untimely grievance decisions. MIA found similar violations in prior years. Maryland Insurance Article [§15-10A-02](#) outlines insurers' requirements for addressing patient concerns regarding coverage decisions.

In a [related case](#) back in July, GHMSI and Magellan were also fined by MIA for failure to issue a timely notice of adverse decision. In addition, they were found in violation of [§15-10B-06](#) for requiring the provider to give information that is not on the Uniform Treatment Plan form.

## Maryland News

### Maryland Health Connection Open Enrollment

The three-month open enrollment period for ACA health plans' second year begins in November. A series of [enrollment events](#) is planned for locations throughout the state

#### Important Dates from Maryland Health Connection:

**Starting Nov. 9:** Compare plans and prices at the all-new [MarylandHealthConnection.gov](#), which will allow "anonymous browsing," or the ability to compare plans without registering personal information. Cigna Health and Life Insurance Company is the newest carrier in the marketplace for 2015, joining CareFirst, Evergreen, Kaiser Permanente and UnitedHealthCare,

**Starting Nov. 19:** Enroll on your own online at [MarylandHealthConnection.gov](#)

**Dec. 18:** Deadline to apply for financial help with plans that start Jan 1. Create a new account and application by Dec. 18 or any financial help you received in 2014 will end, and your coverage will continue at the new, full price. [Learn more here](#).

**Feb. 15:** Open enrollment ends for 2015  
(*Enrolled in Medicaid? You'll be contacted to renew.*)

#### 5 Steps to Stay Covered

**1) Review:** Plans change, people change. Review your coverage and look for a letter from your plan about how your benefits and costs may change next year.

**2) Update:** Starting Nov. 19, go to [MarylandHealthConnection.gov](#) and create a new account and application (even if you had one in 2014). Make sure your [household income](#) and other information are up-to-date for next year.

**3) Compare:** Compare your current plan with other plans that are available in your area.

**4) Choose:** Select the health plan that [best fits your budget and health needs](#).

**5) Enroll:** Make sure to [apply and choose a plan by Dec. 18](#) to have any financial help you qualify for start Jan. 1.

### Maryland Medicaid Pharmacy Program Carve-Out of Naloxone

On October 1, 2014, [injectable naloxone hydrochloride \(generic version of Narcan® and Evzio®\)](#) was carved-out of the HealthChoice managed care benefit and is now covered by Medicaid fee-for-service. The carve-out has no effect on how injectable naloxone is normally prescribed. A prescription is required for a patient to receive injectable naloxone. However, an Intranasal (IN) Mucosal Atomizing Device that can be used as an alternative route of the administration of naloxone requires a separate prescription because the device is classified as a Durable Medical Equipment needle free injection device and is billed separately by the pharmacy.

## Medicare News

### There is Still Time to Apply for Meaningful Use Hardship Exemption!

CMS has reopened the submission period for hardship exception applications in the electronic health record (EHR) meaningful use program, allowing more Medicare physicians to avoid next year's payment reductions for not demonstrating meaningful use. **The new deadline is November 30.** This new opportunity is particularly helpful for physicians who have never participated in the meaningful use program, as they will face penalties in 2015 if they did not attest by October 1. The agency reopened the submission period as a result of AMA advocacy.

Physicians who seek to avoid the 2015 penalty can read more about the [hardship exemption categories](#) at *AMA Wire*®. The reopened hardship exemption application period is for physicians who both:

- Have been unable to fully implement 2014 Edition certified EHR technology due to delays in availability of such technology
- and
- Who were unable to attest by October 1 (for physicians) using the [flexibility options CMS implemented in September](#) that allow physicians to use older certified EHR technology for attestation

**CMS will only consider these circumstances** for the reopened application submission period.

Any physician who wants to attest for a 90-day reporting period to obtain an incentive for 2014 can still do so—the deadline is February 28—and can apply for a hardship exemption as a back-up plan. Find more information on CMS' [payment adjustments and hardship exceptions Web page](#). View a [CMS tip sheet](#) about the meaningful use payment adjustments and hardship exceptions and the 2014 certified EHR technology hardship exemption [guidance document](#) to learn more.

From [October 7 AMA Wire post](#)

### Medicare Reimbursement Penalties Coming

In the proposed rule for the 2015 Medicare Physician Fee Schedule, CMS advanced several initiatives that, in combination with already existing programs, can affect the reimbursement that physicians will receive from Medicare for their services. APA's Office of Healthcare Systems and Financing has posted [DETAILED INFORMATION](#) on APA's website, including a chart with 2014 measures that are relevant to psychiatry.

