

MPS NEWS

Volume 29, Number 3

Editor: Heidi Bunes

July 2015

In This Issue

Update your MPS Data	p. 2
June Council Highlights	p. 3
ICD-10 Transition Help	p. 4
New Foundation Officers	p. 4
Electronic Prior Authorizations	p. 5
MPS Committee Chairs	p. 5
Medicaid PDL Changes	p. 6
Opioid Prescribing CME	p. 7
Medicaid Prescriber Changes	p. 8
Medicare Opt Out Changes	p. 8
APA Updates	p. 9 & 10
AMA Meeting Highlights	p. 11

In Every Issue

Membership	p. 2
Classifieds	p. 9
Deadline for submitting articles to <i>MPS News</i> is the 15th of the month preceding publication. Please email to heidib@mdpsych.org .	

MPS News Design & Layout
Meagan Floyd

President's Column

Medication Review Panels

There are numerous challenges to successful inpatient treatment of those with psychotic disorders. Individuals suffering from psychosis often have poor insight into their illness and the need for treatment. Frequently, those who are involuntarily hospitalized refuse treatment with medications, believing that they are not ill, that they do not need treatment, or that the treatment is harmful. This can lead to the situation in which an individual, hospitalized due to illness, cannot be effectively treated. Maryland statute has established clinical review panels in order to address this situation.

Prior to its amendment in 2014, Maryland law stated that an individual, hospitalized involuntarily or committed for treatment by the court, could be involuntarily treated with medications (approved through a medication panel) under specific conditions. The medication must be prescribed by a psychiatrist for the purpose of treating the individual's mental disorder and be a reasonable exercise of professional judgment. Additionally, the individual must be at substantial risk of continued hospitalization because of: 1) Remaining seriously mentally ill with no significant relief of the mental illness symptoms that cause the individual to be a danger to the individual or to others, 2) remaining seriously mentally ill for a significantly longer period of time with mental illness symptoms that cause the individual to be a danger to the individual or to others; or 3) relapsing into a condition in which the individual is in danger of serious physical harm resulting from the individual's inability to provide for the individual's essential human needs of health and safety.

The Maryland statute was subsequently challenged in court. In 2005, Anthony Kelly, a psychiatric patient at the Clifton T. Perkins Hospital Center, was presented to a medication panel in order to be involuntarily medicated to treat his mental illness. In August 2005, the clinical review panel authorized involuntary medication for up to 90 days. The authorization was subsequently renewed, and the medication was continued. The finding of the review panel was that Mr. Kelly was at substantial risk of remaining seriously mentally ill for a significantly longer period of time that caused him to be a danger to himself or others. The case was appealed to the circuit court, which held that the statute required evidence that an involuntarily committed individual **is a danger to himself or others in the facility to which he had been involuntarily admitted, rather than to society generally upon release.**

For treating psychiatrists, this presented an impossible situation. Many psychotic patients are admitted involuntarily to a psychiatric hospital because of danger to self or others in the community. The intent is for these individuals to be kept in a safe environment in which to be treated. However, with the structure and supervision in the hospital, these individuals may not place themselves or others at risk while in the hospital. Therefore, treatment teams are in the position of involuntarily hospitalizing but being unable to treat an individual.

In 2014, legislation was passed to address this concern. Per current statute, involuntary medications can be approved if the individual is at substantial risk of continued hospitalization because of remaining seriously mentally ill with mental illness

(Continued on next page)

The next MPS
Council meeting
will be Tuesday,
September 15 at
8PM in the MPS of-

symptoms that: 1) cause the individual to be a danger to the individual or others while in the hospital, 2) resulted in the individual being committed to the hospital, or 3) would cause the individual to be a danger to self or others if released from the hospital. Additionally, the panel may approve medication if there is a risk of relapse into a condition in which the individual is unable to provide for his/her needs of health or safety.

This amended statute is now being challenged in the courts. Per court documents, Gary Allmond was committed to Clifton T. Perkins Hospital Center based on a finding that he was incompetent to stand trial for murder charges filed against him in the Circuit Court for Baltimore City. While at Perkins, Mr. Allmond refused treatment with antipsychotic medication. In September 2014, authorization was obtained to treat Mr. Allmond involuntarily with antipsychotic medication. In a 90-day review hearing the ALJ found that Mr. Allmond was at substantial risk for continued hospitalization due to remaining seriously mentally ill with symptoms that led to his hospitalization. This case was filed for judicial review in the Circuit Court for Howard County on the basis that it violated the United States Constitution and the Maryland Declaration of Rights – the court upheld the ALJ's initial ruling. This case was subsequently appealed and will now be heard by the Maryland Court of Appeals (Maryland's highest court). The argument being presented is that an individual, in order to be involuntarily medicated, should present a danger to self and/or others **within the facility**.

In the June MPS Council meeting, Drs. Jeff Janofsky and Anne Hanson discussed the background for medication panels and the importance of the upcoming case. Council approved retaining Andrew Baida of Rosenberg, Martin & Greenburg to write an amicus (friend of the court) brief, in which we will outline our concerns regarding the challenge to the current statute for medication panels. We are reaching out to the Washington Psychiatric Society, Johns Hopkins, University of Maryland, and Sheppard Pratt in order to coordinate resources for this important issue. The decision of the Court of Appeals will have a profound impact on the practice of inpatient psychiatry within the state of Maryland.

Brian Zimnitzky, M.D.

[See [page 4](#) for more details.]

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.

MPS Members Out & About

John Buckley, M.D. had an opinion piece, "The Emperor's New Boards," about the ABPN and MOC on page 18 of [Vol. 16, Issue 1 of Maryland Medicine](#).

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

Your Action Needed: Member Data Update Form

The 2015-16 MPS membership directory is coming in September. Your member data verification form was mailed last month with your yearly dues statement. Please make any changes needed and return the form by August 1. **If we do not have your e-mail address, please be sure to provide it.** We will continue to accept updates after August 1, but they may not appear in the directory.

