

Q1 What Is Your Top CME Need?

Answered: 123 Skipped: 73

#	RESPONSES	DATE
1	psychopharm and research updates	8/7/2018 2:38 PM
2	affordable online updates on pharmacology and anything new on psychopathology	8/1/2018 11:34 AM
3	PIP	7/24/2018 2:04 PM
4	psychodynamic psychotherapy	7/21/2018 3:03 PM
5	Psychopharmacolgy	7/21/2018 1:19 PM
6	psychopharm updates	7/19/2018 10:34 AM
7	Access to administrative staff when clinical, legal or administrative questions arise in a practice setting.	7/19/2018 10:28 AM
8	Psychopharm, Reintegrating Addictions into Primary Psychiatry	7/17/2018 8:43 AM
9	college age students with new diagnosis	7/16/2018 3:29 PM
10	integrative or collaborative care	7/13/2018 4:22 PM
11	the place of psychiatrists in the service of the public interest; ethical issues and physician obligations at times of political unrest; historic reflection on the role psychiatry played at times of authoritarian, dictatorship and fascist regimes	7/12/2018 9:51 PM
12	Trd	7/12/2018 12:06 PM
13	quality information	7/12/2018 9:23 AM
14	Approved opioid CME for re-licensure	7/12/2018 12:27 AM
15	forensic	7/11/2018 11:45 PM
16	new pharmacology research	7/11/2018 8:57 PM
17	Therapy, pharmacology, esoteric diagnoses	7/11/2018 7:26 PM
18	unbiased reviews of evidence based treatment advances	7/11/2018 5:49 PM
19	All satisfied by UMD grand rounds and existing activities.	7/11/2018 1:29 PM
20	Psychopharmacology	7/11/2018 12:19 PM
21	psychotherapy	7/11/2018 12:05 PM
22	Psychopharmacology	7/11/2018 10:36 AM
23	Psychopharmacology updates	7/11/2018 10:24 AM
24	Integrative and Functional Medicine approaches to mental health conditions;	7/11/2018 10:17 AM
25	Psychopharmacology- latest developments	7/11/2018 9:53 AM
26	lgbtq	7/11/2018 9:51 AM
27	Epigenetics	7/11/2018 9:51 AM
28	none	7/11/2018 9:49 AM
29	medico-legal issues	7/11/2018 9:47 AM
30	free CMEs	7/11/2018 9:40 AM
31	Psychopharmacology	7/11/2018 9:38 AM
32	Maintenance of Certification Addiction	7/11/2018 1:19 AM
33	Practical treatment programming	7/3/2018 10:38 AM

