

# MPS NEWS

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Editor: Heidi Bunes

September 2013

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

## President's Column

### What's in Store for the Treatment of Depression: Neurostimulation

As a psychiatrist interested in the development of treatments for depression, over the past few years I have somehow become the "device guy." Starting as a rescue site (an additional site brought in to help complete a clinical trial on time and on budget) for the original registration trial (the trial looking at clearance of the device by the FDA) for the transcranial magnetic stimulation (TMS) device from Neuronetics in 2005, my research program at Sheppard Pratt now devotes half of our resources to a variety of protocols geared toward device development. All these devices work through neurostimulation. So what is neurostimulation?

Simply put, neurostimulation is the modulation of the central or peripheral nervous system by electrical or magnetic impulses. The only device that psychiatry has had for a long time is electroconvulsive therapy (ECT). More recently, the FDA has cleared three other devices, vagus nerve stimulation (VNS) in 2005 and two TMS devices, one by Neuronetics in 2008 and a deep TMS device by Brainsway in 2013. Neurostimulation makes a good deal of sense. While we have tended to look at somatic therapies for depression from a neurochemical perspective, the brain is as much electrical as it is chemical. After four decades of pharmacological research, we only have drugs that affect serotonin and norepinephrine, and to a lesser extent, dopamine. Many other neurotransmitters are involved with depression, but we have no medications that target them. We can also alter neurochemicals through neu-

rostimulation. One distinct advantage of neurostimulation is that it is non-systemic, so that the side effect profile may be much improved over orally administered medications that can affect a variety of organ systems.

Electroconvulsive therapy (ECT) is the oldest and most utilized device treatment for depression. It was first used in 1938 and has the highest response rate of any intervention for treatment resistant depression, up to 60% (when you see numbers higher than that, it is when non-treatment resistant depression is included). Unlike the other neurostimulation techniques I will discuss, treatment is generalized rather than focal. The side effect burden is high. There are the risks of general anesthesia, post-ictal confusion, short term memory loss and required time off from work. It is more acceptable as an acute treatment since the problematic side effect profile would continue for chronic or maintenance treatment. The single largest disappointment of ECT is that the positive effect is not particularly durable. Of the patients who respond, 65% of them are ill again within six months. A positive is that insurance companies will support ECT with low need for negotiation or appeal.

VNS is an implantable device that targets the most ill of the population with treatment resistant depression, patients who have failed at least four adequate courses of antidepressant therapy. It is the only FDA cleared device offering chronic stimulation rather than an acute intervention. Results from multiple studies show that response rates improve over time. The one year data is better than the six month data and the two year data is better than the one

(Continued on next page)

The next MPS Council meeting will be held on September 10th at 8PM in the MPS office.

year data. VNS has a very low rate of adoption by clinicians due almost entirely to the lack of insurance coverage. The Centers for Medicare & Medicaid Services (CMS) came out with a non-coverage determination in 2007 and recent efforts to have that decision reviewed based on new information have been turned down. I have been one of the lead investigators and the first author on the paper detailing results of the dose finding study. The lack of coverage for this treatment is unfortunate and the manufacturer will continue its efforts to change the policy.

TMS has had a bit of an easier time in the marketplace. Targeting a less severely ill group, patients who have failed one to three medications in the current episode, TMS works by increasing brain activity in a region (left dorsolateral prefrontal cortex) that generally shows decreased activity in patients with depression. Treatment sessions last about forty minutes, and are performed five days a week for six weeks. I have run the TMS program at Sheppard Pratt since it opened in 2009 and we have had some heartening results. We have treated patients who have failed two to six medications in the current episode. After 150 patients, we have seen a response rate of 60% and a remission rate of 30%. Patients have tolerated the procedure quite well and are awake for the procedure and able to resume their activities immediately after each session. CMS, while not providing a national coverage policy, has allowed its regional administrative contractors to make local determinations. Novitas, the administrative contractor for Maryland, has had a coverage policy in place since the Spring of 2013. Hopefully, more commercial insurance carriers will join in covering TMS.