Members' home information is never listed in the directory, unless they request that the home phone be included. The directory is always given to members and advertisers, and sometimes to other physicians.

Practice information is important for the MPS patient referral service. Please indicate whether you are willing to receive referrals from the MPS and provide complete information. You can change whether you accept patient referrals from the MPS at any time throughout the year.

If you have any questions please call the MPS at 410-625-0232 or email mps@mdpsych.org.

2015-2016 MPS Meeting Dates

Council meetings begin at 8 PM in the MPS office. All members are invited to attend. Check the [website](#) for updates.

September 15, 2015 - MPS Council

October 13, 2015 - MPS Committee Chairs

November 7, 2015 - Fall CME Activity

November 10, 2015 - MPS Council

January 12, 2016 - MPS Council

February 9, 2016 - MPS Council

March 8, 2016 - MPS Council

April 12, 2016 - MPS Council

June 9 Council Highlights

Executive Committee Report

Dr. Zimnitzky reported that the Executive Committee reviewed proposals from prospective CPAs to provide services for the MPS annual financial review and filing of federal, state and property tax returns. The MPS Operations Manual requires evaluation of CPA services every three years. Mr. Norman Feldman was selected as the MPS CPA for another three years. Dr. Zimnitzky announced that the MPS nominee for the Maternal Mental Health Task Force established by [SB 74](#) is Dr. Jennifer Palmer. The MPS has selected Drs. Brian Zimnitzky and Marilou Tablang-Jimenez to attend the APA Advocacy Days in Hollywood, Florida October 23-25.

Executive Director's Report

Mr. Hummel circulated the Council meeting dates for 2015-2016 [\[see page 2\]](#). The September meeting is moved to the third Tuesday of the month. Dues notices will be mailed June 12. Database testing for the new website continues with the developers, G1440. Once concluded, the MPS Find a Psychiatrist feature will be available again.

Secretary/Treasurer's Report

Dr. Palmer discussed the proposed FY16 MPS Operating Budget, which the Executive Committee has reviewed extensively. Highlights include:

- Budgeted revenue (\$317K) is down \$15K from last year as the MPS will not apply for an additional APA MOC grant.
- Budgeted expenses are down \$20K (\$339K) due mainly to not having to budget for an APA grant project.
- The projected budget deficit for FY16 is \$23K, but this is down over \$5500K from FY15 and down \$10K from FY14.
- There will be no dues increase.
- A scaled down approach is envisioned for MOC trainings.
- Staff salaries decrease by \$3K (2% COLA, but Kery goes to 4 days a week and Heidi's time increases), and bonuses increase \$6600.
- Travel increases \$1K for the third Assembly Rep and more staff travel.
- Health insurance decreases \$3K due to Kery going on Medicare.

Council unanimously approved the proposed operating budget.

Next Dr. Palmer presented the proposed FY16 MPS Capital Budget, which totals \$21K. It includes \$6K for the completion of the MPS website, \$10K for a new copier since the current machine is over 10 years old and failing, and \$5K as the contingency fund for replacement of other items with approval by the Executive Committee. It was unanimously approved by Council.

Membership Committee Report

Dr. Lehmann presented the MPS dues drop list of 20 names. It was agreed that all would be dropped; however, if they completed payment arrangements by close of business on Thursday, they would be reinstated without penalty. The APA dues drop list was also circulated and Dr. Lehmann said the Membership Committee would continue work on this list through the June 30 deadline when the APA will act and the MPS must also drop them. Council will contact those they know to persuade members to remain engaged.

Program and CME Committee Report

Dr. Aaronson reviewed the *Women's Mental Health: Trauma, Mood Disorders & Resilience* program held April 18, which netted \$2K with 101 tickets sold. The evaluations were overwhelmingly positive. He said a Fall program, *Addictions Update: From Screening to Treatment and Everything in Between*, is being planned for November 7 at the Sheppard Conference Center. A collaborative project with the DHMH, it will provide 6 CME/CEU hours. One of the CME credits will meet the Board of Physicians opioid prescribing requirement for license renewal. Fall 2016 may bring Dr. Kogan back for a new performance, with possible collaboration between WPS and MPS.

APA Assembly Representatives' Report

Dr. Roca gave a report that he and Dr. Daviss prepared. [\[See May APA Assembly Highlights on page 10.\]](#)

MedChi Delegate's Report

Dr. Daviss, who is the MPS Delegate to the MedChi House of Delegates, submitted a report that was presented by Dr. Roca. [\[See April MedChi House of Delegates Highlights on page 7.\]](#)

New BusinessNew Assembly Representative from the MPS

The Executive Committee reviewed possible candidates for the MPS's third Assembly Representative, which is a newly allotted position that resulted from the Assembly reorganization approved in May. After consulting Drs. Roca and Daviss, the Executive Committee recommended that **Anne Hanson, M.D.** be appointed to a one year term as Assembly Representative. Furthermore, it was recommended that her name be placed on the 2016 MPS ballot for a full three year term. Council unanimously approved these recommendations.

Foundation Slate of Officers

The 2015-2016 Maryland Foundation for Psychiatry Slate of Officers was circulated for review. Council voted unanimously to approve the slate (see [page 4](#)).

(June Council Continued)

Amicus Brief for Allmond v. DHMH

Dr. Waddington explained a pending court case, Allmond v. DHMH, and recommended on behalf of the Executive Committee that the MPS submit an amicus brief to educate the court on the clinical need for involuntary psychiatric medication for Maryland inpatients. The Executive Committee recommended that the MPS commit \$2500 to develop the amicus brief.

Via conference call, Dr. Jeffrey Janofsky further explained the genesis of the case. An individual was found not competent to stand trial and criminally committed to Maryland's maximum security mental hospital where he refused psychotropic medications. The hospital staff, following Maryland's newly revised statute for involuntary medications on psychiatric inpatient units (10-708(g) of the Health-General Article, Maryland Annotated Code), found the patient met the new statutory criteria for involuntary psychiatric medication administration. Per the statute, the patient appealed to an Administrative Law Judge, who found that medications should be administered involuntarily. The Circuit Court upheld the ALJ's decision. The patient appealed to Maryland intermediate Appellate Court, the Court of Special Appeals; however, the Maryland Court of Appeals took the case on May 28th. The case argues that the revised statute is unconstitutional under both the U.S. and Maryland constitutions. If the Court finds the statute is not constitutional, it would prohibit the provision of involuntary psychiatric medications.