From October 8 *Psychiatric News*



Sheppard Pratt  
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

### ADULT PSYCHIATRIST TRAUMA DISORDERS

Sheppard Pratt Health System, headquartered in Baltimore, Maryland, has an exciting and challenging opportunity currently available for an adult psychiatrist to join a multi-disciplinary treatment team in The Trauma Disorders Program, widely recognized as one of America's centers of excellence for trauma treatment. Experience and background working with patients with complex posttraumatic conditions and clinical experience working in an inpatient setting is required. Qualified psychiatrists must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification preferred.

Sheppard Pratt is an equal opportunity employer. Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in an academic setting. Please contact Kathleen Hilzendegeer, Director of Professional Services, at 410-938-3460 or [khilzendegeer@sheppardpratt.org](mailto:khilzendegeer@sheppardpratt.org).

## EMPLOYMENT OPPORTUNITIES

### CLASSIFIEDS

LifeBridge Health, Department of Psychiatry, is seeking adult psychiatrists for exciting opportunities in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. F/T openings to join group practice of 14 psychiatrists. Outpatient Psychiatrist will deliver services at Sinai Hospital. Inpatient Psychiatrist will deliver and manage treatment services provided to hospitalized psychiatric inpatients using a multidisciplinary team model. Psychiatrist will also provide general hospital and emergency room consultation/liaison services with support of midlevel psychiatric practitioners (advanced practice nurses and licensed social workers). Position offers highly competitive compensation and an exceptional benefits package. Email interest to: [psychiatry@lifebridgehealth.org](mailto:psychiatry@lifebridgehealth.org) and for telephone inquiries call: (410) 601-5461.

**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](http://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](mailto:barbara.usher@spectrum-behavioral.com).

**CLASSIFIEDS (CONTINUED)****EMPLOYMENT OPPORTUNITIES**

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 Kim Bright, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail [kim.bright@maryland.gov](mailto:kim.bright@maryland.gov). EOE

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](mailto: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](mailto:Drmalik.baltimore@gmail.com)

FULL TIME OR PART TIME CHILD PSYCHIATRIST - The outpatient psychiatric clinic at Franklin Square Medical center is expanding. We currently have 11 psychiatrists and 16 psychotherapists. We are looking for a part time child psychiatrist, or a fulltime child psychiatrist who is also comfortable seeing adults. Psychiatrists will have 75 minutes for evaluations and 25 minutes for medication management. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and paid malpractice ins. The atmosphere is collegial, and most of our staff has been here for years. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

ADULT PSYCHIATRIST: medication consultant for busy private practice in Severna Park, MD. Set your own hours and hourly rate regardless of collection. No overhead. Friendly staff, newly renovated office suite. Contact John Driscoll PhD at [babh1@verizon.net](mailto:babh1@verizon.net) or call 410-315-7864.

Inpatient Consultation Psychiatrist Opportunity-Baltimore, MD - St. Agnes Hospital is seeking a Psychiatrist for the inpatient consultation service. Position available immediately. Duties include consultations, teaching medicine residents and co-attending our 20 bed med-psych unit. Future possibility to expand into outpatient setting via collaborative care. Service coverage Monday – Friday. Competitive salary, full benefits include 4 weeks paid vacation, 1 week CME, and CME stipend. Applicants must be currently certified or eligible by the American Board of Psychiatry and Neurology and eligible for Maryland licensure. Preference for candidates fellowship trained in Psychosomatic Medicine or with similar experience. Interested parties email a CV and letter of interest to Pinar Miski, MD, [pmiski@stagnes.org](mailto:pmiski@stagnes.org). EOE, Not an H1-B or J-1 opportunity.

Joshi & Merchant, M.D., P.A., provides outpatient psychiatry and mental health services for adults. Looking for a Board-Certified Psychiatrist to work FT. The practice has been established for over 32 yrs & is located in Columbia, MD. Please forward resume to Milan Joshi, M.D. by email ([milanjoshi11@gmail.com](mailto:milanjoshi11@gmail.com)) or call (410)-299-8147.

Psychiatrist wanted for behavioral health Organization in Baltimore. Adult population served. Clinical responsibilities include evaluations and psychopharmacology management. Buprenorphine services offered by the clinic, but not a necessary requirement for hire. Full or Part-time employment. Send CV to: University Psychological Center, Inc. Attn: [Clark J. Hudak, Jr., Ph.D.](mailto:Clark J. Hudak, Jr., Ph.D.) Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

PT Psychiatrist needed in Anne Arundel County -UM Baltimore Washington Medical Center has a part-time position available for a BE/BC Psychiatrist to assist with treating inpatients and performing in-house and ED consults. UMBWMC is located between Baltimore, Washington and Annapolis. To learn more about UMBWMC visit our website at [www.mybwmc.org](http://www.mybwmc.org). Competitive Salary and Benefits. If interested please send your CV to Jill Albach at [physicianopportunities@bwmc.umms.org](mailto:physicianopportunities@bwmc.umms.org).