I have been working with several other neurostimulation devices including Direct Current Stimulations, Synchronized TMS, and Deep TMS. Deep Brain Stimulation, another implantable device is also undergoing a variety of clinical trials. We are at the threshold of what appears to be a possible paradigm shift for biological psychiatry.

*Scott T. Aaronson, M.D.*

[This is the third in a series of articles by Dr. Aaronson on the current status of advances in psychiatric treatment. Please click on these titles if you missed his other articles: [Psychiatric Drug Development: Where Are We?](#) (July 2013) and [What is in Store for the Treatment of Depression: Pharmacology](#) (August 2013)]

## Spurlock Congressional Fellowship Applications Due September 20

Nominations for the [Jeanne Spurlock Congressional Fellowship](#) are now being accepted. This fellowship provides psychiatry residents, fellows, and early career psychiatrists an opportunity to work on Capitol Hill in a congressional office on federal health policy, particularly policy related to child and/or minority issues. The fellowship was established in honor of the late Jeanne Spurlock, M.D., who was APA Deputy Medical Director and head of its [Office of Minority/National Affairs](#), as well as an advocate for child and minority issues. Applicants must be APA members and U.S. citizens or permanent residents. Applications, in the form of a letter, three letters of recommendation, and a CV, should be sent by **September 20, 2013** to Marilyn King, APA Office of Minority/National Affairs, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209.

### MPS Members Out & About

**Robert P. Roca, M.D., M.P.H.** has been appointed to the [Maryland Board of Physicians](#). He replaced Susan Strahan, M.D. who was the previous psychiatrist serving on the board.

**Help us spotlight MPS members who are out and about in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).**

### Membership

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

Ayesha Ashai, M.D.  
Jolie S. Carter, M.D.  
Katrina C. Escuro, M.D.  
L'Tanya A. Haith, M.D.  
Syed S. Nizami, M.D.

#### *Transfer Into Maryland*

Lauren J. Elliott, M.D.  
David C. Hauser, M.D.  
Kimberly Hogan Pesaniello, M.D.  
Umaru Labay-Kamara, M.D.

#### *Advanced To General Member*

William R. Keller, M.D.

## OPEN PAYMENTS/Physician Payment Sunshine Act News and Resources

As of August 1, applicable manufacturers and group purchasing organizations began formally collecting financial relationship data for OPEN PAYMENTS reporting. Physicians should start tracking the information needed to comply with OPEN PAYMENTS program requirements:

- Payments or other transfers of value made to physicians and teaching hospitals, and
- Certain ownership or investment interests held by physicians or their immediate family.

Certain data are required for each payment, transfer of value, ownership, or investment interest that is documented (such as names, dates, etc.). The [OPEN PAYMENTS](#) program website includes the data [submission file specifications](#) for 2013. Physicians should become familiar with the specifications for reportable payments that will be needed for data submission in early 2014. The Office of Management and Budget (OMB) control number is 0938-1173.

**Two free CME activities are available via Medscape** for physicians to learn more about OPEN PAYMENTS (Physician Payments Sunshine Act). Both are accredited by the Accreditation Council for Continuing Medical Education. Medscape accounts are free and users do not have to be health care professionals to register:

- [“Are You Ready for the National Physician Payment Transparency Program?”](#) Physicians can receive a maximum of 1.0 AMA PRA Category 1 Credit™ by participating and receiving a minimum score of 70% on the post-test. Through the activity, participants will learn more about OPEN PAYMENTS, the steps involved in collecting and reporting physician data, key dates for implementation, and actions they can take to verify physician information in advance of website publication.
- [“The Physician Payment Transparency Program and Your Practice”](#) Physicians can receive a maximum of 0.25 AMA PRA Category 1 Credit™ by participating and receiving a minimum score of 70% on the post-test. Through this activity, participants will be able to identify opportunities for physicians to review transfers of value attributed to them and differentiate types of transfers of value that will or will not be reported under OPEN PAYMENTS.