Dr. Janofsky contacted a lawyer, Andrew Baida, Esq., a former Solicitor General in the Maryland Attorney General's Office, who is now in private practice. He is considered one of Maryland's leading appellate attorneys. Mr. Baida agreed to develop the brief for a capped rate. The APA has been contacted for financial support through the Committee on Judicial Action, as well as other Maryland stakeholders that would be affected by the decision. After considerable discussion of the critical importance of the case to the practice of psychiatry in Maryland, Council voted unanimously to develop the amicus brief for Allmond v. DHMH by retaining Mr. Baida and to contact all potential stakeholders for financial support.

Tip for Prior Authorizations of Medications

I have found the website "[Cover My Meds](#)" easy to use and helpful in getting authorizations from insurance companies for medications for my patients. You have to register, but it is free to use. I would recommend getting permission from your patients before using this website.

*Laura Gaffney, M.D., Chair
Payer Relations Committee*

ICD-10 Starts October 1

ICD-10 is almost here, but you still have time to get ready. Practices that do not prepare for ICD-10 risk disruptions in cash flow.

You must use:

- ICD-10 codes for all services provided on/after October 1
- ICD-9 codes for all services provided before October 1

Identify everywhere in your practice that you use ICD-9 codes to make sure you know what needs to be updated for ICD-10; for example: clinical documentation/health records, referrals and authorizations, billing, etc.

Even clearinghouses that offer coding and billing services cannot translate ICD-9 codes to ICD-10 codes unless they have the detailed clinical documentation required to select the right code.

For a complete explanation of the ICD-10 transition, including diagrams of where to find the codes within the DSM5, see the [APA resource document](#). For even more information, visit cms.gov/ICD10.

Maryland Foundation for Psychiatry 2015 - 2016 Officers and Directors

In June the MPS Council approved the following Maryland Foundation for Psychiatry slate for the coming year.

PRESIDENT:

Neil E. Warres, M.D.

VICE PRESIDENT:

Arthur M. Hildreth, M.D.

SECRETARY-TREASURER:

Thomas E. Allen, M.D.

BOARD OF DIRECTORS:

Mrs. Carol Allen

Joanna D. Brandt, M.D.

Steven R. Daviss, M.D.

Mark J. Ehrenreich, M.D.

Anita S. Everett, M.D.

Mark S. Komrad M.D.

Elias K. Shaya, M.D.

Edgar K. Wiggins, M.H.S.

HONORARY DIRECTORS:

Jonas R. Rappeport, M.D.

Robert P. Roca, M.D.

Clarence G. Schulz, M.D.

Lex B. Smith, M.D.

Walter Weintraub, M.D.

William C. Wimmer, M.D.

2015-2016 MPS Committee Chairs

Academic Psychiatry

Robert P. Roca, M.D., M.P.H.

RRoca@sheppardpratt.org / (410) 938-4320**Book Club**

Virginia L. Ashley, M.D.

osler304@verizon.net / (410) 938-8467

C. Elizabeth Beasley, M.D.

cebrdk@verizon.net / (410) 823-3444**Disaster Psychiatry**

Eduardo D. Espiridion, M.D.

edjen19meg@gmail.com / (240) 313-2441**Distinguished Fellowship**

Neil E. Warres, M.D.

nwarres@erols.com / (410) 484-0989**Diversity**

Theodora G. Balis, M.D.

tbalis@psych.umaryland.edu / (410) 383-4914

Stephanie Durruthy, M.D.

durruthys@gmail.com / (410) 992-0272**Early Career Psychiatrists**

Jessica V. Merkel-Keller, M.D.

jmerkelkeller@gmail.com (443) 444-4050**Editorial Advisory Board**

Nancy Wahls, M.D.

nwahls@sheppardpratt.org / (410) 938-5252**Ethics**

Joanna D. Brandt, M.D.

joanna@brandtmd.com / (410) 321-1525**Geriatric Psychiatry**

Marsden H. McGuire, M.D.

marsdenmcguire@comcast.net / (202) 461-4161**Legislative**

Annette L. Hanson, M.D.

annette.hanson@maryland.gov / (410) 724-3149

Jennifer Teitelbaum Palmer M.D.

jsteitelbaum@hotmail.com / (410) 235-0005**Membership & Recruitment**

Susan W. Lehmann, M.D.

slehman@jhmi.edu / (410) 955-6736

Merle McCann, M.D.

mmccann@sheppardpratt.org / (410) 938-4223**Payer Relations**

Laura R. Gaffney, M.D.

lgaffney@sheppardpratt.org / (410) 938-5252**Program & CME**

Jason Addison M. D.

Jasonaddison@gmail.com / (410) 938-4332**Public Psychiatry**

Ann L. Hackman, M.D.

ahackman@psych.umaryland.edu / (410) 328-2564**Residents & Fellows**

Lori S. Schwartz, MD

lschwartz@psych.umaryland.edu / (410) 328-6018

Maryland News

Maryland's Electronic Prior Authorization Law

As noted on page 4 of [last month's issue](#), Maryland is implementing an electronic preauthorization system for medications and certain treatment services in conjunction with private insurance companies and Value Options. **Although current law states that physicians must use these systems beginning July 1, the Maryland Health Care Commission (MHCC) has not yet developed regulations for enforcing this requirement, effectively making it optional.** However, this could change at any point, making it important for physicians to understand what is underway and to provide input to the process so that any future requirements are enforced reasonably.

