MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 29, Number 2 **Editor: Heidi Bunes** **June 2015**

In This Issue

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

MPS News Design & Layout
Meagan Floyd

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

President's Column

Access to Mental Health Treatment

During the week leading up to the Maryland Psychiatric Society annual dinner, events unfolded in Baltimore City that were watched by the nation. Protests arose in the context of the death of Freddie Gray while in police custody. Demonstrations were held throughout the city. These events highlighted the discrimination and numerous barriers faced by the African-American community. Although many have expressed a sense of hopelessness for any real change, I believe it is important for us to focus on the ways that we can have a positive impact on our community. As psychiatrists and members of the Maryland Psychiatric Society, one way that we can do this is to fight for access to mental health treatment.

Through my clinical work, I have seen the results of barriers to mental health treatment. In my forensic work, I have too often seen individuals wind up in the criminal justice system due to lack of mental health treatment resources. In many cases, those who are most in need of mental health treatment do not have access to needed care.

Over the past several years, the Maryland Psychiatric Society has been involved in numerous efforts to fight for access to mental health care. I would like to take this opportunity to outline some of our work.

The recession and its aftermath has had a significant impact on the state budget. As cuts have been made to a broad range of state programs, we have worked hard to fight for the needs of those served through the state mental health system. During successive years, we have provided input in order to preserve mental health treatment for those in need, both inpatient and outpatient. Each month, the MPS Executive Committee meets with the leadership of the Mental Hygiene Administration, which over this past year has merged with the Alcohol and Drug Abuse Administration to become the Behavioral Health Administration. As many of us have realized, coordinated treatment has been difficult to find for individuals with both mental illness and substance abuse.

Historically, in Maryland and throughout the United States, insured individuals have faced discrimination in access to mental health treatment. Insurers have often carved out mental health care, creating higher barriers to treatment as well as putting caps on what is covered for mental health treatment. This has been discriminatory, as individuals have faced more barriers to treatment for mental illness than other medical conditions. Within the past few years, mental health parity has been enacted in Maryland that has led to insurers covering mental health treatment on par with other medical treatment.

The societal stigma of mental illness has also presented a significant barrier to access to treatment. A few years ago, firearm legislation was passed to ensure that those who have mental illness and are dangerous have no access to firearms. As bills were being considered in the legislature, there was an initial impetus to have providers report to the police anyone being evaluated for danger to self or others. We fought hard to make sure that only those individuals who were found dangerous, in a commitment hearing, be prohibited from possessing firearms. We successfully argued that if we had to report everyone being sent to an emergency room on emergency petition, we would discourage

(Continued on next page)

individuals from seeking needed mental health treatment. This has served to balance public safety without unnecessarily stigmatizing treatment for mental illness.

Over the past year, the Maryland Psychiatric Society supported legislation that would ensure the adequacy of insurance provider panels. Insured individuals throughout the state find it extremely difficult to access providers who accept their insurance. Although insurance companies provide lists of in-network providers, these lists are all too often inaccurate. Individuals are frequently in the position of having insurance but being unable to find a participating provider. Although legislation addressing this issue failed to pass in the General Assembly, we are committed to working with legislators to ensure network adequacy.

Although there continue to be many barriers to mental health treatment, we as a professional organization have been effective in representing the interests of those we treat. In the coming year, I look forward to working with the MPS to explore avenues to help break down these barriers.

Brian Zimnitzky, M.D.

Meet the New MPS Website!

The first phase the all new MPS website has launched! Please take some time to browse through the useful information and links.

Phase two of our website redesign will give members the ability to pay dues online, register for events and update their profile—including referral information! Stay tuned for updates.

Refer a Colleague and Support the MPS

PRMS reports that its referral initiative continues to generate funds for many district branches. When a PRMS client refers a psychiatrist or group practice to PRMS, they donate $25 to the doctor's branch (regardless of whether insurance is purchased or not). To learn more about this program, please contact Melanie Smith at smith@prms.com.