CMS has posted [“Mobile Apps for the OPEN PAYMENTS Program \(Physician Payments Sunshine Act\)”](#) to its website. This article describes the mobile applications available to help health care professionals successfully track data and report payments under the program. It also includes information on the reporting requirements of OPEN PAYMENTS and how to download the mobile apps.

The APA will hold its one-hour [“Physician Payment Sunshine Act Webinar”](#) on **Thursday, September 12 at noon**. Under OPEN PAYMENTS, pharmaceutical and medical device manufacturers must report physicians who receive textbooks and most meals, beverages, or other items of value from them to CMS, so that CMS can make the physicians' names and mention of the items they accept public on a CMS website. APA's General Counsel and Deputy Director of Regulatory Affairs will explain the law's reporting requirements and exclusions, as well as how physicians can monitor the transactions in which they are reported. There will be an opportunity for questions. For more information on how you may be impacted by the Sunshine Act, visit the [APA's webpage](#).

A [new AMA toolkit](#) can also help physicians navigate the Sunshine Act. The toolkit offers resources physicians need to ensure the accuracy of data reported about them, including:

- Top tips to ensure accurate reporting
- A free [archived webinar](#)
- A free mobile app for tracking financial interactions
- Answers to frequently asked questions
- Information about how to challenge false, inaccurate or misleading reports

The AMA also is developing tools to aid physicians in talking with their patients about the new Sunshine Act database, and will continue to update the toolkit with resources.

The Kolmac Clinic cordially invites you to a  
FREE luncheon and presentation  
in celebration of Recovery Month

**Thursday, September 19**  
from 11:30 a.m. to 2:00 p.m.  
**Marriott BWI**

**“New Developments in Addiction Treatment”**  
**Eric Strain, M.D.**

Please RSVP to Lynne Peterson at (301) 589-0255 or  
by email: [lpeterson@kolmac.com](mailto:lpeterson@kolmac.com)

**This program is approved for 1.5 CMEs, CEUs and PDHs**

**CME Accreditation Statement:** “This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of MedChi, The Maryland State Medical Society, and the Kolmac Clinic. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

**CME Designation Statement:** MedChi designates this live educational activity for a maximum of 1.5 AMA PRA Category 1

## Maryland News & Information

### Maryland Health Care Reform Update

All hands are on deck preparing for the October 1 launch of [Maryland Health Connection](#). This work includes completing development of the IT system, working with carriers to certify the qualified health plans to be sold on the Exchange, conducting training for navigators, assisters, and producers, and beginning the statewide education, outreach, and advertising campaign. The next meeting of the [Health Care Reform Coordinating Council](#) will be held shortly after the October 1 open enrollment launch on October 16, from 12:00-2:00 in the Joint Hearing Room, located in the Legislative Services Building in Annapolis.

### Maryland Health Connection Campaign

Maryland Health Connection has launched its social media campaign to communicate and engage with Maryland residents seeking information about health coverage options. Enrollment through Maryland Health Connection is scheduled to begin in October 2013 for individuals and families, with insurance coverage beginning Jan. 1, 2014. A Small Business Health Options Program (SHOP) marketplace for small employers with one to 50 full time employees will open on Jan. 1, 2014, with coverage effective March 1, 2014. Engage with Maryland Health Connection through social media on Facebook, Twitter and YouTube at:

<https://www.facebook.com/MarylandConnect>

<https://twitter.com/MarylandConnect>

<http://www.youtube.com/MarylandConnect>

### Maryland Health Coverage Call Center

In early August, the Maryland Health Connection, the state-based health insurance marketplace operated by the Maryland Health Benefit Exchange, opened the first phase of its [customer call center](#) to provide support for residents and small employers statewide. Representatives, including bilingual staff, guide Maryland residents and small employers through their health coverage options, explain financial assistance options available including federal tax credits and cost-sharing reductions, and answer customer service questions. **The toll-free phone number is 855- 642(MHC)-8572, and 1-855-642(MHC)-8573 for TTY service.**

Until September 30, the call center will operate Monday through Friday from 8 a.m. until 6 p.m. to assist Marylanders with general questions about health coverage and preparations for open enrollment. The call center will be fully operational and staffed with 125 representatives on October 1 when residents can begin selecting health insurance plans through Maryland Health Connection. The call center will operate Monday through Friday from 8 a.m. to 8 p.m., Saturday from 8 a.m. to 6 p.m., and Sunday from 9 a.m. to 2 p.m. during the open enrollment period, which ends on March 31, 2014. A translation help line will provide translation services in 200 languages for individuals who require additional assistance and TTY service is provided for the hearing impaired. Following open enrollment in March 2014, the call center will be open Monday through Friday from 8 a.m. to 8 p.m., and Saturday from 8 a.m. to noon.

### Maryland Health Connection

[Maryland Health Connection](#) is the marketplace for individuals, families and small businesses to compare and enroll in health insurance, as well as determine eligibility for Medicaid and other assistance programs, federal tax credits and cost-sharing reductions. Enrollment through Maryland Health Connection is scheduled to begin in October 2013, with insurance coverage beginning January 1, 2014.

### Maryland Health Benefit Exchange

The [Maryland Health Benefit Exchange](#) (MHBE) is a public corporation and independent unit of the State government established in April 2011 in accordance with the Patient Protection and Affordable Care Act of 2010 (ACA). The MHBE has a nine-member Board of Trustees that includes the Secretary of Health and Mental Hygiene, Maryland Insurance Commissioner and Executive Director of the Maryland Health Care Commission. The MHBE is responsible for the administration of the Maryland Health Connection.

[ACA Timeline: Key Dates for Providers](#) – the Affordable Care Act is changing the practice of medicine. This timeline from Medscape gives key dates and information for navigating the impending requirements of the ACA.

Medscape also reports on ways the [ACA affects doctors'](#) incomes.

A (free) Medscape account is needed to view the linked information.

## New ACA Compliance Website for Employers

The federal government has launched a [website](#) to provide employers of all sizes with state-by-state information on their options and responsibilities under the Affordable Care Act. The site connects businesses to information on tax credits and other ACA provisions from the Small Business Administration, Health and Human Services and the Treasury Department. It includes a wizard tool that is tailored to a company's size and location. The new site is meant to complement the government's existing [HealthCare.gov](#) website, which is a resource for consumers as well as employers.

Starting January 1, 2014, small businesses will be able to shop for private health insurance through the Maryland Health Connection's [Small Business Health Options Program \(the SHOP Marketplace\)](#). In 2014, most Americans will face a penalty if they do not obtain health care coverage that meets minimum requirements. Separate penalties affecting employers that provide no health care coverage or that offer insurance that fails to meet tests of affordability and minimum coverage—originally scheduled to take effect in 2014—have been delayed until 2015.

From [August 12 MedChi News](#)

## AMA Fact Sheet on ACA Roll-out

As implementation of the Affordable Care Act kicks into full gear, a [new AMA fact sheet](#) can help physicians and patients understand the steps and benefits under the law. This two-page resource explains the new health insurance exchanges to be launched October 1 that will allow patients to research, compare and select insurance coverage. The enrollment period will end March 31, and coverage will begin as early as January 1. Also outlined are benefits patients will have when the ACA is in full effect, including:

- Patients cannot be denied coverage based on a pre-existing health condition.
- Arbitrarily canceling insurance coverage because a patient gets sick will be illegal.
- Lifetime and yearly dollar limits will be removed so patients cannot "run out" of coverage.
- Health insurers will be required to spend a minimum amount of premiums on treatment rather than administrative costs.