The MHCC has posted related information on its [website](#), including online portals for each of the carriers/PBMs. Following are additional links for related information:

- [Electronic preauthorization Flyer](#)
- [Electronic Preauthorization Overview](#)
- [2014 Report on State Regulated Payor & Pharmacy Benefit Manager: Preauthorization Benchmark Attainment](#)
- [2013 Report on State Regulated Payor & Pharmacy Benefit Manager: Preauthorization Benchmark Attainment](#)

Dr Steve Daviss requests that MPS members try using the electronic prior authorization services, whether in- or out-of-network. Please let the MPS know how they are working so we can troubleshoot any problems. He plans to send a link to a form that will collect feedback.

For further questions, please contact Mr. David Sharp at the MHCC: dsharp@maryland.gov or use the general phone number, 410-764-3460.

Maryland News

Maryland Medicaid Pharmacy Program PDL Changes

Changes to the exceptions for Generic vs. Brand Status on Maryland's Preferred Drug List take effect on **July 1**. While generic products are generally preferred, there are some instances where the brand is preferred and the generic requires preauthorization. [Advisory 156](#) includes the PDL with medications that have a change in prior authorization status highlighted in yellow. There are three changes in CNS drugs: carbamazepine ER (Carbatrol ER) is preferred, and both Belsomra and Evekeo require prior authorization. (See page 10 and 12 of 19.) Also, brand name Intuniv ER® is no longer preferred over its generic equivalent guanfacine ER. For the complete PDL [click here](#).

Maryland Medicaid Recipient Renewals

Medicaid recipients in Maryland must renew their eligibility once every 12 months. This process is known as getting a "redetermination." If a recipient fails to reapply for benefits in a timely fashion, their coverage will end. Loss of coverage will occur during the month following when the recipient was due for renewal. Recipients are notified 60-75 days before their benefits end that they must renew. The [Eligibility Verification System](#) (1-866-710-1447) can be used to confirm eligibility for Medicaid benefits. The DHMH Medicaid [renewals page](#) offers several useful resources.

From [June 22 MedChi News](#)

Maryland's 2017 Benchmark Health Plan

Maryland Insurance Commissioner Al Redmer, Jr. [announced](#) the selection of the CareFirst BlueChoice Health Maintenance Organization HRA/HSA \$1,500 plan to be the Benchmark Plan for 2017. A state's Benchmark Plan determines which health insurance benefits will be considered essential, and therefore required of all plans offered through small employers or directly to consumers in that state. The 2017 State Benchmark Plan was required to be selected from the largest small group health plan, by enrollment, in any of the three largest small group products. Enrollment figures were based on the first quarter of 2014. A copy of the report on the selection process can be found [here](#).

Maryland Task Force to Study Maternal Mental Health

As required by [SB 74](#) enacted this year, Maryland is in the process of assembling a task force representing a variety of stakeholders to comprehensively review maternal mental health in our state. **Jennifer Palmer, M.D.** has agreed to serve as the MPS representative designated in the bill. Jennifer Payne, M.D. is another member who will serve. The group is tasked with several charges and will issue a report and recommendations by December 15.

Specifically the task force will:

- (1) identify vulnerable populations and risk factors in the State for maternal mental health disorders that may occur during pregnancy and through the first postpartum year;
- (2) identify and recommend effective, culturally competent, and accessible prevention screening and identification and treatment strategies, including public education and awareness, provider education and training, and social support services
- (3) identify successful postpartum mental health initiatives in other states and recommend programs, tools, strategies, and funding sources that are needed to implement similar initiatives in the State;
- (4) identify and recommend evidence-based practices for health care providers and public health systems;
- (5) identify and recommend private and public funding models; and
- (6) make recommendations on: (i) legislation, policy initiatives, funding requirements, and budgetary priorities to address maternal mental health needs in the State; and (ii) any other relevant issues identified by the Task Force.

Maryland Physician Leadership Program

The Physicians Foundation has awarded the [Center for a Healthy Maryland, Inc.](#), an affiliate of MedChi, a two-year, \$150,000 grant for the implementation of a Certificate Program in Physician Leadership. This project will expand the [Maryland Physician Leadership Institute](#), developed under a previous Physician Foundation Leadership Innovation Grant, by creating a Certificate Program in Physician Leadership and offering the program both online and in diverse Maryland geographic areas. It is anticipated that this program will empower and encourage leadership – to equip physicians with critical information in the era of health reform, and help them understand why their leadership is critical to the healthcare delivery system, the future of Medicine, and ultimately, to the health of their patients. The program will consist of distinct topics rolled out in a series of online presentations, followed by a live interactive session in each of four regions of the state.

From [June 8 MedChi News](#)

Maryland News

April MedChi House of Delegates Highlights

MedChi, the Maryland State Medical Association held its House of Delegates meeting on April 25. Tyler Cymet M.D. was installed as the new president. He talked about medicine's active refusal to participate at any level in state-sanctioned torture, and about challenges around adequate insurance networks.

Executive Director Gene Ransom discussed MedChi's structural budget deficit and plans to reduce it, including increasing non-dues revenue. He also discussed the new Medicare waiver, SGR repeal, the MedChi ACO, legislative successes, ICD-10, HSCRC community grant opportunities, and an update on membership. MedChi has 7532 members, about 25% are med students and residents. **(A personal appeal from Dr. Daviss to MPS members: PLEASE [JOIN MEDCHI](#). AMA membership is not required.)**

Treasurer Steve Rockower, M.D. gave more financial results. Dues revenue was 14% lower in 2014, with total revenue down \$180K, resulting in a net loss in 2014 of \$226K. So far 2015 is worse. (Again, PLEASE JOIN MEDCHI! Over 120 of your MPS colleagues are MedChi members. Our membership increases MPS impact across Maryland, multiplying our voice in legislative, regulatory, and other policy matters.)

AMA Delegate and MPS member Tom Allen, M.D. gave a report on the AMA House of Delegates, including a resolution on community health workers; state licensure agreements for telemedicine; a product to help with high med student debt; EOBs and privacy; and network adequacy. [See [page 11](#) for his report.] Dr. Ajrawat from [MMPAC](#) said the PAC needs more contributions this year, and highlighted our success in getting four physicians elected to the state legislature last year.

