

MPS NEWS

Volume 28, Number 5

Editor: Heidi Bunes

September 2014

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

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held Tuesday, **September 9** at 8PM in the MPS office.

President's Column

Uniformly On Task

I expected my first few months as MPS President to be relatively quiet ones. I had noticed during my time on the Executive Committee that things tend to be calm for the first few months of the president's term, but that it gets increasingly busy as we approach the legislative session. This summer, however, has proven itself to be the exception to that particular rule! We had expected the outpatient commitment discussion [see [page 3](#)] to be our main focus of attention through this summer, but then, just under the radar, another major issue emerged, and it was all hands on deck!

The Maryland Uniform Treatment Plan Form was, for me personally, a wonderful innovation. No longer did I have to figure out which long and often irrelevant form I had to file for each separate insurance company. The authorization form for all companies became one page and, even better, could be filled out online. I wasn't as well acquainted with Dr. Shaya as I am now, but I remember feeling very grateful to him for all his work on the new format. It cut down remarkably on my calls to insurance companies, and simplified and streamlined the process. It was also a very good example of how we could work together with the insurance companies to produce a system that made sense for all of us. The UTP has been in place for many years now, and has been a boon, not just to psychiatrists, but to psychologists, social workers and other mental health professionals.

We were therefore somewhat concerned, and certainly caught a little off-guard when we received notice that the form

would be greatly revamped, and was about to become a four page entity, with a marked increase in the amount of information required. The change had come about quite innocently; the Maryland Insurance Administration (MIA), noting that the DSM-4 axial diagnosis on the current form was now obsolete, had requested that the insurance companies fix it. Rather than simply changing to the new diagnostic format, the insurance companies had taken it upon themselves to produce a new version, and one page had somehow become four! In addition, the new form was about to be presented to the MIA as a fait accompli, with little time for discussion or comment.

Once more, it was Dr. Shaya and his troops to the rescue! Together with Dr. Paul Berman of the Maryland Psychological Association and our own Dr. Steve Daviss, and aided by other clinicians, they have spent much of the summer working with representatives from Aetna and Magellan to come up with a less unwieldy solution. To their credit, Dr. Bo Ciaverelli and Ms. Teresa Berman, both of Magellan, have proven themselves solid and honest negotiators in the process, and Dr. Ciaverelli in particular, has earned the respect of the clinicians involved, with his flexible and open style. At times, the process had to stop while the parties posed questions to the MIA and to other experts, such as Dr. Steve Crawford, who weighed in on points pertaining to treatment for eating disorders. They persevered however, and I think we can all be very proud of the result.

The new form is now two pages, but only the first page is applicable to most outpatient needs, and can easily be completed in the same amount

(Continued on next page)

of time as previously. The second page consists of information required for other treatment modalities: in-patient or partial hospitalization, ECT or TMS, substance abuse treatment, psychological testing and treatment for eating disorders. It should actually streamline the process for obtaining authorizations for these modalities, thus saving further clinician time and (theoretically at least), reducing the need for lengthy phone consultations. As I write this, the form is undergoing its last review by clinicians. It will then be sent to the MIA for their approval process, and once that is completed, the MPS will inform our membership of its release.

While I cannot begin to thank all of the parties involved here, I think this effort speaks again to the major point of my inauguration speech. Without the MPS to rally the experts and negotiate on our behalf, who will do it? Without the MPS's initiative, the proposed four page form would have gone in to service without question or input from our clinicians. All of us benefit from these efforts by the MPS and the MPA, but so many of our colleagues also benefit without paying dues or contributing in the ways that Drs. Shaya, Daviss and Crawford have in this instance. If you know of a friend or colleague who is not a member, please help us by drawing attention to this team effort as a pertinent example of the MPS's value to each and every psychiatrist in Maryland, so that we can continue to thrive in the future.

Sally Waddington, M.D.

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.

John W. Dougherty, III, D.O.
 Marissa A. Flaherty, M.D.
 Alexis S. Hammond, M.D., Ph.D.
 Michael S. Peroski, D.O.
 Traci Speed, M.D., Ph.D.
 Elizabeth Wise, M.D.

Transfers

Yetunde O. Akins, M.D., MPH
 Thomas J. Burke, M.D.
 Pramit Rastogi, M.D., MPH
 Hardik C. Yadav, M.D., MPH

Celebration of the Life of Stanley R. Platman, M.D.