Moving the Self Psychotherapy Center ([www.movingtheself.org](http://www.movingtheself.org)), a thriving insurance-based practice, is seeking clinically licensed mental health professionals to work as independent contractors in the centrally located Bowie (Maryland) office. Two part-time positions are currently open, with the opportunity to build to full-time. Psychiatrists are encouraged to apply. Email resume with a statement of interest to Patrizia Pallaro: [somatikapp@gmail.com](mailto:somatikapp@gmail.com)





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## **CHILD PSYCHIATRIST**

### **OUTPATIENT SERVICES**

### **Behavioral Health Partners, Inc.**

### **FREDERICK, MARYLAND**

Unique opportunity has become available to join a team of psychiatrists and social workers providing services at our outpatient center in Frederick, Maryland. Behavioral Health Partners, Inc., a joint venture between Sheppard Pratt Health System and Frederick Memorial Hospital, provides a critical component to the continuum of care for patients of both parent organizations.

Sheppard Pratt is seeking either a part-time or full-time child psychiatrist with experience and expertise in outpatient psychiatry, focus on continuity of patient care and sensitivity to the needs of patients, families and referrers. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer.

Please contact Fred Donovan, Director, at 301-663-8263 extension 228 or at:  
[donovan@sheppardpratt.org](mailto:donovan@sheppardpratt.org)



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## **ADULT ADDICTIONS PSYCHIATRIST**

**Towson, Maryland**

Sheppard Pratt is currently recruiting for an adult psychiatrist to provide inpatient services on the Co-Occurring Unit which is located on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, this position can be paired with an assignment in the Adult Partial Hospital or in Crisis Evaluation Services.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced, specialty training in addictions are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.


Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org)

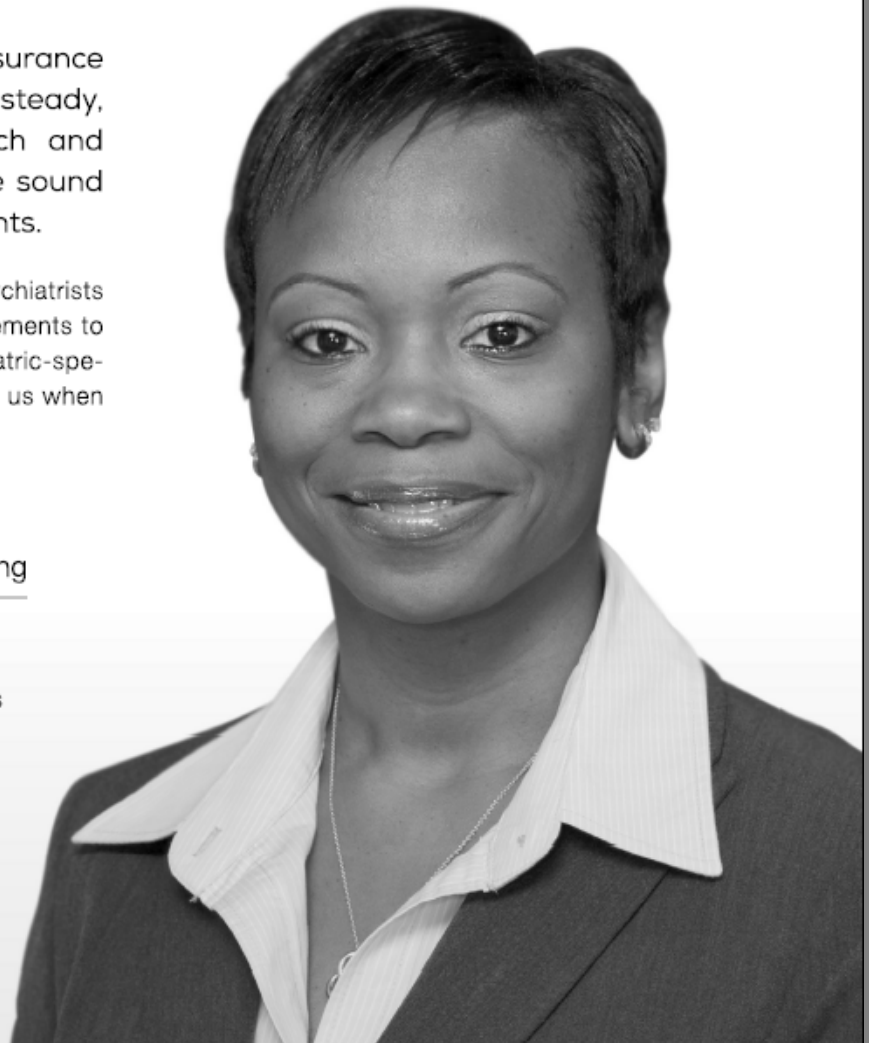
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**Victoria Chevalier**  
Assistant Vice President, Underwriting

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