Steven R. Daviss, M.D.
MedChi Delegate

Tax Deduction for 2015-2016 MPS Dues

Dues paid to most trade associations and professional societies are not deductible by the member, to the extent that they finance lobbying activities. MPS, as a 501(c)(6) non-profit, must track lobbying expenses and notify members of the portion of dues that is non-deductible. **Members who write off MPS dues as an expense of their psychiatric practice cannot deduct 7% of their 2015-2016 dues.**

Opioid Prescribing CME

Beginning with the license renewals in September this year, physicians must have one credit hour related to opioid prescribing. ([Click for details from MBP](#).) Following are some options for fulfilling this CME mandate.

July 18, 7:30 AM to 12:30 PM, at Holy Cross Hospital in Silver Spring – To register use [THIS LINK](#).

July 25, 7:30 AM to 12:30 PM, at MedStar St. Mary's Hospital, in Leonardtown – To register use [THIS LINK](#).

MedChi will present *ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care*. Participation in this course will meet the State of Maryland Mandatory CME requirement regarding Opioid Management. Additional details are in the [newsletter](#). Free of charge, but registration is required. For more info or to register contact: MedChiCME@medchi.org, or call Frank or Tina at 410-539-0872, extensions 3307 or 3306.

On **July 29** Montgomery County Medical Society will offer a CME that meets the new re-licensure requirement. Dr. Doris Cope will present *Opioid Toolkit: How to Prescribe Controlled Substances Safely for You and Your Patients* at MCMS Headquarters. Light dinner at 6 pm; program following at 6:30 pm. Free to MCMS active members; \$50 for all other physicians. [Click](#) for details.

On **August 4**, Baltimore City Medical Society will offer a CME activity that satisfies the mandatory licensure requirement. Yngvild K. Olsen, M.D., M.P.H. will present *A Practical Focus on Opioids, Pain Management and Addiction*. The evening will begin at 6:00 p.m., with registration/reception, followed by dinner, Dr. Olsen's presentation and Q&As. No charge for members of BCMS, MedChi and Monumental; \$45 for non-members. [Click](#) for details.

On **August 11**, MedChi and Privia Medical Group are joining with the Anne Arundel, Howard County and Prince George's County Medical Societies for a special membership meeting at 6:00 p.m. at Anne Arundel Medical Center in Annapolis. Doris Cope, M.D., President of the Anne Arundel and Howard County Medical Society, will deliver *Opioid Toolkit: How to Prescribe Controlled Substances Safely for You and Your Patients*, which meets the license renewal requirement for substance abuse and addiction CME credit. Free for members, \$45 for non-members. Reservations are required. Call: 410-539-0872, x3308 or email: cjohannesen@medchi.org. [Click](#) for details.

From [June 22 MedChi News](#)

Maryland News

What if the Insurance Company Doesn't Pay?

If a health insurer refuses to pay a bill in Maryland, what do you do? In 1998, the Maryland General Assembly at the urging of MedChi passed the "Appeals and Grievance Law" (Health General 19-705.2 and Commercial Law Articles 12-4A-04 and 13-4A-02) to assist patients in appealing adverse decisions made by their insurance companies. The law empowers two different state agencies to assist patients when they feel they have been denied coverage for needed medical care. Most of the cases that are referred to these agencies are decided in favor of the patient.

The Appeals and Grievance Law was passed in response to concerns expressed by the physician community and the public that necessary medical services were being denied. Under the law, carriers must provide their members with a written copy of an adverse decision within five days of its being made. The decision must clearly state the exact factual basis for the carrier's decision, including the specific criteria the company used in making its decision. .

Patients may utilize the Health Education and Advocacy Unit of the Maryland Attorney General's Office to assist them in filing this grievance with the carrier. The number to call for this assistance is 1-877-261-8807. If the insurance carrier still refuses to pay for the medical care, the patient may then file an appeal with the Maryland Insurance Administration (MIA) at 1-800-492-6116.

From [June 1 MedChi News](#)

Do You Prescribe to Medicaid Participants?

A member forwarded a letter from the Maryland Medicaid Policy and Compliance Unit stating that CMS now requires all prescribers to Medicaid participants to be enrolled in order to continue prescribing for these patients. Prescriptions written by providers who are not enrolled in Maryland Medicaid will begin to deny at the pharmacy. Failure to enroll will affect patients' ability to obtain their medications.

Many details are being worked out between state and federal officials and the MPS will provide an update once they are finalized. This has been discussed extensively on the MPS listserv. Please contact [Kery Hummel](#) to join the listserv or ask questions.

It has been noted that Maryland Medicaid now appears to be paying on par with Medicare. ([Click here](#) to locate the fee schedule.) To enroll, go to the eMedicaid portal at <https://encrypt.emdhealthchoice.org/emedicaid/>.

Medicare News

Changes to the Medicare Opt-Out Law

Prior to enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), physician opt-out affidavits were only effective for 2 years. As a result of changes made by MACRA, **valid opt-out affidavits signed on or after June 16, 2015 will automatically renew every 2 years.** If physicians who file affidavits effective on or after June 16, 2015 do not want their opt-out to automatically renew, they may cancel the renewal by notifying all Medicare Administrative Contractors (MACs) with which they filed an affidavit in writing at least 30 days prior to the start of the next opt-out period. Valid opt-out affidavits signed before June 16, 2015 will expire 2 years after the effective date of the opt out. If physicians who filed affidavits effective before June 16, 2015 want to extend their opt out, they must submit a renewal affidavit within 30 days after the current opt-out period expires to all MACs with which they would have filed claims absent the opt-out.