On Sunday, September 21 from 2:00 to 5:00 p.m., friends of Stanley R. Platman, M.D., will gather to celebrate his life and raise funds for the Physician Health Program at the Center for a Healthy Maryland, the 501(c)(3) affiliate of MedChi. The event will be held at the Inn at the Black Olive at 803 S. Caroline Street in Fells Point, Baltimore. Tickets are \$250 per person, tax-deductible to the extent of the law. For more information, please call 410-539-0872, ext. 3336, or email events@medchi.org.

IMPORTANT Physician Deadline for Sunshine Act Verification Extended from August 27 to September 8

After a few days' suspension of access to the new database of payments that physicians received in 2013 from the pharmaceutical and medical-device industries, CMS extended its deadline for physicians to dispute the data. Instead of closing the database for disputes on August 27, the new date is September 8. The public website will still be launched September 30 as planned; however, a third of the records will be withheld due to errors. The Open Payments database allows physicians who have registered with CMS to verify the accuracy of the data that these industries have reported as required by the Physician Payments Sunshine Act.

The suspension was announced after a Louisville physician David E. Mann said that when he logged in to verify the accuracy of his records, he found payments to a Florida physician with the same name included in his record, incorrectly indicating that he was the one on the receiving end of the payments. Janssen Pharmaceuticals mixed up the information on the two David E. Manns.

"After an assessment of the data resulting from a complaint," said CMS in a statement, "we discovered that a limited number of physician payment records submitted by at least one manufacturer incorrectly contained information about other physicians. ..."

The mixup underscores the need for all physicians to check what will be published about them, even those who have not received payments from industry. See page 2 of the [August issue](#) for details on how to complete the process.

From [August 11](#) and [August 15](#) *Psychiatric News* alerts

Maryland News

Update on Maryland's Behavioral Health Integration Stakeholder Workgroup

The 2014 General Assembly instructed DHMH to convene a stakeholder workgroup to make recommendations on statutory and regulatory changes to fully integrate mental health and substance use disorder treatment and recovery support; and promote health services. The [Behavioral Health Integration Stakeholder Workgroup](#) includes representatives of the DHMH, providers, consumers, and advocacy organizations. The MPS has provided input during monthly meetings with Dr. Hepburn. In turn, both he and Dr. Lisa Hadley have kept us informed about the progress of the integration of the two administrations. Dr. Helen Lann has also been involved as ValueOptions has been recommended for the ASO contract that will begin in January [see [page 5](#)]. The integration of substance abuse services with mental health is a significant change in Maryland, especially for those individuals with co-occurring conditions. There will be two more meetings in September and a final one in mid-October. On or before December 1, 2014, the workgroup must report its findings and recommendations to the Governor and the legislature.

Implementing the Use of Medical Marijuana in Maryland

Maryland's Natalie M. LaPrade [Medical Marijuana Commission](#) has begun the process of changing the medical marijuana program in our state in accordance with [Senate Bill 923](#) and [House Bill 881](#), which were signed into law on April 14. Draft regulations have been put forth for informal comment before the formal regulatory approval process begins.

On August 26, the MPS presented testimony regarding the [draft regulations](#). Similar to our comments during the 2014 legislative session on both the House and Senate bills, the MPS testimony centered on mental health issues and diagnoses, including anxiety, depression and psychosis/schizophrenia. During the testimony, Mr. Hummel stated that there is no current evidence that marijuana treats any psychiatric condition. In fact, marijuana is widely known amongst mental health experts to cause or worsen psychiatric symptoms. In the draft regulations under section .03(A)(3), it states that a recommendation of medical marijuana for PTSD must come from a board-certified psychiatrist. However, under section .03(A)(4), a "catchall" statement could allow any person suffering from a mental illness to be recommended for medical marijuana. The MPS urged that section (04) should clarify that a recommendation of medical marijuana for patients with certain psychiatric conditions that may be sought under the "catchall" section also must come from a board-certified psychiatrist. Such a limitation is necessary to protect the health and safety of mental health patients in Maryland.

Update on Maryland's Outpatient Commitment Initiative

The outpatient civil commitment issue has received increased [media coverage](#) in recent weeks. The Maryland [Outpatient Services Programs Stakeholder Workgroup](#) has worked since June to examine the development and implementation of assisted outpatient treatment programs, assertive community treatment programs, and outpatient service programs; develop a proposal for a program; and evaluate the dangerousness standard for involuntary admissions and emergency evaluations.

Four stakeholder meetings were held to examine outpatient civil commitment; two were spent examining voluntary outpatient mental health services; and one meeting was devoted to the definition of dangerousness. Comments by participating stakeholders in the course of these meetings were used to develop draft proposals to establish an outpatient civil commitment program in Maryland; expand access to and enhance voluntary services in the community; and define dangerousness in regulations.