Have You Paid Your 2014-2015 Membership Dues?

A list of members with unpaid MPS dues will be presented to Council to be dropped this month. If you are unsure whether your July 1, 2014 to June 30, 2015 MPS dues are paid, please call 410-625-0232 or email mps@mdpsych.org.

MPS Members Out & About

.Dinah Miller, M.D. had a much-appreciated Shrink Rap piece in *Clinical Psychiatry News* (April issue) on What Factors Keep Us from Patients.

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

Hepburn to Retire from BHA

Brian Hepburn, M.D. will retire this month from public service as director of the Maryland Behavioral Health Administration. A luncheon celebration will be held in his honor on June 11. He plans to continue working in a public mental health-related capacity as executive director of the National Association of State Mental Health Program Directors.

Rappeport Honored with Williams Award

The Warren Williams Assembly Speaker's Award was presented to Jonas Rappeport, M.D. at the MPS annual meeting on April 30. The Williams Award recognizes outstanding contributions in the field of psychiatry and mental health. Past recipients include many great leaders in psychiatry who have made major contributions locally and nationally. Recipients are selected by APA Area Councils and ratified by the Assembly Executive Committee.

Dr. Rappeport, a native of Baltimore, graduated from the University of Maryland School of Medicine in 1952. He pursued residency at University of Maryland Psychiatric Institute and Sheppard Pratt Hospital. He served as the Chief Medical Officer of the Medical Service of the Circuit Court of Maryland for Baltimore City from 1967 to 1992, and was the Director of the Forensic Fellowship Program at University of Maryland for 28 years. He has trained and mentored dozens of forensic psychiatric fellows. Most notably, Jonas was the Founder of the American Academy of Psychiatry and the Law and served as its first President and first Executive Director. He was Associate Editor and then Managing Editor of the *Journal of the American Academy of Psychiatry and the Law* from 1973-1999.

Dr. Rappeport has demonstrated a lifelong commitment to organizations working on behalf of psychiatry. In addition to his work with AAPL, Jonas has been remarkably involved in the MPS and APA. He served as President of the MPS in 1965, as well as President of the Maryland Foundation for Psychiatry from 1998 to 2015. After shepherding the fledgling organization to one of stature within the Maryland psychiatric community, he has just stepped down at the age of 90.

ABMS Defends MOC Part 4

"I absolutely believe we should keep the performance-in-practice component of Maintenance of Certification (MOC)," said American Board of Medical Specialties (ABMS) President and Chief Executive Lois Margaret Nora, M.D., J.D., in a special address to the APA Assembly at the APA annual meeting in Toronto. Nora did note, however, that the MOC process itself, and the Part 4 performance-in-practice (PIP) component needs to be improved and refined. She vowed that the ABMS is responding to physician concerns by a "relaxation" of requirements and an expansion of activities that count toward fulfilment of Part 4.

PIP refers to a requirement that physicians build into their routine practice the capacity to assess their performance continually against guidelines for best practices and make improvements to meet those guidelines. At the March meeting of the APA Board of Trustees, the Board voted to write a letter requesting that ABPN advocate to the ABMS that Part 4 be eliminated, citing concerns over the limited evidence base for Part 4. Also at its March meeting, the Board established a joint Board-Assembly work group to evaluate the broad issue of MOC in psychiatry and its relationship to maintenance of state licensure and requirements of other accrediting bodies.

Just prior to the start of APA's annual meeting, the **ABPN announced that the feedback module in Part 4 will become optional as of January 1, 2016.** The Part 4 Clinical Module component (chart review) will remain a requirement, and additional approved activities are now available on ABPN's **WEBSITE**. This change is in compliance with current MOC standards as mandated by the ABMS.