The fact sheet also highlights ACA Medicare benefits, information about the delay to the "employer mandate" and details about the individual mandate, which will take effect January 1.

From [August 14 AMA Wire](#)

## Interlude with Authors

**Thursday, September 26, 2013 6-8 PM**  
**1101 St. Paul Street, Suite 2201 Baltimore**

Back by popular demand, the Pro Bono Counseling Project and MPS will again present a casual evening of conversation with our local authors. This year there will be four recently published books by both psychologist and psychiatrist colleagues. The Maryland Psychological Association is another partnering organization in this project. Sip fall wines in the Penthouse with a View, chat with the authors, purchase their books and have them personalized if you wish.

[Just One of the Kids](#) - Kay Harris Kriegsman, Ph.D. and Sara Palmer, Ph.D.

[Resilience Builder Program for Children and Adolescents](#) - Mary Karapetian Alvord, Ph.D., Bonnie Zucker, Psy.D., and Judy Johnson Grados, Psy.D.

[Women in Psychiatry](#) - Donna M. Norris, M.D., Geetha Jayaram, M.D., M.B.A., Annelle B. Primm, M.D., M.P.H.

[You Need Help!](#) - Mark S. Komrad, M.D.

6:00-6:30 PM Meet and Greet

6:30-7:15 PM Author Presentations

7:15-8:00 PM Mingle with Authors & Colleagues

Wine and light appetizers will be available.

Tickets are \$20 individual / \$30 pair.

Books will be available for purchase on site.

[Register now!](#)

Contact Kery Hummel at 410-625-0232 or [khummel@mdpsych.org](mailto:khummel@mdpsych.org) if you have questions.

## NAMI-MD Education Project Targets Young Audience

[NAMI Maryland](#) has launched a month long [video project](#) called "Ask Miss Baltimore" that reaches out to a new audience of young people aged 13-24. The first symptoms of mental illness are usually experienced in this age group. This project has been developed to address the problem of young people not receiving enough information on mental illness.

## The Impact of Payment Reform Presentation

On September 11, the Baltimore County Medical Association will host a program on the **Impact of Payment Reform, Health System Reform, and Technology on Maryland Physicians and Patients**, presented by Gene Ransom, III, CEO, MedChi, the Maryland State Medical Society. *What is happening to the Medicare waiver? How can you position yourself in this evolving health care landscape? What about bundled payments?* Whether you own a private practice or are a physician employed by large and small practices, you can find out how reform will affect you and your patients. Bring your questions.

The program will be held in the Dining Room of the Shepard Pratt Conference Center. Registration begins at 6:00 p.m. with a short reception, followed by dinner beginning at 6:30 p.m. The program is expected to start around 6:45 p.m. There is no charge for the meeting, but reservations are required. Contact Josette Fullard at 410-296-1232, or [jfullard@medchi.org](mailto:jfullard@medchi.org).

## Workplace Mental Health

The latest issue of the Partnership for Workplace Mental Health's newsletter, [Mental Health Works](#), is available online. It features the Marine Corps and Navy program, Combat & Operational Stress Control, and how it can be implemented into civilian workforces. Other stories in the issue include:

- [Right Direction](#) Initiative Helps Employers Take on Depression
- Suicide Prevention and Response: New Tools Help Employers Take Action
- DSM-5 Published — What Employers Need to Know

The Partnership for Workplace Mental Health is a program of the [American Psychiatric Foundation](#) that works with businesses to ensure that employees and their families living with mental illness, including substance use disorders, receive effective care.