A [draft proposal for an outpatient civil commitment program](#) and a [draft definition of dangerousness](#) have been circulated for formal comment. A third proposal to expand access to and enhance voluntary mental health services in the community was circulated August 26, with comments to be accepted through September 9. [As of press time, it had not been posted online, but [Kery Hummel](#) can provide a copy to interested members.] Once the Department has finished reviewing stakeholder comments, each proposal will be edited accordingly, and final proposals will be circulated to Workgroup members in September.

The MPS role has participated in the meetings as a stakeholder, contributing experiences and perceptions from the perspective of psychiatrists and upholding the principles articulated in the Behavioral Health Integration document that we developed two years ago. During the meetings, outpatient services operating in other states were examined, including Laura's Law of California and Kendra's Law of New York. The MPS commented regarding the proposal for outpatient civil commitment and the definition of dangerousness; comments will also be sent regarding the third proposal on expanding access to voluntary services in the community.



Maryland News

Maryland Health Reforms

Maryland's health information exchange is known as [CRISP](#), the Chesapeake Regional Information System for our Patients. It is a system used by all 46 acute-care hospitals in the state, along with more than 150 healthcare provider organizations, to keep track of and quickly make determinations on care for millions of patients. In the two years it has been in effect, CRISP has become very popular, and has helped set the stage for some of the state's groundbreaking reforms in healthcare. It allows hospitals, emergency rooms, and labs to make millions of records available and immediately accessible to doctors and institutions throughout the state. And it allows Maryland's health officials to map the state's healthcare problems to more effectively identify them in real time and figure out more aggressive ways to treat them.

Perhaps the most important recent reform, [Maryland's Medicare waiver](#), sprang from changes at Western Maryland Regional Medical Center (WMRMC). Three years ago, 10 rural hospitals - including WMRMC - were given a budget based on their projected patient population rather than the traditional fee-for-service program, which may incentivize hospitals to increase patient volume and undertake expensive procedures. The goal is to cut costs and improve patient care through increased preventive measures.

The crown jewel of WMRMC is its Center for Clinical Resources, which uses a multi-pronged approach to coordinate care for patients who are often the costliest and most likely to seek repeated admission to the hospital. These are patients with chronic health conditions, such as diabetes, congestive heart failure, or chronic obstructive pulmonary disease. The approach includes non-traditional services; for example, dietitians may go to a local grocery store with diabetes patients. Other times, staff simply spend time talking with patients.

Maryland's hospital system as a whole is now transforming to a system like the one at WMRMC that incentivizes keeping patients healthy vs. the traditional fee-for-service model. Maryland's model goes far beyond the cost-control measures found in the Affordable Care Act. The new model is possible in part because in the late 1970s, the state established the Health Services Cost Review Commission, which sets the fee hospitals can charge for every payer, including Medicare, Medicaid, and private insurers. The quality-based payment initiatives for hospitals aim to reduce readmissions, prevent medical complications, and improve the standard of care for patients. While the previous model concentrated only on hospital inpatient services, the new waiver addresses overall healthcare spending in what may be the most significant change to healthcare in the state in 40 years.

Physicians who initiate and deliver programs to improve patient health will succeed. The new waiver will present hospitals and outpatient centers with incentives to extend their services and develop programs that reduce avoidable readmissions by promoting medication compliance and encouraging follow-up appointments as a preventative measure.

State and federal officials claim this change offers tremendous promise for Maryland to be a national leader in improving quality and reducing hospitalizations and costs, resulting in long term state economic growth, a minimum of \$330 million in Medicare payment savings and a significant increase in overall patient health.

From [August 4 MedChi News](#) and [August 11 Business Insider post](#)

MedChi Offers Programs that Address Medicare Changes

Find out how the new Maryland Medicare waiver will affect physician practices at MedChi's program, "**New All Payer Model for Maryland Population-Based and Patient-Centered Payment Systems.**"

Tuesday, September 16, 2014, 6:30 PM, Doctors Community Hospital

Tuesday, October 14, 2014, 6:00 PM, Montgomery County Medical Society Office

Wednesday, October 15, 2014, 6:30 PM, Chartwell Country Club

This program offers one AMA PRA Category 1 CME Credit. For info or to RSVP, contact Erin Krell at 1-800-492-1056 x 3325, or ekrell@medchi.org.