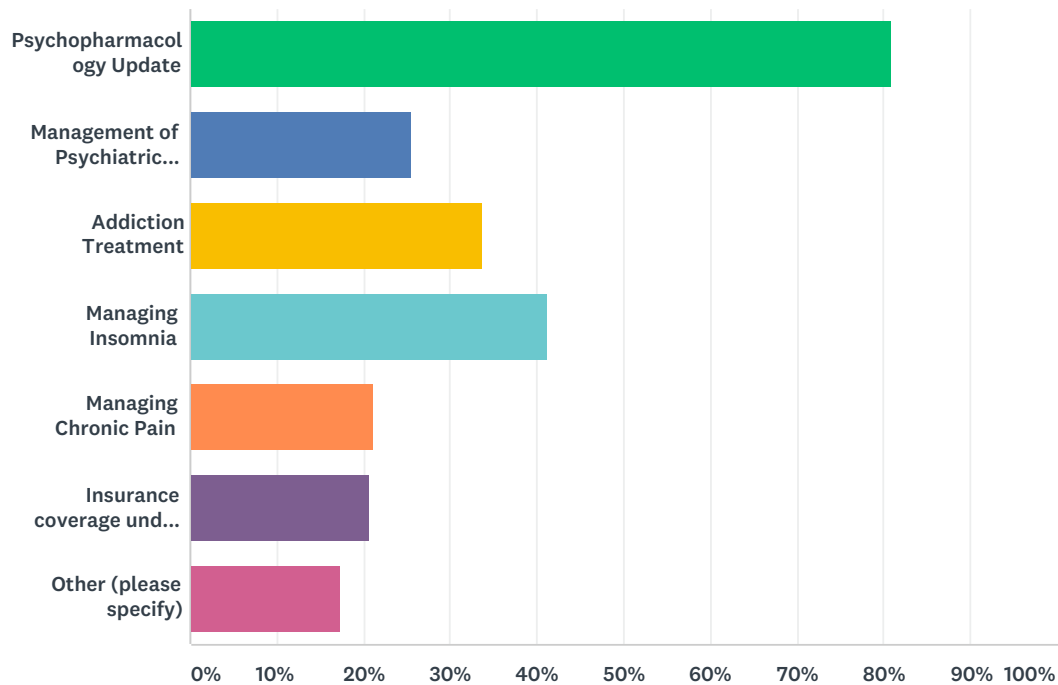
34	Compliance with MOC and State Regulations	7/2/2018 10:34 AM
35	Psychopharmacology	7/1/2018 4:04 PM
36	updates in Rx and latest papers	7/1/2018 3:43 PM
37	current legis demands	6/30/2018 2:27 PM
38	Pharmacology	6/30/2018 12:12 PM
39	Credits, available online is most convenient	6/29/2018 11:40 PM
40	More affordable and easy access to CME credits	6/29/2018 6:44 PM
41	medication management	6/29/2018 5:09 PM
42	Psychotherapy	6/29/2018 9:19 AM
43	Learn relative advantages and disadvantages of new medications.	6/28/2018 11:18 PM
44	Psychopharm for refractory depression and anxiety	6/28/2018 10:07 PM
45	Interpersonal Neurobiology	6/28/2018 10:05 PM
46	Passing the MOC	6/28/2018 9:52 PM
47	Psychopharm	6/28/2018 7:28 PM
48	none as I am retiring	6/28/2018 6:23 PM
49	PDMP..	6/28/2018 5:56 PM
50	More available CMEs	6/28/2018 5:25 PM
51	Appropriate topics	6/28/2018 5:21 PM
52	MOC CME (or better yet challenge/defeat the MOC nonsense)	6/28/2018 5:06 PM
53	Substance Abuse	6/28/2018 4:56 PM
54	Novel treatments or novel tests	6/28/2018 4:43 PM
55	Psychopharmacology, Use/utility of structured assessments	6/28/2018 4:31 PM
56	Psychopharmacology updates, management guideline changes or improvements	6/28/2018 4:04 PM
57	Psychopharmacology	6/28/2018 3:58 PM
58	Addictions	6/28/2018 3:35 PM
59	Networking for career opportunities after fellowship.	6/28/2018 2:58 PM
60	I don't have any since I attend the APA meeting and most grand rounds at my facility	6/28/2018 2:45 PM
61	Future of mental health insurance	6/28/2018 2:44 PM
62	MOC credits	6/28/2018 2:43 PM
63	psychopharm of THC and CBD along with state of RCT for different psych disorders. Way too much confusion right now.	6/28/2018 2:35 PM
64	I'm a resident, I do not yet have CME requirements	6/28/2018 2:31 PM
65	billing info	6/28/2018 2:26 PM
66	psychopharm	6/28/2018 2:09 PM
67	Self-assessment credits!!!!!!	6/28/2018 2:06 PM
68	pharmacology update	6/28/2018 1:52 PM
69	Trauma Disorders	6/28/2018 1:43 PM
70	navigating prior authorizations	6/28/2018 1:37 PM
71	Local resources	6/28/2018 1:37 PM
72	psychopharm and other medical treatments	6/28/2018 1:36 PM