From May 17 *Psychiatric News*

Initiative Aims to Reduce Numbers of Mentally Ill People in Jails

Last month, the American Psychiatric Foundation joined the National Association of Counties and the Council of State Governments Justice Center to launch the Stepping Up Initiative, a national effort to reduce the number of people with mental illnesses in jails across the country. The initiative calls on county governments to enact strategies to collect data on the status and needs of people with mental illnesses in local jails, determine treatment capacity, and develop plans with measurable outcomes to reduce their overrepresentation in the criminal justice system. A recent Treatment Advocacy Center report found that there were 10 times as many people with mental illness in jails and prisons than in psychiatric hospitals.

From May 6 *Psychiatric News* alert

New Commission to Streamline Medical Licensure

In May, Alabama and Minnesota joined the other states that have passed legislation to join the Interstate Medical Licensure Compact. The compact is designed to facilitate a speedier process with fewer administrative burdens for physicians seeking licensure in multiple states. The requisite number of states to launch the compact have now joined, so the work to create an interstate commission that will oversee the compact will now begin. The new licensure process is planned as follows:

- The eligible physician designates a member state as his or her state of principal licensure and selects other member states in which he or she desires a medical license.
- The state of principal licensure verifies the physician's eligibility and provides credential information to the interstate commission.
- The commission collects applicable fees and transmits the physician's information and licensure fees to the additional state medical boards.
- Upon receipt by the additional state medical boards, the boards will grant the physician a license.

The commission also will create and enforce rules governing this process, but will not have authority over a state's medical practice act. Each state participating in the compact will have two representatives on the commission. The AMA endorsed the compact—an initiative of the Federation of State Medical Boards (FSMB)—in November. Key principles include:

- The practice of medicine is defined as taking place where the patient receives care, requiring the physician to be licensed in that state and under the jurisdiction of that state's medical board.
- Regulatory authority will remain with the participating state medical boards.
- Participation in the compact is voluntary for both physicians and state boards of medicine.

SB252, Interstate Medical Licensure Compact was introduced in Maryland this year, but received an unfavorable report. For more information, visit the AMA Web page on telemedicine.

From May 19 *AMA Wire* post

[An April 30 *AMA Wire* post answers several questions related to telemedicine.]

Maryland News

Changes to Maryland Prior Authorization Law

MedChi has been working to reform insurance company limitations on a physician's ability to order a test, procedure or drug. To that end, MedChi has worked with the General Assembly to pass laws restricting insurance companies' use of tools like step therapy and prior authorization. As part of the discussion around prior authorization, insurers were required to put in place systems to allow physicians to get prior authorization approvals online. The online systems have been up and in use for some time. **As of July 1, 2015, Maryland law will require physicians to utilize these systems** as a result of legislation implemented in 2012 that required payers and pharmacy benefit managers to develop an electronic preauthorization system.

Electronic preauthorization allows the submission and tracking of preauthorization requests online, reducing time spent mailing or faxing requests and/or calling for follow-up. The goal of electronic preauthorization is to improve quality of care, increase patient satisfaction, and minimize delays in care. In Maryland, once an electronic preauthorization request is submitted, a payer or PBM must render a determination within established timeframes: for medical services, within two business days following receipt of all pertinent information; for pharmaceuticals, the timeframe is real time or within one business day following receipt of all pertinent information.

Additional information and access to each payer's or PBM's portal can be found on the Maryland Health Care Commission's website HERE.

From May 11 *MedChi News*

Hogan Releases Healthcare Funds

On May 14, Governor Hogan announced his decision to fund health services, including an increase in Medicaid increase physician payments from 87% of Medicare to 92% of Medicare for evaluation and management codes effective July 1, 2015. MedChi applauded the governor's decision. The Maryland Behavioral Health Coalition and NAMI Maryland noted that he is releasing $6.5 million of funding that the legislature directed be used to reverse an FY16 community mental health provider rate cut (returning rates to FY15 levels), and funding to partially restore a psychiatrist evaluation and management rate cut. This follows his announcement earlier that he will authorize $2 million in new funding for substance use disorder services targeted at heroin addiction. These funds were all set aside by the legislature after cuts in the Governor's proposed budget, but they were held by the administration.