## Medicare Updates

### CMS May Disclose Medicare Payments to Physicians

In August, CMS requested input on disclosing physician payments as part of the Obama administration's effort to shed more light on Medicare billing. For example, the Medicare agency released hospital charge data for common procedures in May. Medicare officials at the time did not rule out expanding data releases to other parts of the program, including information reported by physicians on claims for patient services. "CMS recognizes the potential for transforming the health care system that our data provides," the agency stated on a blog post announcing the latest request for comments. "By making our charge information public, we can help promote initiatives that can reduce costs and improve quality. This is only the latest step CMS is taking to increase transparency, but it won't be the last."

The Centers for Medicare & Medicaid Services is looking for input on how it should draft new policy about the disclosure of Medicare payment data on individual physicians. **CMS will accept feedback by [email](#) until September 5.** CMS wants to know:

- Whether physicians have a privacy interest in information concerning payments they receive from Medicare, and, if so, how to weigh the balance properly between that privacy interest and the public interest in the disclosure of Medicare payment information, including physician-identifiable pay data.
- What specific policies CMS should consider with respect to disclosure of individual physician payment data that will further the goals of improving the quality and value of care; enhancing access and availability of CMS data; increasing transparency in government; and reducing fraud, waste and abuse within CMS programs.
- The form in which CMS should release information about individual physician pay, should CMS choose to release it, such as line-item claims details or aggregated data at the individual physician level.

Source: "Request for Public Comments on the Potential Release of Medicare Physician Data," Centers for Medicare & Medicaid Services, Aug. 6 ([link](#))

From [August 19 amednews](#)

## Social Media and Physicians

Psychiatrists are encouraged to routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and content posted about them by others, is accurate and appropriate. The AMA document, [Professionalism in the Use of Social Media](#), serves as a good resource. Physicians should weigh a number of considerations when maintaining a presence online:

- Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must not post identifiable patient information online.
- When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
- Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.

Jennifer Dart [jdart@psych.org](mailto:jdart@psych.org)  
 APA Office of Communications & Public Affairs

## Data Breach Insurance

Due to the number of people affected by breaches in the U.S., medical practices are considering purchasing policies to cover their potentially devastating impact. Even smaller practices are expressing interest in the coverage. Reports to breach insurance underwriters between 2009 and 2011 indicate health care and financial services are the most frequently breached sectors. One estimate for a nine-physician practice showed the cost of notification alone would be more than \$100,000. (Under HIPAA, a practice with a data breach affecting 500 or more people is required to notify patients, local media and the secretary of the Dept. of Health and Human Services.)

Before investing in the insurance, physicians should look carefully at their existing coverage to be sure the liability, property and casualty policies already in place are not sufficient. Policies can be either stand-alone or an addendum or endorsement to an existing business owner's policy. Policies should cover the cost of notification to victims, forensic investigations, regulatory fines and penalties, legal costs, and damages. There should not be too many exclusions, restrictions or uninsurable risks.

Breach insurance contracts ask about controls the practice has in place, as well as access and workflow issues that affect data privacy and security. Often, practices must use employee background checks and limit employee access to qualify for coverage. Practices are required under federal law to have a breach protection plan, though insurers may require more precautions.

From [August 19 amednews](#)

*MedChi Insurance Agency offers privacy/data breach coverage. Contact Ron Kendall at 410-539-6642 ext. 4431, or [RKendall@medchiagency.com](mailto:RKendall@medchiagency.com).*

## Free CPT CME

The APA is offering its course, "[CPT Coding and Documentation Update: 2013 CPT Coding Changes](#)," free to members. The course will describe the CPT coding framework that went into effect this year and the codes that are now being used by mental health clinicians. It will also review issues associated with payer-imposed barriers to payment for services denoted by the codes, and outline the current AMA/CMS guidelines for documenting the services/procedures provided to patients. Templates for recording E/M services, initial evaluations, and psychotherapy services will be used to teach efficient methods of recording data to support choice of CPT codes and the level of service provided. The course is for clinicians and their office personnel who assist with coding and billing. Participants can earn up to 4 *AMA PRA Category 1 Credits*.