73	Simply staying updated on latest trends. I can't get enough of different approaches to treating pregnancy/post-partum/peri menopausal needs.	6/28/2018 1:32 PM
74	law	6/28/2018 1:28 PM
75	Psychotherapy of narcissism	6/28/2018 1:24 PM
76	MIPS	6/28/2018 12:17 PM
77	Medical update for psychiatrists	6/28/2018 12:16 PM
78	How to diagnose and manage adult autism spectrum disorder	6/18/2018 5:28 PM
79	risk management	6/13/2018 12:18 PM
80	"Ask the expert" where cases are presented bipartisanly to discuss topics. Have seen this at big conferences as an option for smaller groups.	6/13/2018 12:15 PM
81	new advances	6/12/2018 11:06 AM
82	substance use disorders	6/12/2018 11:04 AM
83	Local high credit courses	6/12/2018 10:36 AM
84	Suicide/Violence, Practice business aspect	6/12/2018 10:34 AM
85	practice management	6/12/2018 10:28 AM
86	Adult autism and comorbidities	6/12/2018 10:26 AM
87	Keeping up with new medication	6/12/2018 10:16 AM
88	N/A	6/10/2018 10:07 AM
89	Developmental neuropsychiatric topics (autism SD especially)	6/6/2018 1:06 PM
90	Addictions	6/6/2018 12:54 PM
91	Supportive psychotherapy	6/6/2018 12:53 PM
92	Dual diagnosis	6/6/2018 11:32 AM
93	Management of ADHD	6/6/2018 11:28 AM
94	Violence Risk Assessment	6/6/2018 11:26 AM
95	Pharmacology reviews and updates related to SMI	6/4/2018 9:54 AM
96	Personality disorders	6/1/2018 5:19 PM
97	Organic brain injury-	6/1/2018 4:52 PM
98	Clinical...	6/1/2018 1:22 PM
99	Update on genetics of mental disorders	6/1/2018 1:14 PM
100	treatment resistant mood disorders	6/1/2018 1:06 PM
101	MAT and best practices for treating Addictions	6/1/2018 12:44 PM
102	Anything	6/1/2018 12:41 PM
103	performance in practice	5/29/2018 1:20 PM
104	Addictions treatment	5/29/2018 1:18 PM
105	Keeping up with new medication	5/29/2018 1:11 PM
106	DBT techniques	5/27/2018 5:23 PM
107	Psychopharmacology and New Interventions (Botox, TMS, etc).	5/22/2018 4:00 PM
108	child psychiatry	5/21/2018 9:05 PM
109	Crisp	5/17/2018 12:02 AM
110	Practical psychopharmacology	5/16/2018 7:34 PM
111	Psychopharmacology	5/16/2018 5:17 PM

112	Risk management, new medications	5/16/2018 9:37 AM
113	Advances in Psychiatry	5/16/2018 8:03 AM
114	psychopharmacology	5/16/2018 7:44 AM
115	psychopharm	5/15/2018 5:50 PM
116	MOC	5/15/2018 3:06 PM
117	CME on navigating new and promising technologies, working with providers that provide them, how to use them ourselves: Neurofeedback, Biofeedback, Stimulation techniques. These can change need for meds and require dose reduction or elimination as patients respond. There are conflicting reports in the literature, there are self-treatment modalities out there. Psychiatrists need to know how to evaluate the offerings from "friends", how to help patients navigate if they decide to pursue these, and some of us are actively using the evidence based modalities. How does one pursue certification and competence? so much to learn and that part of our field is exploding, but few of us are knowledgeable.	5/15/2018 2:36 PM
118	50 every 2 years	5/15/2018 2:09 PM
119	Outpatient risk management	5/15/2018 1:55 PM
120	addiction psychiatry	5/15/2018 1:39 PM
121	Psychopharm updates	5/15/2018 1:19 PM
122	Neuropsychiatry	5/15/2018 1:18 PM
123	Psychopharmacology updates	5/15/2018 1:18 PM

Q2 What CME Events Would You Be Most Likely To Attend? (Check All That Apply)