New Uniform Treatment Plan Form

On January 23, 2015 the Maryland Insurance Commissioner proposed regulations in the Maryland Register to amend the Uniform Treatment Plan Form to: (1) remove out-of-date references to DSM-IV codes, which were replaced by DSM-5 codes in May 2013; and (2) expand the Uniform Treatment Plan Form to include more detail about the patient's condition. MPS members Steve Daviss, M.D. and Elias Shaya, M.D. participated on behalf of the MPS in the review process.

The proposed 3-page form became final **effective May 11**.

The Maryland Insurance Administration site should include a copy of the current form in the near future.

Maryland Medicaid Pharmacy Program Update

To enhance the benefit of the PDL, in some instances the multisource brand name drug is preferred over its generic equivalent because the branded drug is less costly. Effective May 16, brand **Abilify® tablets are preferred over generic equivalent aripiprazole tablets.** Advisory 155 notes the Brand Preferred exceptions as follows:

Preferred Brands	**Non-Preferred Generics**
Abilify tablets	aripiprazole tablets
Adderall XR	amphetamine salt combo ER
Alphagan P 0.15%	brimonidine 0.15%
Carbatrol ER	carbamazepine ER
Cardizem LA	diltiazem ER tablets
Catapres TTS	clonidine patches
Depakote Sprinkles	divalproex sprinkles
Dexedrine ER	dextroamphetamine ER
Diastat	diazepam rectal
Differin cream	adapalene cream
Focalin	dexmethylphenidate
Focalin XR	dexmethylphenidate XR
Gabitril	tiagabine
Intuniv	guanfacine ER
Kadian	morphine sulfate ER
Lidoderm	lidocaine patch
Metadate CD	methylphenidate CD capsules
Methylin Oral Solution	methylphenidate oral solution
Parnate	tranylcypromine
Pulmicort respules 0.25mg and 0.5mg	budesonide respules
Ritalin LA	methylphenidate ER capsules
Tegretol suspension	carbamazepine suspension
Trileptal suspension	oxcarbazepine suspension

Maryland News

Maryland Health Insurers Propose Rates for 2016

Health insurance carriers have filed proposed premium rates they will charge consumers for plans sold in Maryland's individual and small group markets in 2016. Insurers' proposals vary significantly by plan and by individual vs. small group market. The Maryland Insurance Administration has posted rate filing documents at www.healthrates.mdinsurance.state.md.us where consumers can review filings and submit comments, as well as find answers to frequently asked questions about the rate review process. These rates are what companies have requested, and not necessarily what will be approved by the Insurance Commissioner. Before approval, all filings undergo a comprehensive analysis of the carriers' statistics and assumptions. Public comments are considered as part of the review process.

NAMI Maryland Partners with Mental Health Channel

NAMI Maryland is entering into a partnership with the Mental Health Channel, an online network that's changing the conversation on mental health through true stories. With 12 series of original short documentaries, MHC provides insight on a wide array of mental health topics. All of the content is available 24/7 , free to view, free to share, and commercial free.

APA Unveils New Logo

A new APA logo signifying the leadership of the modern psychiatrist as a physician of mind, brain, and body was unveiled at the opening of the 2015 APA annual meeting in Toronto. The logo depicts the ancient serpent-entwined Rod of Asclepius—wielded in Greek mythology by the God Asclepius and associated with medicine and healing—superimposed over the image of two hemispheres of a human brain. The new logo expresses psychiatry's expertise in biopsychosocial and integrated care in treating mind, brain, and body, and unifies the APA "brand" by appearing on all APA products.

AMERICAN PSYCHIATRIC ASSOCIATION™

Medical leadership for mind, brain and body.