MDSAM Conference on Healthcare Integration in Maryland

The Maryland Society of Addiction Medicine annual meeting to be held at MedChi in Baltimore from 8 AM to 2 PM on Saturday, September 13 will feature keynote speakers Secretary of Health Joshua Sharfstein, M.D. and Deputy Secretary for Behavioral Health Gayle Jordan-Randolph, M.D. The topic of the conference is **Healthcare Integration in Maryland: How Will It Impact Your Practice?** MDSAM members and non-members alike are welcome. The conference is free and registration is available [online](#). THE EVENT IS NOT SOLD OUT -- there was a glitch in the online registration system which shows the Attendee category as sold out. Please register as Participant (same as Attendee).

Maryland News

ValueOptions to Receive ASO Contract

Approval of the contract for the Administrative Services Organization (ASO) for Maryland's Public Behavioral Health System is scheduled for the Maryland Board of Public Works meeting on September 3. ValueOptions has been recommended over Magellan to perform as ASO from January 1, 2015 to December 31, 2017, with two one-year renewal options. For all five years the contract totals over \$77 million. The ASO will assist DHMH in recoupment of Federal Fund Participation and provide support services for provider management and maintenance, participant education, authorizations and utilization management, participant and provider assistance and communication, quality management and evaluation, provider and participant appeals and grievances, claims processing and payment, data capabilities, reports and special projects/new initiatives. The public behavioral health system was integrated within DHMH effective July 1. Please see further information beginning on page 63 of the [meeting agenda](#).

September 11 Pain and Addiction CME

MedChi, in collaboration with the family of Dr. Kolodner, the Kolmac Clinic, and the MPS, will present the 2014 Louis J. Kolodner Memorial Lecture on September 11 from 5:30 to 8:00 PM presented in MedChi's Osler Hall. Mel Pohl, M.D., Medical Director of the Las Vegas Treatment Center, specializing in pain and addiction, will present ***Pain and Addiction: Opioids - Or Not***. Click [here](#) for more information; click [here](#) to register. This is a free dinner lecture and space will fill up fast.

Did You Know?

Two years ago the MPS and others worked for a substantial increase in the [Maryland Medicaid rates](#) for E&M codes. That effort succeeded in increasing the rates to equal those for Medicare. In some instances, Medicare and Medicaid can pay better than private insurer programs and carve-outs.

UM School of Law Develops Parity & Addiction Equity Resource Guide

The University of Maryland Carey School of Law Drug Policy Clinic has created a [Parity Act Resource Guide](#) that reviews both federal and state parity regulations currently in place. The Guide also includes tips for identifying parity violations, disclosure provisions and how to submit appeals through the insurer.

From [June 9 Maryland Parity Project post](#)

ICD-10 Adoption Deadline October 1, 2015

CMS has formally established October 1, 2015 as the new date for physicians to use the *International Classification of Diseases, 10th Revision (ICD-10)* for diagnosis coding. The original deadline of October 1, 2013 was first pushed back a year, and has now become October 1, 2015. Importantly for psychiatrists, the APA reports that *DSM-5* contains all of the information needed to assign HIPAA-compliant, valid *ICD-10-CM* codes to psychiatric diagnoses. *DSM-5* contains both *ICD-9-CM* codes for immediate use and *ICD-10-CM* codes in parentheses. No "crosswalk" is necessary. Read [MORE](#).

Navigating your way through Maintenance of Certification

doesn't have to be
this confusing.



The district branches of APA's Area 3 are proud to present **five opportunities** for MOC trainings this fall!

Choose the one that works for you!

September 20: **Baltimore, MD**

September 27: **Parsippany, NJ**

October 11: **Pittsburgh, PA**

October 18: **Bethesda, MD**

REGISTER ONLINE NOW!

**Only \$50 for APA/MPS Members
Includes 4.5 hours CME credit and meals!**

NIH Loan Repayment Programs

The National Institutes of Health Loan Repayment Programs support scientific researchers by mitigating the burdens of student loan debt. The programs repay up to \$70,000 of student loan debt over the course of a new, two-year contract. Applications are being accepted from September 1 to November 17, so now is the time for interested candidates to think about [APPLYING](#).

From August 20 *Psychiatric News*

Medicare News

Medicare Providers: Time to Re-Up

CMS is continuing its effort to have Medicare providers revalidate their enrollment information. If you receive a revalidation request from your Medicare administrative contractor, be sure to respond within the deadline; otherwise, your Medicare reimbursements will stop. For information on revalidation, click [HERE](#).