From [June 25 MLN Connects eNews](#)



Hospital Readmissions for Psychiatric Conditions

Two new briefs from the Agency for Healthcare Research and Quality examine the issue of readmissions for psychiatric hospitalization. A [statistical brief](#) from AHRQ's Healthcare Cost and Utilization Project found that 30-day readmission rates in 2012 were 15.7 percent when the primary diagnosis was schizophrenia and 9 percent when the primary diagnosis involved mood disorders. This compares with a 30-day readmission rate of 3.8 percent for all other non-mental health/substance abuse conditions. Meanwhile, a [technical brief](#) from AHRQ's Effective Health Care Program found that the availability and implementation of strategies to reduce hospital readmissions for psychiatric conditions vary widely and that these readmissions are probably undercounted. It concluded that more research is needed to determine which strategies work best to reduce readmissions for psychiatric conditions, ways to accurately measure the most meaningful outcomes and the best ways to apply effective strategies in settings with varying resources.

From [June 9 AHRQ Electronic Newsletter](#)

Medicare News

2013 Medicare Billing Data Posted Online

On June 1, CMS [announced](#) that it has posted [2013 data](#) on billing and services of clinicians, covering over 950,000 health care providers and \$90 billion in Medicare payments. The data enable comparisons by physician, specialty, location, types of medical services and procedures delivered, Medicare payment, and submitted charges. This second data release is one of the transparency initiatives aimed at achieving better care and smarter spending. The first annual release last year posted 2012 data.

A [June 1 AMA Wire post](#) suggests points that physicians might use to provide context in response to questions from patients or reporters about their data.

APA Information

APA Assembly Reorganization

In January 2015, the APA Assembly Executive Committee voted to revise the Assembly structure to eliminate Deputy Representatives for District Branches (MPS does not have a Deputy Representative). The change was intended to provide smaller DBs with better representation in the Assembly. These DBs would be guaranteed at least 2 representatives. It also revised the number of Assembly Representatives allocated to other DBs based on member totals. The 2015 Assembly budget was modified to reflect the increase in representation as well as increased funding for Area Council block grants. The proposal was approved by the Assembly at its May 2015 meeting. As a result of this change, the **MPS will have a third rep, Anne Hanson, MD who will join Drs. Steve Daviss and Bob Roca, who have represented the Maryland Psychiatric Society at the APA** for the past few years.

New CMS Policy Allows Access to Data

In June, CMS [announced](#) a new policy that for the first time will allow innovators and entrepreneurs to access CMS data, such as Medicare claims. As part of a goal to use data to drive transformation of the healthcare delivery system, CMS will allow innovators and entrepreneurs to conduct approved research that will hopefully improve patient care. The data will not allow the patient's identity to be determined, but will provide the identity of the provider. CMS will begin accepting innovator research requests in September.

Researchers will access data via the CMS Virtual Research Data Center, which provides access to granular CMS program data, including Medicare Fee-For-Service claims data. Researchers have direct access to approved, privacy-protected data files and are able to conduct analyses within a secure CMS environment. Even though all data is privacy-protected, researchers also will not be allowed to remove patient-level data. They will only be able to download aggregated, privacy-protected reports and results to their own computers. They will be allowed to request data on a quarterly basis, rather than the annual updates that were available in the past.

Comments on Proposed Parity Regulations

The APA wants Medicaid managed care plans and so-called Alternative Benefit Plans to be held accountable, through transparent disclosure of medical necessity criteria, for adherence to federal parity rules requiring comparable coverage of mental health and substance abuse treatment. In a detailed, 26-page June 9 [letter](#) to CMS, the APA applauded the recently proposed regulations that extend mental health parity requirements to Medicaid managed care organizations, the Children's Health Insurance Program (CHIP), and Alternative Benefit Plans, but it also urged the agency to clarify regulations pertaining to documentation and disclosure of compliance with parity requirements. More information on mental health parity, including a [two-page summary of APA's response](#) to the proposed rule, can be found [here](#).

The Maryland Parity Project of the MHAMD also submitted comments on the proposed regulations, which can be found [here](#).

Advertise your Practice, Location Change, or Specialty

Place an ad in the 2015-2016 MPS membership directory for a special of only \$90!

Contact Kery Hummel at
410-625-0232 or khummel@mdpsych.org

Return Your 2015 Member Survey!

The 2015 MPS member survey was sent with dues notices in June. Please be sure to complete and return it to the MPS as soon as possible. The survey is also available online. Please click [HERE](#) to take the survey. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

APA Information

May APA Assembly Highlights

Several major decisions took place during the May 2015 Assembly meeting. The new APA logo was revealed, a stylized brain with a spiral caduceus running through it. Along with the tagline, "Medical leadership for mind, brain and body," the new logo serves to emphasize that psychiatry is a medical specialty. The old logo with Benjamin Rush remains the official APA seal.

A plan to expand representation of smaller DBs in the Assembly was accepted. The big news for the MPS is that we receive a third Assembly Representative. As per our bylaws, this person will be appointed by the Council to complete the current term, and then be voted on in our 2016 election.

The theme for Renee Binder's presidential year will be "There is no health without mental health."

Other items to mention: the APA staff directory can now be found on the [Contact page](#) of the website; the APA-endorsed malpractice insurance now includes increased coverage for punitive damages (\$250K) and defense for board licensure (\$50K), and increased loss of income limits (\$1000 daily); the APA is in good shape, with \$82M in reserves; and the APA Find a Psychiatrist feature (finder.psychiatry.org) for patients to find a local member psychiatrist is being implemented. (This came about from an MPS Action paper and was modeled on our similar feature.) Members who haven't signed up yet can click to [join](#).

Please see this [link to more detailed notes from the meeting](#), including Action Paper results.