APA Information

Responding to Insurance Company Record Requests

The APA has provided guidance to members who are responding to requests from insurance companies for patient records [see page 6 of March issue]. These requests are for "Risk Adjustment Audits" conducted so the plan can participate in risk adjustment analysis under the Affordable Care Act. After being alerted by members to these requests, the APA has corresponded with CareFirst regarding their audit requests, raising concerns regarding HIPAA provisions for confidentiality and patient consent, as well as reimbursement for copying records and indemnification of the psychiatrist. In response, CareFirst has decided to stop these audits for the time being. So has Optum. There are many issues for the insurance industry to think through, particularly those of confidentiality, before companies continue asking for records. MPS members who receive such requests should reference the APA resource before responding, and request APA assistance with any questions or concerns as outlined in the resource.

Facts about ICD-10

CMS has identified common misperceptions about the transition to ICD-10. These five facts address some of the questions and concerns:

- **The ICD-10 transition date is October 1, 2015**. Many entities have made a substantial investment in ICD-10. Further delays will lead to an unnecessary rise in costs.
- Your practice will use a very small subset of the 68,000 codes.
- You will use a similar process to look up ICD-10 codes that you use with ICD-9. An alphabetic index and electronic tools can help with code selection. [DSM5 includes ICD-10 codes that correspond to the ICD-9 codes you use now.]
- Outpatient and office procedure codes aren't changing. The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of CPT for outpatient and office coding.
- All Medicare Fee-For-Service providers can conduct testing before the transition to ensure that they can submit claims with ICD-10 codes. During June 2015, you will have access to real-time help desk support. Contact the Medicare Administrative Contractor (Novitas) for details about testing plans and opportunities.

The APA ICD-10 resource document offers assistance to psychiatrists, or visit the ICD-10 website for the latest news and resources.

Medicare News

Medicare Data on 2013 Part D Prescription Spending Released

On April 30, Medicare officials announced the release of data on drugs prescribed to Medicare beneficiaries in 2013. The new dataset identifies providers using their National Provider Identifier (NPI) and the specific prescriptions that were dispensed on their behalf, listed by brand name (if applicable) and generic name. For each prescriber and drug, the dataset includes the total number of prescriptions that were dispensed (original prescriptions and any refills), and the total drug cost. The data include information about 36 million patients, one million prescribers and $103 billion in spending on drugs under Part D. The Wall Street Journal compiled a list of the top 100 drugs by total cost, which includes two psychiatric drugs among the top five. According to Forbes, the data do not take into account rebates paid by drug companies.

CMS notes that the dataset has a number of limitations. Of particular importance is the fact that the data may not be representative of a physician's entire practice or all of Medicare as it only includes information on beneficiaries enrolled in the Medicare Part D prescription drug program (i.e., approximately two-thirds of all Medicare beneficiaries). In addition, the data are not intended to indicate the quality of care provided. AMA President Robert Wah, MD, said in a statement, "We are also troubled by the lack of context provided with the data that could help explain physician prescribing practices and pharmacy filling practices before conclusions are drawn."

EHR Incentive Program: Deadline for Hardship Exception is July 1

Payment adjustments for eligible professionals who did not successfully participate in the Medicare Electronic Health Record (EHR) Incentive Program in 2014 will begin on January 1, 2016. To avoid the 2016 payment adjustment, apply for a 2016 hardship exception by July 1. The hardship exception applications and instructions for an individual and for multiple Medicare eligible professionals are available on the EHR Incentive Programs website. They explain the specific circumstances that CMS considers to be barriers to achieving meaningful use, as well as how to apply.

Medicare Chronic Care Management

A fact sheet explains various details of billing Medicare for chronic care management of patients suffering from depression or Alzheimer's, for example. An FAQ document provides further clarification related to these services.