Answered: 184 Skipped: 12



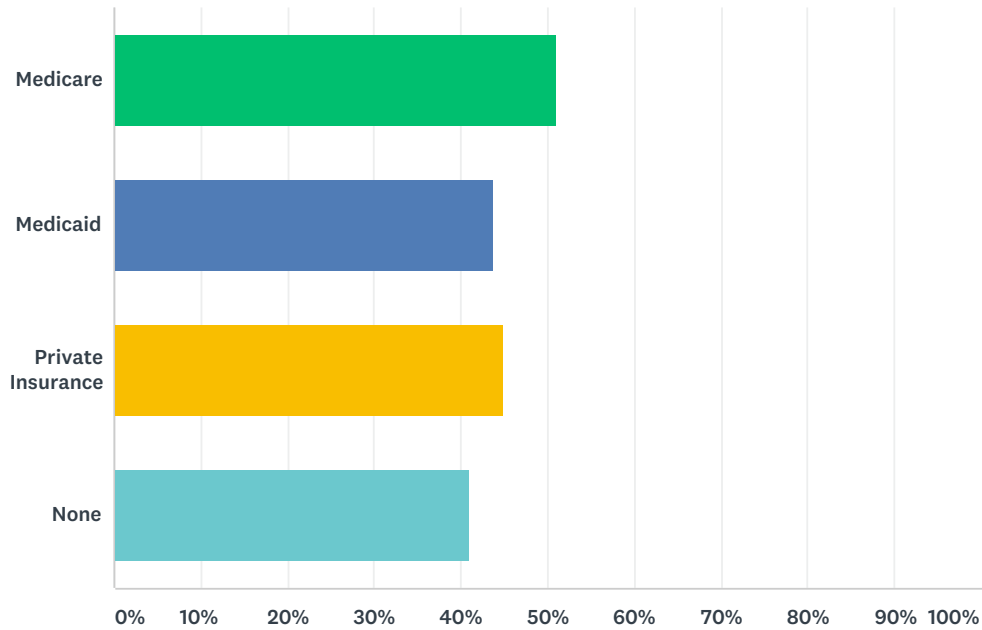
ANSWER CHOICES	RESPONSES	
Psychopharmacology Update	80.98%	149
Management of Psychiatric Disorders in Children	25.54%	47
Addiction Treatment	33.70%	62
Managing Insomnia	41.30%	76
Managing Chronic Pain	21.20%	39
Insurance coverage under the Mental Health Parity and Addiction Equity Act	20.65%	38
Other (please specify)	17.39%	32
Total Respondents: 184		

#	OTHER (PLEASE SPECIFY)	DATE
1	I think it would be good to have someone from the Physician Board come to talk about what belongs in psychiatrist's notes -- you see people cited for inadequate charting, but no one teaches (or at least no one taught me!) what constitutes reasonable charting. Maybe just how not to get cited in general. Maybe a psychiatrist (?Bob Roca) who has worked with the board could do this? (not a lawyer)	7/30/2018 8:02 AM
2	techniques and recent research in psychotherapy	7/21/2018 3:03 PM
3	networking events; business aspects of practice	7/16/2018 3:29 PM
4	none of the above	7/12/2018 9:51 PM
5	Psychotherapy issues	7/11/2018 7:26 PM