The Assembly reviewed over 30 Action Papers and passed 23 of them. Notable papers include:

- 12B. New Position Statement on Firearm Access, Acts of Violence, and the Relationship to Mental Disorders and Mental Health Services - REFERRED to Council on Psychiatry and the Law
- 12G. Efficient Electronic Payment and Record Access (MPS Action Paper) - PASS as amended
- 12I. Position Statement on Assisted Outpatient Treatment (AOT) - PASS as amended
- 12N. Changing ECP Status to 8 Years Following Completion of Training - PASS as amended
- 2Q. Removing Clinician's Subjective Impression from the Definition of Mental Disorders (FAIL)
- 12Y. Mental Health Leave in Colleges (PASS)

*Steven R. Daviss, M.D.
Robert P. Roca, M.D., M.P.H.*

Upcoming Award Deadlines

Diversity Awards

Nominations for these APA awards are due **July 17**:

- [JOHN FRYER AWARD](#) honors an individual whose work has contributed to the improvement of the mental health of members of sexual minorities.
- [SOLOMON CARTER FULLER AWARD](#) honors a black citizen who has pioneered in an area that has significantly benefited the quality of life for black people.
- [OSKAR PFISTER AWARD](#) honors an outstanding contributor in the field of psychiatry and religion.
- [KUN-PO SOO AWARD](#) recognizes an individual who has made significant contributions toward understanding the impact and import of Asian cultural heritage in areas relevant to psychiatry.
- [ALEXANDRA SYMONDS AWARD](#) recognizes a woman psychiatrist who has made significant contributions to promoting women's health and the advancement of women.
- [GEORGE TARJAN AWARD](#) honors a physician who has made significant contributions to the enhancement of the integration of international medical graduates into American psychiatry.

Child Psychiatry Awards

The APA invites applications for the Ittleson Research Award, the McGavin Award for Prevention, and the McGavin Award for Distinguished Career Achievement in Child and Adolescent Psychiatry. All of these awards recognize psychiatrists who have made significant contributions to child and adolescent psychiatry. They will be presented at APA's 2016 Annual Meeting in Atlanta. The deadline for nominations is **August 1**. Click [here](#) for more information.

Faculty Innovation in Education Awards

The ABPN Faculty Innovation in Education Award recognizes innovative education and/or evaluation projects that promote effective residency/fellowship training or lifelong learning of practicing psychiatrists and neurologists. Preference will be given to projects that have the potential for use in more than one site and to applicants who are at a junior or mid-faculty level. The deadline for applying is **August 10**. Click [here](#) for more information.



Medical leadership for mind, brain and body.

Goodbye Chicago

The AMA House of Delegates met June 6-10 in Chicago, in weather that at the start felt more like March and ended feeling more like mid-summer. This was the first meeting post-SGR-repeal, and how that will ultimately play out is still unknown. The final vote on the repeal was striking in that it garnered over a 2/3 bipartisan majority in both houses of Congress, and highlighted the question of why it had not passed much sooner. The AMA has conceded that it probably cannot stop the implementation of ICD-10 with all its faults, and will instead advocate for a grace period in its implementation. During the "grace period" physicians would not be penalized for errors in coding and payments would not be withheld, and the AMA would seek data about the effect of implementation on physician practices.

Maintenance of Certification (MOC) was revisited again with continuing pressure to make this process less expensive, less time-consuming and less onerous for physicians. There continues to be evidence of questionable financial dealings by at least one of the boards and little real evidence of board certification leading to better patient outcomes.

The AMA elections were quite interesting. Patrice Harris M.D., an African-American psychiatrist from Georgia was re-elected to the AMA Board of Trustees. She is currently the Secretary and is likely to move up to Chair-Elect and then Chair over the next 2 years. The chair is the most organizationally powerful position in the AMA as the president serves, primarily, as the spokesperson and titular head. Most of the board chairs go on to become president. Dr. Harris also served on the APA Board of Trustees at one time, and served on the APA Delegation. She practices in Georgia in the public sector, but also has a private practice and has served as a lobbyist for the Georgia Psychiatric Society in the Georgia legislature. She truly understands all facets of the game.

MedChi was very pleased that Dr. Bruce Smoller, a psychiatrist in Montgomery County, editor of the MedChi journal *Maryland Medicine* and a past president of MedChi, was elected to the AMA Council on Science and Public Health. It has been a pleasure to work with him at MedChi; he is a very thoughtful and warm person. Dr. Willarda Edwards, a primary care physician, a past chair of the AMA Council on Constitution and Bylaws, a past president of MedChi, a past president of the National Medical Association, and a past chair of the AMA Women Physician's Congress, has been nominated to run for the AMA Board with the backing of Maryland and the Southeastern States Caucus. We were also very pleased that the American Association for Geriatric Psychiatry was given a seat in the AMA House of Delegates, and that our own MPS member Allan Anderson, M.D. will fill that seat, joining the family of Maryland physicians serving in the AMA.

My tenure on MedChi's AMA delegation ended at the end of this meeting, so I will be unable to send you personal reports on AMA activities in the future. I chaired the MedChi delegation for 2014-2015; Dr. Willarda Edwards will chair the delegation and Dr. Bruce Smoller will be vice chair for 2015-2016.

It has been a privilege to have had the opportunity since 1997 to serve in the House of Delegates and bring back information that is important for psychiatrists to know. The AMA has hugely changed since the time I originally entered the House as an Alternate AMA Delegate from MedChi. We have had a psychiatrist AMA Speaker and later President. We have had a number of female board chairs and presidents. We may soon have our first African-American female AND psychiatrist board chair and president. There are many psychiatrists involved at all levels of the AMA boards and councils. As one colleague said, "This is not your Father's AMA." The AMA remains the most potent medical advocacy organization in the country; it is responsive to membership input, and it deserves your support.

*Thomas E. Allen, M.D.
AMA Delegate from MedChi*

New AMA Policy Urges Better Coverage for Behavioral Health Care

At its 2015 annual meeting, the AMA passed new policy favoring increased access and coverage of integrated medical and behavioral health care services. Outlined in a report from the [AMA Council on Medical Service](#) chaired by Jack McIntyre, M.D., the new policy directs the AMA to urge Medicaid and private health insurers to pay for physical and behavioral health care services provided on the same day. The AMA also will encourage state Medicaid programs to amend plans as needed to include payment for behavioral health care services in school settings in order to identify and treat behavioral health conditions as early as possible. Finally, the AMA will promote developing sustainable payment models to assist programs that currently rely on short-term funding to continue integrating behavioral health care services into primary care settings. Read more in the [press release](#).