From August 20 *Psychiatric News*

Medicare Quality Reports to Compare Doctors, Possibly Adjust Rates

In September physicians should look for their confidential Medicare feedback reports, which will be based on care provided in 2013, and are to be made available through the CMS [Enterprise Portal](#). They will detail how the cost and quality of care physicians provided to their Medicare patients last year compares to that of other physicians.

CMS is required by law to apply the new Value Based Modifier (VBM) to some physicians in 2015 and to all physicians in 2017. The agency has chosen to apply the modifier to groups of 100 or more practitioners in 2015, groups of 10 or more practitioners in 2016, and all medical groups and solo physicians in 2017. Adjustments will be based on cost and quality data from two years earlier.

This is the first time the data will be used to adjust Medicare payments made to some physicians. Forthcoming data, known as "Quality and Resource Use Reports" (QRUR), will determine payment adjustments next year for the groups of 100 or more physicians and other practitioners. The reports will identify which groups will receive positive adjustments, which will see no change and which will be subject to payment cuts of up to 1 percent.

The process for gaining access to the reports is complicated and requires a user ID and password for the "[Individuals Authorized Access to the CMS Computer Services](#)" site, which must be renewed periodically. Additional information about the reports and the VBM is available on the [CMS website](#).

From [August 20 AMA Wire post](#)

Novitas has posted a new resource to its [Tips and Tools webpage](#) that assists with the decision of Participating versus Non-Participating Medicare Provider.

Free Online Buprenorphine Waiver Training

Behavioral Health System Baltimore (formerly Baltimore Substance Abuse Systems) continues to offer free online buprenorphine waiver training for physicians and residents in Maryland. Nurse practitioners and physician's assistants may also take the physicians' course; however, only physicians may prescribe buprenorphine. **We are especially interested in making this training available to physicians who practice at mental health clinics, primary health care centers, and private offices.**

The online course consists of 10 modules and takes about 8 hours to complete (physicians may log-on and log-off as often as needed to complete the training). Physicians can receive up to 9 CMEs as well as a certificate of completion. Upon completion, physicians may register with SAMHSA to prescribe buprenorphine.

Interested physicians should email the following information to Wendy.Dechowicz@BHSBaltimore.org. Ms. Dechowicz will email instructions for accessing the online training website and a coupon code to be used in lieu of payment.

- Physician name
- Email address
- Place of employment/private practice
- Maryland city/counties where practice is located

For More Information, email [Wendy Dechowicz, MS, CAC-AD](mailto:Wendy.Dechowicz,MS,CAC-AD), call her at 410-637-1900, ext. 8506, or visit the [BHSB Buprenorphine website](#).

From [August 18 MedChi News](#)

2014 PCSSMAT Webinars

In conjunction with the APA, the Providers Clinical Support System for Medication Assistance Treatment (PCSSMAT) offers webinars free of charge. Sessions are scheduled from [noon to 1 p.m.](#) CME credits are available. Upcoming offerings include:

September 9 Appropriate Dosing and Strategies to Minimize Diversion of Buprenorphine

Michelle Lofwall, MD

Associate Professor, Departments of Behavioral Science & Psychiatry

Center on Drug and Alcohol Research

University of Kentucky College of Medicine

www2.gotomeeting.com/register/320846978

Archived webinars are available at www.APAeducation.org and www.pcsmat.org

APA Action Papers Due in September

Is there a problem you have frequently thought the APA should take action on, or some change you think would improve the APA's relevance to members? The APA Action Paper is an avenue to express your ideas and have them formally considered for adoption. In an effort to make sure they are included in the governance of APA and the DBs, APA Assembly Speaker Jenny Boyer, M.D. is encouraging members to submit action papers to the upcoming Assembly meeting November 7-9 in Washington, D.C.

Please contact the APA Assembly Representatives from the MPS, Drs. [Bob Roca](#) and [Steve Daviss](#), who can offer guidance and suggestions to members who would like to propose initiatives or changes using this avenue of advocacy. (Please use "Action Paper" in the email subject heading.) Our Assembly Reps normally present Action Papers at the MPS Council meeting (September 9) and/or at the Area 3 Council meeting (September 6) for discussion, changes and possible endorsement. They are able to put ideas in the required format and submit them by the September 18 deadline. They mainly need to hear from members (ideally by September 6) about what the APA should be doing. For a more complete description of the process, please visit [Action Paper Central](#).