6	treatment of comorbid personality disorders	7/11/2018 5:49 PM
7	Environmental Toxins in Mental Health	7/11/2018 10:17 AM
8	Attachment Based Family therapy and Role of psychotherapy in Anxiety and depression	6/29/2018 6:44 PM
9	Psychotherapy	6/28/2018 10:07 PM
10	Innovations in comprehensive, integrative psychiatric treatment such as Interpersonal Neurobiology	6/28/2018 10:05 PM
11	how to retire	6/28/2018 6:23 PM
12	the value of genetic testing for metabolic enzymes in selecting medications	6/28/2018 5:56 PM
13	Any legal/ethical updates	6/28/2018 4:31 PM
14	Management guideline changes	6/28/2018 4:04 PM
15	Patient safety	6/28/2018 2:45 PM
16	management of side effects of medications, management of treatment-resistant psychosis	6/28/2018 1:52 PM
17	Lyme Disease, psychoendocrinology	6/28/2018 1:36 PM
18	Psychotherapy of Narcissism	6/28/2018 1:24 PM
19	Diagnosis and management of adult autism spectrum disorder	6/18/2018 5:28 PM
20	Automating your practice with apps.	6/13/2018 12:21 PM
21	Ethics	6/12/2018 10:39 AM
22	MOC Board Review and associated motivational interviewing, DBT for psychiatrists	6/12/2018 10:17 AM
23	Research updates on psychedelic meds in psychiatry	6/10/2018 10:07 AM
24	No charge events -- should be free for members	6/6/2018 1:04 PM
25	TMS	6/6/2018 12:57 PM
26	anything related to risk management, reg changes-CRISP, PDMP training, brain injury, geriatrics	6/4/2018 9:54 AM
27	Genetics of mental disorders	6/1/2018 1:14 PM
28	MOC Board Review and associated motivational interviewing, DBT for psychiatrists	5/29/2018 1:13 PM
29	New Advances in Psychiatry	5/22/2018 4:00 PM
30	neurofeedback, biofeedback, stimulation techniques. (by the way this applies to all these above). If you can't do a CME specifically on these, why not encourage presenters to include some portion of their presentation on these valid treatments?	5/15/2018 2:36 PM
31	Hypnosis, ptsd, palliative care	5/15/2018 2:09 PM
32	ethical issues in psychiatry	5/15/2018 1:19 PM

Q3 Do You (or your practice) Participate With? (Check all that apply)

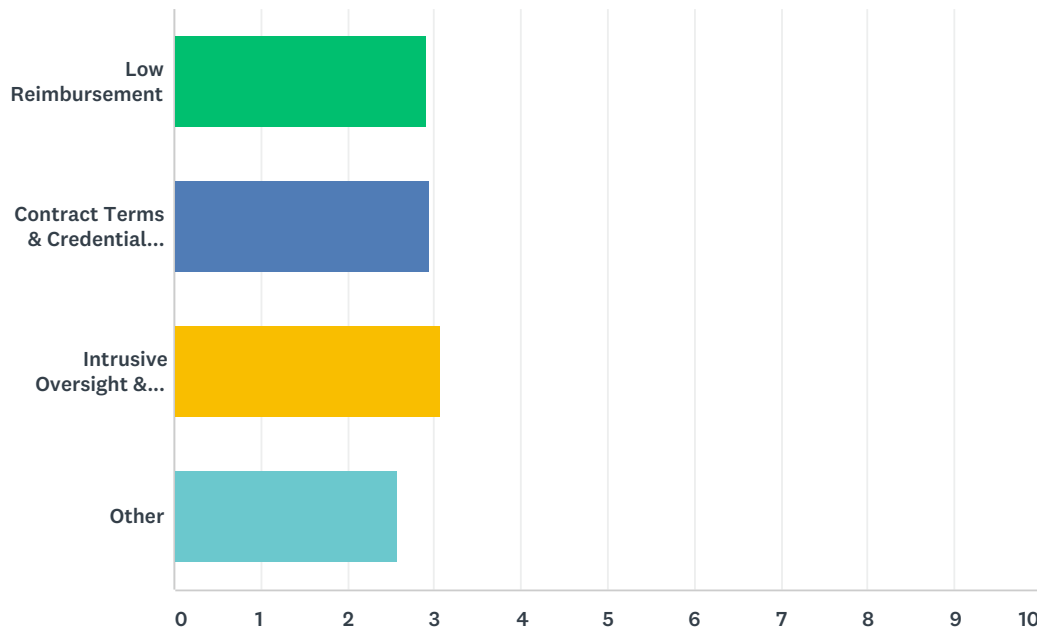
Answered: 176 Skipped: 20



ANSWER CHOICES	RESPONSES	
Medicare	51.14%	90
Medicaid	43.75%	77
Private Insurance	44.89%	79
None	40.91%	72
Total Respondents: 176		