CMS Releases 2013 PQRS and eRx Incentive Program Experience Report

The Centers for Medicare & Medicaid Services (CMS) released the 2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program Experience Report, which provides trends on participation, incentive eligibility, and incentive payments, including measure performance and program participation broken down by specialty and state. Statistics on the 2015 PQRS payment adjustment will be released to the public for the first time through this report, which can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html. Highlights include:

- **Participation in the PQRS program increased by 47 percent from 2012 to 2013.** Approximately 51 percent of the 1.25 million professionals who were eligible in 2013 participated in PQRS. The 2013 PQRS incentive payments totaled $214,551,741.

- **469,755 eligible professionals were subject to a 2015 PQRS negative payment adjustment.** Based on 2013 PQRS reporting, 469,755 eligible professionals are subject to a reduction of 1.5 percent of their 2015 Part B Medicare Physician Fee Schedule allowed charges. Of those professionals subject to the adjustment, 98 percent did not attempt to participate in PQRS. In addition, 43 percent of the professionals subject to the payment adjustment treat 25 or fewer Medicare beneficiaries a year.

- **2013 participation in the eRx program rose by 9 percent from 2012.** Approximately 47 percent of the 808,697 professionals who were eligible participated in 2013. The 2013 eRx incentive payments totaled $168,298,019.

PQRS initially used incentive payments to encourage participation. Beginning in 2015, based on 2013 reporting, negative payment adjustments were implemented as required by statute, which encourages eligible health care professionals to report on designated quality measures. The eRx Incentive Program used a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals; 2013 was the last year of the program but electronic prescribing continues with Meaningful Use.

More information about PQRS, including the reporting criteria for incentive eligibility, which ended in 2014, and avoiding the negative payment adjustment, starting in 2015, is available at http://www.cms.gov/PQRS.

CMS Proposes Medicaid Managed Care Rule

On May 26, CMS announced that it plans to modernize regulations that set national standards for managed care under Medicaid and CHIP. Following are the intended goals:

•Support states' efforts to encourage delivery system reform initiatives within managed care programs that improve health care outcomes and beneficiary experience while controlling costs;

•Strengthen the quality of care by strengthening transparency and measurement, establishing a quality rating system, and broadening state quality strategies and consumer and stakeholder engagement;

•Improve consumer experience in the areas of enrollment, communications, care coordination, and the availability and accessibility of covered services;

•Implement best practices identified in existing managed long term services and support programs;

•Align Medicaid managed care policies to a much greater extent with those of Medicare Advantage and the private market;

•Strengthen the fiscal and programmatic integrity of Medicaid managed care programs and rate setting;

•Align the CHIP managed care regulations with many of the proposed revisions to the Medicaid managed care rules to strengthen quality and access in CHIP managed care programs.

Since the last revision of Medicaid managed care regulations in 2002 and 2003, states have expanded managed care under ACA, and to new populations including seniors and persons with disabilities. The proposed rule is available here starting June 1.

Attention: Members Completing Psychiatric Training

Resident-Fellow Members must advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation, the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Resident-Fellow Members advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives special support from the APA and the MPS. Visit the APA website for ECP networking and career development information.

Handling Common Payment Problems

The AMA offers resources to help physicians identify claim problems and file appeals. These include a Claims Workflow Assistant, which helps decipher paper explanations of payment or electronic remittance advice (ERA) transactions and determine whether a claim has been properly processed. If there is an issue with a claim, consider submitting an appeal. Following are some common payment issues that may need to be addressed:

•**Bundling**. Health plans often bundle procedures and services performed on the same day into a single, reduced payment.

•**Underpayment or downcoding**. This occurs when insurers reduce the level of service on a claim to a lower-complexity CPT code.

•**Contract issues**. Insurers can sometimes apply preferred provider organization (PPO) discounts to a provider claim when either the PPO discount reported isn't appropriate or when the physician doesn't have a PPO contract.

•**Medical necessity**. Insurers may deny a claim because they deem the service as unnecessary, based on the plan's definition of "medical necessity."