Menolascino Award Nominations Due September 14

Members are invited to submit nominations for the 2015 [Frank J. Menolascino Award for Psychiatric Services](#) for patients with intellectual developmental disorders/developmental disabilities. The award honors an APA member who has made significant contributions in the field through direct clinical services and/or dissemination of knowledge through teaching or research. It includes an honorarium of \$500 and a plaque to be presented at the Institute on Psychiatric Services meeting in October 2015, as well as the opportunity to present an educational program at IPS. Click the link above for details.

APA Campaign to 'Engage' Members in Mental Health Policy

APA's Department of Government Relations has launched a campaign called "Engage 2014," a grassroots campaign encouraging members to advocate on behalf of the mental health community. Members of Congress have a few days left of their summer recess when they often welcome constituents' views. To find out about ways to participate in educating lawmakers and raising awareness about policy issues, click [HERE](#).

From August 6 *Psychiatric News*

Revised Practice Guidelines on Psychiatric Evaluation

The Steering Committee on Practice Guidelines and staff have extensively revised the Psychiatric Evaluation Guidelines in response to the APA Assembly's concerns. The Practice Guidelines webpage containing the links to the full draft revised guidelines and the communication to the Assembly Executive Committee can be found [HERE](#). You will be prompted to sign in to access the webpage. Members can review the proposed revised guidelines and send comments to guidelines@psych.org by **September 21, 2014**. The Assembly will be asked to approve the Psychiatric Evaluation Guidelines at its November meeting.

APA Position Statement on Prior Authorizations for Psychotropic Medications

"The American Psychiatric Association is opposed to any requirement of prior authorization for psychotropic medications prescribed by psychiatrists prior to payment by insurers, except for instances of clear outlier practices or an established evidence base which implicates concern for patient safety. In those instances, the decision to require prior authorization or documentation should be made only by a Board Certified Psychiatrist." Adopted July 2014. Click [here](#) for more details.

The MPS Payer Relations Committee is collecting information from members about required prior auth for generics, with the goal of showing insurance companies that it does not reduce costs. The information needed is the pharmacy management company, insurance company, medication, and why the prior authorization is needed. Please email the information to [Laura Gaffney, M.D.](#)

CLASSIFIEDS

AVAILABLE OFFICE SPACE

Ellicott City-redesigned office, sound proof, furnished, windowed, located on 1st floor with an internal security system. Share suite with other psychiatrists and therapists. Reception area, restroom, and kitchenette are located in office. Ideal location convenient to routes 29,70,100 and 40. Contact Dr. Stephanie Durruthy 410-992-0272.

CLASSIFIEDS (CONT.)

EMPLOYMENT OPPORTUNITIES

The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. Applicants may be eligible for the Maryland State Loan Repayment Scheme (SLRP). For more details please contact Dr. Bernadette Cullen, Director, Community Psychiatry Program at 410-955-5748 or email: bcullen@jhmi.edu.

LifeBridge Health, Department of Psychiatry, is seeking an adult psychiatrist for an exciting opportunity in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. Inpatient Psychiatry: F/T opening to join group practice of 14 psychiatrists. 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. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 W. Belvedere Avenue, Baltimore, MD 21215. Ph: (410) 601-5461. Fax: (410) 601-4458.

Oasis Mental Health is seeking a general psychiatrist with excellent skills to work at our outpatient clinic in Annapolis, MD. It is a part-time position for evenings and some Saturdays. Oasis is an urgent care private clinic treating patients by appointment with acute mental health issues. Our program focuses on getting patients into treatment within 48 hours of calling for an appt., and treatment is short term. The referrals primarily come from primary care, pediatrics, and the community hospitals. For consideration, please contact Kathy Miller at kathymillerma@aol.com. Or 410-268-8590. Also, our website is oasismentalhealth.net.

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

PSYCHIATRIST 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

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. 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).

FULL TIME OR PART TIME ADULT AND CHILD PSYCHIATRISTS - 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 adult psychiatrist and 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 or call 410-315-7864.

SUPPORT WHEN YOU NEED IT MOST

“Winning or losing a case depends on a solid defense and credible testimony from expert witnesses.

We only consider firms that have demonstrated expertise and success in defending psychiatric malpractice actions. Our equally accomplished expert witnesses have proven critical in the defense of malpractice claims. We only retain experts of the highest caliber with experience in the particular subspecialty each case involves.

PRMS is committed to supporting you when you need it most. View our recent claims results at www.PsychProgram.com/Claims

Scott Alkire JD, RPLU
Claims Manager, PRMS

Call us (800) 245-3333

TheProgram@prms.com

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program[®]