Q4 If Applicable, Rank The Following Reasons for NOT Participating In MEDICARE

Answered: 86 Skipped: 110



	1	2	3	4	TOTAL	SCORE
Low Reimbursement	38.33% 23	18.33% 11	38.33% 23	5.00% 3	60	2.90
Contract Terms & Credentialing Paperwork	30.16% 19	39.68% 25	25.40% 16	4.76% 3	63	2.95
Intrusive Oversight & Utilization Management	35.00% 21	40.00% 24	23.33% 14	1.67% 1	60	3.08
Other	47.50% 19	5.00% 2	5.00% 2	42.50% 17	40	2.58

Q5 If you checked "OTHER" as a reason for MEDICARE above please note your reason here:

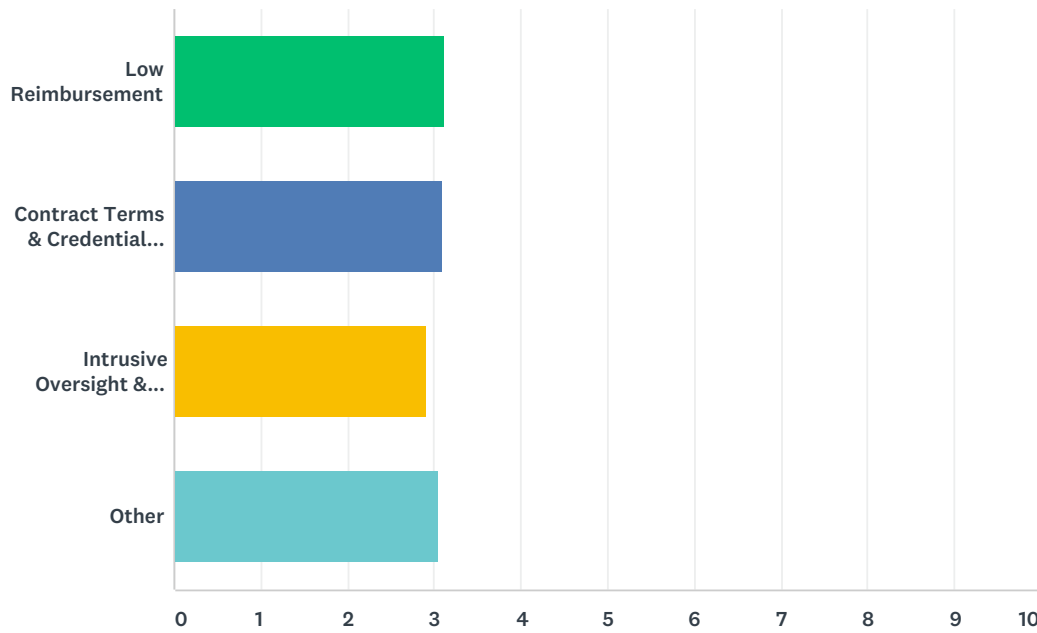
Answered: 45 Skipped: 151

#	RESPONSES	DATE
1	I am "non-participating" which essentially means I participate. Nothing about Medicare is easy.	7/30/2018 8:04 AM
2	Practice is limited to College Students	7/21/2018 1:23 PM
3	Not practicing full-time, therefore the volume would not compensate for the administrative/operational burden	7/17/2018 8:45 AM
4	I used to take it but the billing service stopped being willing to do it, saying the rates were so low it wasn't worth their time!	7/13/2018 4:23 PM
5	will participate if it becomes a single payer plan	7/12/2018 9:55 PM
6	Want diverse age group to treat	7/11/2018 12:20 PM
7	Current practice	7/11/2018 10:37 AM
8	they do not cover many of the treatment modalities I employ	7/11/2018 10:20 AM
9	i accept it	7/11/2018 9:50 AM
10	na	7/11/2018 9:41 AM
11	Not in active practice	6/30/2018 2:30 PM
12	N/A	6/29/2018 11:41 PM
13	Treat Children	6/29/2018 6:46 PM
14	took 2 years to get credentialing	6/29/2018 5:10 PM
15	I treat adolescents only.	6/29/2018 9:24 AM
16	Retired	6/29/2018 8:48 AM
17	I consult with organized parctices.	6/28/2018 11:20 PM
18	Unfair and impossible burden of coordination benefits is placed solely on the physician. Billing companies do no help you and if the patient is uninformed or lying about other coverage, you just never get paid.	6/28/2018 10:07 PM
19	n/a	6/28/2018 10:06 PM
20	not applicable	6/28/2018 5:22 PM
21	Medicare is accepted where I practice	6/28/2018 4:06 PM
22	Retired from seeing patients	6/28/2018 3:39 PM
23	As a fellow I only see Medicaid.	6/28/2018 2:59 PM
24	I work for an academic institution and they bill both	6/28/2018 2:46 PM
25	N/A	6/28/2018 2:44 PM
26	I work with children who mostly have medicaid.	6/28/2018 2:18 PM
27	work in a state hospital	6/28/2018 1:53 PM
28	Confidentiality	6/6/2018 1:01 PM
29	As NIMH employee technically not eligible to be a provider	6/6/2018 12:58 PM
30	Loss of confidentiality and privacy	6/6/2018 12:56 PM
31	work in a state facility	6/4/2018 9:56 AM