# CPT Check-Up



**Thursday October 3, 2013**  
**Sheppard Pratt Conference Center**  
**2.5 CME Hours**

Over the past six months we've heard from many member regarding their frustrations, failures and successes with the new CPT codes. This conference will serve as a place to have your questions answered, review current coding protocol and discuss coding practices with others.

At the roundtable dinner, engage in casual conversation about CPT issues. During the presentation learn about changes, updates and coding tips to help with practice. Bring your questions for our experts during the open question/answer session.

**6:00-7:00pm**  
**Dinner Discussion With Colleagues**

**7:00-9:00pm**  
**CPT Check-Up**  
**Questions For Our Expert/Problem Solving**

**9:00-9:30pm**  
**Open Discussion & Wrap-Up**

Registration is **\$100.00 for MPS Members**.  
Registration fee includes dinner, conference, program material & CME hours.  
**Fees are non-refundable.**

**Please send check to:**  
The Maryland Psychiatric Society: 1101 Saint Paul Street, Suite 305  
Baltimore, MD 21202

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

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PRATT  
HEALTH  
SYSTEM



## **GERIATRIC PSYCHIATRIST/ NEUROPSYCHIATRIST** **DIRECTOR, MEMORY CLINIC** **OUTPATIENT NEUROPSYCHIATRY PROGRAM**

**SHEPPARD PRATT PHYSICIANS, P.A.**  
**TOWSON, MARYLAND**

Psychiatrist with prior experience in geriatric psychiatry and/or neuropsychiatry is sought for an exciting leadership position that combines the best of outpatient and academic psychiatry. Sheppard Pratt Health System, one of the top 10 psychiatric health systems in the country, is seeking an applicant to join a group of physicians that focuses on the treatment of patients with cerebrovascular and neurodegenerative diseases. The position entails leadership responsibilities including any combination of: directing the daily activities of the Memory Clinic; coordinating clinical trials for diagnostics or therapeutics; providing outreach services to local retirement communities or assisted living facilities; and growing the program in general.

Elements of the Program are grant-supported, so there are opportunities for academic work including research. Interest and ability to communicate findings in meetings and to engage in scholarly activities is important. There are also opportunities for teaching and training of residents. The Neuropsychiatry Program is located on the historic Towson campus of Sheppard Pratt Health System, just north of Baltimore, Maryland.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment and be Board certified. Fellowship training or post-Board experience in Geriatric Psychiatry or Neuropsychiatry is required. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer.

If you would like to explore this opportunity, please contact our Director for Professional Services, Ms. Kathleen Hilzendeger at 410 938-3460, email [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).





**Dover Behavioral Health System**, located in Dover, Delaware (near the beach) is recruiting a **full time Staff Psychiatrist** for our Adult Inpatient program. Dover Behavioral Health is a beautiful, private, 73-bed treatment center offering comprehensive services for adolescent and adult patient populations with psychiatric and dual diagnoses issues. All programs are offered in multidisciplinary treatment settings with excellent support staff and professional colleagues. Position duties include: admission evaluations, daily care of assigned patients in the programs, treatment team leadership and interaction with clinical and physician staff. Benefits include: Competitive salary & bonus program, Relocation, Malpractice Reimbursement, Paid Time Off, CMEs, Health benefits and more! Requirements: Board Eligible/Board Certified in General Psychiatry. Delaware license or ability to obtain licensure. **H1B visa & J1 visa accepted.** *Dover is located directly in the center of the state, and is approximately 90 miles south of Philadelphia and 90 miles east of Washington, D.C. For immediate consideration for this position, please forward a copy of your CV to my attention at [Tiffany.Crawford@uhsinc.com](mailto:Tiffany.Crawford@uhsinc.com) or I can be reached by phone 1-866-227-5415 ext 230.*