MEDICAL DIRECTOR, GERIATRIC SERVICES

Towson, Maryland

Sheppard Pratt has a unique leadership opportunity for an experienced geriatric psychiatrist. The Medical Director for Geriatric Services will focus on the development of services for older adults and oversee the quality of care provided to this population currently receiving services on two inpatient units in our state-of-the-art, free-standing psychiatric hospital located on our main campus and in several local nursing homes and retirement communities. Our main campus is located in Towson, Maryland, approximately 20 minutes north of Baltimore's Inner Harbor. The clinical portion of this position will be based on psychiatrist preference; clinical settings can include inpatient, partial hospital, traditional outpatient or urgent assessment evaluation services and nursing homes.

Applicants must be board certified in adult psychiatry with added qualifications in geriatric psychiatry. Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers, and a focus on quality care in an academic setting. Qualified candidates must possess a current license to practice in Maryland at the time of appointment and experience treating patients in an inpatient setting. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

If you are interested in advancing your professional life and assuming a leadership role in a large, behavioral health care system, we encourage you to explore this unique opportunity. Please contact Kathleen Hilzendeger, Director of Professional Services, 410 938-3460 or khilzendeger@sheppardpratt.org.



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

Psychiatrists Needed for Independent Medical Evaluations

The Maryland State Retirement Agency would like to expand our roster of doctors who can perform psychiatric Independent Medical Evaluations (IMEs). The purpose of the evaluation is to assist our Medical Boards in making a determination of a claimant's medical condition in connection with his/her request for disability retirement benefits. IME doctors must be available to testify; however, this is only necessary in the case of a claimant appealing a denied claim. Hearings are held at the Office of Administrative Hearings in Hunt Valley, Maryland. We invite all doctors interested in this opportunity to contact Robin McClelland at 410-625-5500.

Psychiatrists Needed for Medical Boards

The Maryland State Retirement Agency conducts weekly Medical Board meetings to determine whether a member is mentally or physically incapacitated from performing his or her job duties and whether the incapacitation is likely to be permanent. Medical Board physicians review medical documentation only and do not meet with the claimant. Meetings are scheduled weekly on a Wednesday or Thursday from 1:30 – 4:30 pm. Doctors typically attend one meeting per month and are paid \$525 per meeting. The Retirement Agency is located in the SunTrust Building at 120 E. Baltimore Street, Baltimore, MD. Parking is provided. If interested, contact Robin McClelland at 410-625-5500



MARYLAND
STATE RETIREMENT
and PENSION SYSTEM



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

INPATIENT PSYCHIATRISTS Towson, Maryland

Sheppard Pratt is currently recruiting for psychiatrists to provide inpatient services on several units on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, these positions can be paired with assignments in the partial hospital, in crisis evaluation services or in nursing homes. Positions include the Geriatric Medical Director, a Geriatric Psychiatrist, an Addictions Psychiatrist, a Child and Adolescent Psychiatrist and a Psychiatrist for our Adult Crisis Stabilization Unit.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced specialty training are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer. Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.

Adult/General Psychiatrist (M.D.) (fulltime)
MedStar Good Samaritan Hospital

Educational Requirements: Completion of an approved psychiatric residency and Board Certified/Board Eligible in Psychiatry.

Experience: Experience in working with general adult psychiatric patients, and in providing psychiatric consultation to general hospital medical/surgical inpatient units.

Job Description: The Division of Psychiatry of MedStar Good Samaritan Hospital is expanding psychiatric services under the leadership of Elias K. Shaya, M.D. We are recruiting a full-time Psychiatrist whose time will be divided between office-based outpatient treatment and consultation to inpatient medical/surgical units of Good Samaritan Hospital, as well as teaching students and residents. Research opportunities will also be available and encouraged, if interested.

Our Psychiatrist will be supported by an excellent administrative staff and will collaborate with an experienced team of Social Worker/ Psychotherapists, Nurse Practitioners and other Psychiatrists. For more information, contact Ed Matriardi, LCSW-C, Operations Director, at 443.444.2237.

Position Benefits (for full time): Highly competitive compensation package including 25 PTO days, 6 Holidays, 3 Personal Holidays, a comprehensive medical plan with prescription, vision and dental coverage. Benefits also include short-term and long-term disability plans, a 403(b) retirement plan with company match, as well CME allowance.

Annual Salary:

Matches experience.

Start Date: As soon as credentialing is completed.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

ADULT PSYCHIATRIST OUTPATIENT SERVICES
Behavioral Health Partners, Inc.

FREDERICK, MARYLAND

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

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

If you are interested in joining a large group practice advancing your career to the next level, we encourage you to explore this unique opportunity. Please contact Fred Donovan, Director, 301-663-8263 ext. 228 or

fdonovan@sheppardpratt.org.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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 wrap-around 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.

Psych Associates of Maryland, LLC seeks psychiatrist part/full time to join its 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. www.pamllc.us

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

AVAILABLE OFFICE SPACE

ELLCOTT 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.



Seeking an adult psychiatrist to provide psychiatric evaluation and medication management (E&M) services (15-20 hours a week) in Outpatient Mental Health Center. Some of the scheduled hours will be in a satellite clinic, which provides services to dual diagnosed (substance abuse and MH) patients. The OMHC also works closely with Family Services PRP program, which provides services to individuals for recovery with serious mental illness. Interested candidates must be board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. Resumes and cover letters should be submitted to careers@fs-inc.org.

Attention: Members Completing Psychiatric Training

The APA and MPS require Members-in-Training to 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 (e.g., copy of license and training certificate), the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Members-in-Training advance, they become Early Career Psychiatrists (ECPs). Visit the [APA website](#) for ECP networking and career development information.

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.

INSURANCE COVERAGE DESIGNED FOR PSYCHIATRISTS

YOU CAN COUNT ON US.

// We have underwritten more than 20,000 psychiatrists since 1986. This psychiatric-specific expertise allows our knowledgeable and relevant approach to underwriting, assuring a secure source of coverage so you can count on us to be there when you need us most.

Jackie Palumbo
Executive Vice President,
Chief Underwriting Officer



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



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