•**Prompt pay**. Sometimes, insurers may fail to adjudicate and pay a claim within the statutory limit of the state in which the service was provided.

From March 25 *AMA Wire* post

Typical or Troubled?® Program Supports Children's Mental Health

On May 7, The American Psychiatric Foundation (APF) and the APA co-hosted a *Strengthening Communities by Integrating Care* event in Washington, D.C., along with SAMHSA and other mental health organizations. One of APF's educational initiatives was highlighted during the event. The *Typical or Troubled?*® program has trained more than 70,000 teachers and school administrators, as well as more than 10,000 parents, to recognize signs of mental illness in children and youth. *Typical or Troubled?*® also gives teachers and parents tools they need to take action, talk with children who appear to be struggling and refer them to appropriate resources for treatment. More information about children's mental health and teens' mental health is available on the APA website.

Return Your 2015 Member Survey!

The 2015 MPS member survey will be sent with dues notices in June. Please be sure to complete and return it to the MPS as soon as possible. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

"We pride ourselves on our dedication to our patients."

Psychiatrists

Adventist HealthCare Behavioral Health & Wellness Services, one of the largest not-for-profit behavioral health providers in the National Capital Area, invites you to consider psychiatric opportunities at its Rockville, Takoma Park, Eastern Shore and Clarksburg locations.

We offer a competitive salary, comprehensive benefits, flexible schedules, and access to a network of highly-skilled, compassionate behavioral health professionals.

Current opportunities are available for the following positions:

Takoma Park, MD
- Adult Inpatient Psychiatrist
- Consult & Liaison Psychiatrist
- Adult PHP Psychiatrist
- Adult Psychiatrist with Addiction certification

Clarksburg, MD
- Outpatient Adult Psychiatrist with a focus of psychosomatic medicine to provide integrated services within a multidisciplinary health clinic
- Outpatient Child & Adolescent Psychiatrist

Rockville, MD
- Inpatient Adult Psychiatrist
- Child & Adolescent Inpatient Psychiatrist
- Outpatient Adult Psychiatrist
- Outpatient Child & Adolescent Psychiatrist
- Outpatient Child Psychiatrist & Pediatrician (Double Boarded)

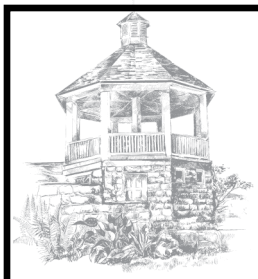
Eastern Shore, MD
- Adult Inpatient Psychiatrist
- Adult Outpatient Psychiatrist
- Child & Adolescent Inpatient Psychiatrist
- Child & Adolescent Outpatient Psychiatrist
- Adult & Adolescent Psychiatrist with Addiction Certification

For more information, e-mail Carol Simmons, Group Practice Administrator: **csimmon2@adventisthealthcare.com**

EOE/Pre-employment drug screening and mandatory flu vaccine. We are a tobacco-free campus.

Adventist HealthCare

Careers.AdventistHealthCare.com



Spring Grove Hospital Center

PSYCHIATRISTS

Child/Adolescent, Forensic and Adult
(Full and Part Time)

Spring Grove Hospital Center (SGHC) is a State of Maryland in-patient facility operating under the Behavioral Health Administration of the Department of Health and Mental Hygiene. SGHC is located in Catonsville, a suburb of Baltimore (recently ranked by *Money* magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200-acre campus.

Adjustable work schedules are negotiable. Continuing medical education (CME) is available on site. Off-hours coverage is provided primarily by medicine rather than psychiatry.

Interested candidates, please visit www.dbm.maryland.gov to apply for our (Physician Clinical Specialist or Physician Clinical Staff) vacancies.