***Dover Behavioral Health System** is owned and operated by a subsidiary of Universal Health Services, Inc. (UHS).*



## ADULT INPATIENT PSYCHIATRIST

SHEPPARD PRATT PHYSICIANS, PA  
TOWSON, MARYLAND

Sheppard Pratt is currently recruiting for an adult inpatient psychiatrist. Based on psychiatrist preference, this position can be combined with partial hospital, traditional outpatient or urgent assessment evaluation services. Sheppard Pratt is seeking a psychiatrist with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in an academic setting. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification and advanced, specialty training are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

### CONTACT:

If you are interested in advancing your professional life to the next level, we encourage you to explore this opportunity. Please contact Kathleen Hilzendeger, Director, Professional Services, 410- 938-3460 or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

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## 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](mailto:khilzendeger@sheppardpratt.org).

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## 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](mailto:khilzendeger@sheppardpratt.org).

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

PMHS OMHC needs Adult Psychiatrist(s). W-2 OR 1099. Strong team emphasis, flexible schedules. Optional evenings, no on call. Dundalk location. Send resume/CV to Linda Wilkens, LCPC at [lindawilkens@keypoint.org](mailto:lindawilkens@keypoint.org) or call 443-216-4800.

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.

LifeBridge Health, Department of Psychiatry, is seeking an adult psychiatrist for a part-time position in our ambulatory care setting at Sinai Hospital of Baltimore. Outpatient Psychiatry: 24-hr/week opening to join group practice of 4 psychiatrists; schedule is negotiable. No night, weekend or holiday call. Psychiatrist will deliver and manage treatment services provided to outpatients and partial hospitalization/intensive outpatient program patients. Services are delivered using a multidisciplinary team model working with masters prepared psychiatric clinicians. Position offers competitive compensation and is benefits eligible. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 W. Belvedere Avenue, Baltimore, MD 21215. Phone: (410) 601-5461. Fax: (410) 601-4458.

**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).

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)

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](mailto:paramjit.agrawal@maryland.gov). EOE

**AVAILABLE OFFICE SPACE**

Ellicott City – Sound proofed, furnished and/or unfurnished offices available. Full time and/or shared daily offices in a very congenial, multi-disciplinary mental health professional environment. Includes workroom (photocopier and fax available) and a full kitchen. Handicapped access, ample parking, private staff bathrooms. Convenient to Routes #40, 70, 29 and 695. Contact Dr. Mike Boyle 410.465.2500.

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

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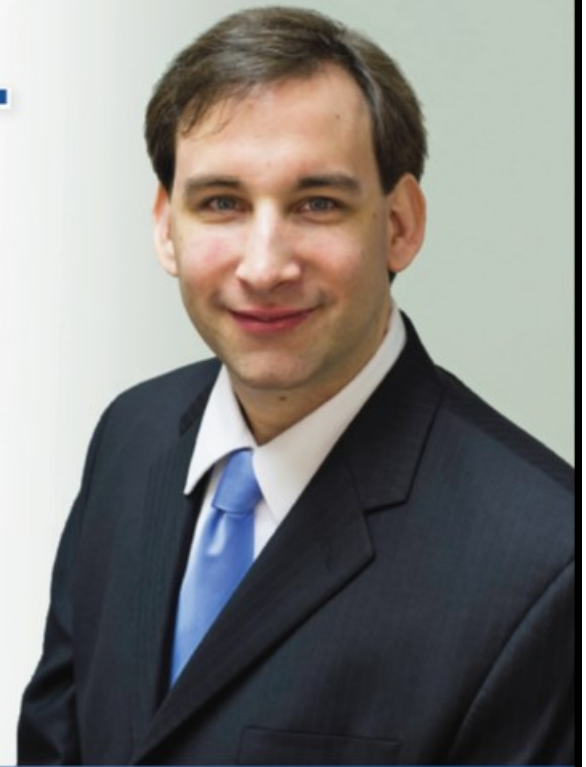
Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.

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