Send CV to:
Elizabeth Tomar, MD, Clinical Director.
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 * 410-402-7038 (fax)
elizabeth.tomar@maryland.gov
EOE

Classified

EMPLOYMENT OPPORTUNITIES

Psychiatrist part/full time to join a well-established practice in Towson. Employment or Independent practitioner opportunity. Child/Adult psychiatrist. No insurance contacts. Full administrative support. Potential partnership. Email Drmalik.baltimore@gmail.com or call 410 823 6408 x13

Established outpatient mental health clinic in Baltimore, MD is currently seeking Board Certified/Eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a CARF and Joint Commission accredited organization and provide mental health services through large outpatient clinics, offsite rehabilitation programs, mobile treatment, substance abuse treatment, growing school-based programs and to detained youth at the Baltimore City Juvenile Justice Center. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

Staff Psychiatrist – Part Time - Outpatient Chronic Care Patient Centered Medical Home (PCMH) in Baltimore City (21201) offering high quality PCMH services to the Baltimore area, providing exceptional primary care and wraparound services tailored to meet individual patient needs and help our patients move toward wellness. Must be an M.D. with a current license to practice in MD. Must have completed specialty training in Psychiatry and have a minimum of 3 years' experience providing psychiatry services. No Weekends & free parking! Please visit http://www.absolutecarehealth.com/baltimore/Careers.aspx to learn more about us and this rewarding position! Please apply online with CV.

AVAILABLE OFFICE SPACE

ELLICOTT CITY -- Full time (unfurnished) and part time (attractively furnished) offices in established, multi-disciplinary mental health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffees and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial professional atmosphere. Convenient to Routes 40, 29, 70 and 695. Contact Dr. Mike Boyle, 410-465-2500

Ellicott City/Columbia Office: Are you looking for an ideal location which is either F/T or Tuesday and Fridays? We have the space for you in the Dorsey Hall Professional Park. Redesigned with new carpets, furnished, windows, handicapped access and your personalized security system. Share office with other psychiatrists and therapists. Reception area, restroom and kitchenette are located in the suite. The office provides easy access to routes 29, 70, 32 and100. Rates begin at $200 per month for one day a week. Don't miss out on this opportunity! Contact Dr Durruthy 410-992-0272

June 6 Training Satisfies License Renewal Requirement

On Saturday, June 6, the Center for a Healthy Maryland will co-sponsor a training in SBIRT (Screening, Brief Intervention and Referral to Treatment) entitled "Reducing Unhealthy Alcohol and Drug Use among Patients at Office-Based Physician Practices." The free, 3 CME credit training by Christopher Welsh, M.D. and Carlo DiClemente, Ph.D. will be held at MedChi from 8:30 am to 12:00 p.m. This activity will meet the mandatory requirement in opioid prescribing and management of the Maryland Board of Physicians for licensure. The **RSVP deadline is June 1** – click here for details or to register.

Become an APA Fellow— It's Now Easier to Apply!

Are you ready to take the next step in your professional career? Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA's 2016 annual meeting in Atlanta. **The deadline is September 1**. Visit the APA website for more details and a link to the application.

Pay 2015 APA Dues by June 30

APA membership dues must be paid by June 30 to avoid being dropped from the APA and MPS membership rolls. Pay your dues online or enroll in the payment plan to pay your dues by credit card in monthly, quarterly, biannual, or annual installments - with no interest or service fee.

DEDICATED TO PSYCHIATRY

"As the nation's preeminent insurance program dedicated solely to psychiatry, PRMS is always focused on you. A steady, prudent management approach and a continuous assessment of psychiatrists' needs allows us to develop our product to better cover and protect our clients.

Our proactive psychiatric-specific focus means that you have a team of experts in your corner when you need it most.

Victoria Chevalier
Assistant Vice President, Underwriting

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

(800) 245-3333 | TheProgram@prms.com | PsychProgram.com/InfoRequest

More than an insurance policy

PRMS®
Professional Risk Management Services, Inc.
the psychiatrists' program®

Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157).FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com