32	I participate in all, as part of the staff of Kennedy Krieger Institute of Johns Hopkins Medical Institutions, and staff of Springfield Hospital Center.	6/1/2018 1:16 PM
33	None of the patients I was seeing were on Medicare anyway	6/1/2018 12:46 PM
34	Work in state hospital	6/1/2018 12:42 PM
35	The responsibility for coordination of benefits is on the doctor's office	5/29/2018 1:15 PM
36	paperwork	5/18/2018 8:31 PM
37	Errors	5/16/2018 7:36 PM
38	I don't deal with insurance, the front office does this, I just see them	5/16/2018 9:38 AM
39	I didn't.	5/15/2018 3:08 PM
40	I am a non-participating provider. considering not doing that either, because of too much to keep up with with over-regulation, penalties, fear of unwittingly messing up and having huge fines, especially the latter. Entirely too intrusive and unmanageable. We should not be using so many resources on that	5/15/2018 2:41 PM
41	Office isn't to code	5/15/2018 1:57 PM
42	not in private practice	5/15/2018 1:40 PM
43	Our outpatient clinic does not take medicare patients due to intrusive regulations regarding documentation.	5/15/2018 1:21 PM
44	Work in a public institution	5/15/2018 1:20 PM
45	work at state hospital	5/15/2018 1:19 PM

Q6 If Applicable, Rank The Following Reasons for NOT Participating In MEDICAID

Answered: 90 Skipped: 106



	1	2	3	4	TOTAL	SCORE
Low Reimbursement	49.23% 32	13.85% 9	36.92% 24	0.00% 0	65	3.12
Contract Terms & Credentialing Paperwork	35.59% 21	40.68% 24	22.03% 13	1.69% 1	59	3.10
Intrusive Oversight & Utilization Management	25.00% 14	44.64% 25	26.79% 15	3.57% 2	56	2.91
Other	68.75% 22	0.00% 0	0.00% 0	31.25% 10	32	3.06

Q7 If you checked "OTHER" as a reason for MEDICAID above please note your reason here:

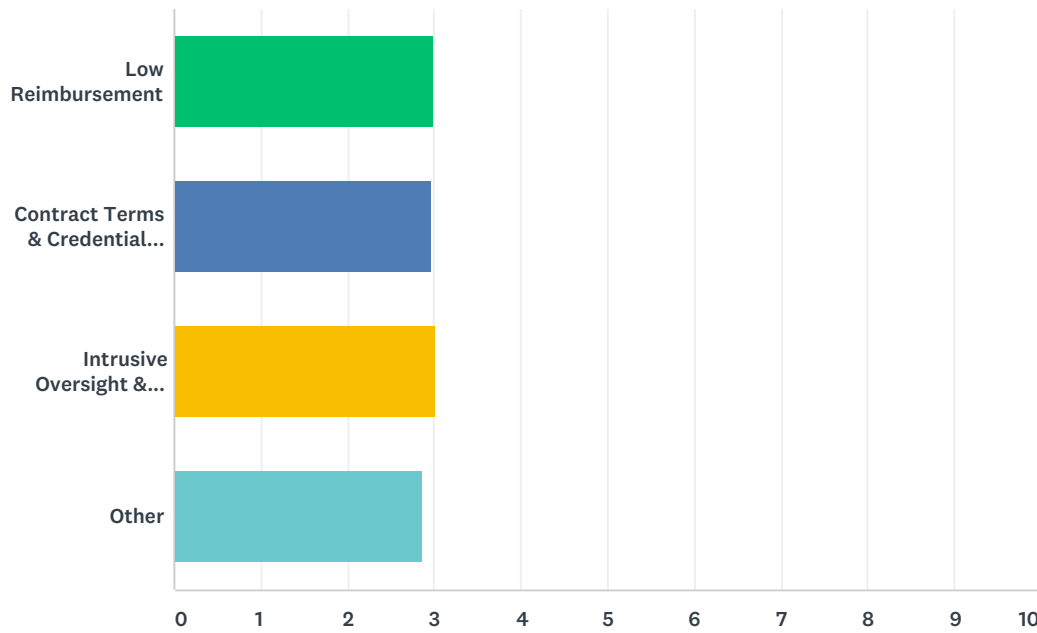
Answered: 35 Skipped: 161

#	RESPONSES	DATE
1	As far as I know, no students are on Medicaid	7/21/2018 1:23 PM
2	Not practicing full-time, therefore the volume would not compensate for the administrative/operational burden	7/17/2018 8:45 AM
3	the medicaid population seeking mental health has mostly complicated psychosocial issues; feel ill-equipped to treat poverty, racism, etc with medications	7/12/2018 9:55 PM
4	the risk if legal charges and accusations	7/11/2018 8:59 PM
5	They do not cover many of the treatments I use	7/11/2018 10:20 AM
6	accepted	7/11/2018 9:50 AM
7	na	7/11/2018 9:41 AM
8	not in practice	6/30/2018 2:30 PM
9	N/A	6/29/2018 11:41 PM
10	We do participate in Medicaid	6/29/2018 6:46 PM
11	All the adolescents in Residential Treatment are on Medicaid.	6/29/2018 9:24 AM
12	retired	6/29/2018 8:48 AM
13	I provide consultation to organized settings.	6/28/2018 11:20 PM
14	Coordination of benefits is impossible because there is no reliable or objective way to do it. Payment liability and risk of never being paid after service is already proved happens frequently for a variety of reasons.	6/28/2018 10:07 PM
15	n/a	6/28/2018 10:06 PM
16	They gave us inconsistent information. One person would tell us one thing and when this didn't work another person would tell us something else. Basically they told us bald face lies and they couldn't figure out how to pay us.	6/28/2018 6:26 PM
17	not applicable	6/28/2018 5:22 PM
18	Medicaid is accepted where I practice	6/28/2018 4:06 PM
19	Don't see patients-retired	6/28/2018 3:39 PM
20	no other	6/28/2018 2:18 PM
21	work in a state hospital	6/28/2018 1:53 PM
22	Not prepared to meet needs of this population	6/12/2018 10:35 AM
23	Confidentiality	6/6/2018 1:01 PM
24	Loss of confidentiality and privacy	6/6/2018 12:56 PM
25	Application of rules	6/6/2018 11:34 AM
26	work in a state facility	6/4/2018 9:56 AM
27	Not applicable.	6/1/2018 1:16 PM
28	work in state hospital	6/1/2018 12:42 PM
29	The responsibility for coordination of benefits is on the doctor's office	5/29/2018 1:15 PM
30	I didn't.	5/15/2018 3:08 PM

31	There is no availability from the public clinics to help with case management for complicated patients. Patients on Medicaid have many other problems not manageable in private practice: need for urgent care, family interventions, case management. If the public clinics would help with that, I'd be happy to provide one time consultation or other help. But if I have to field all the problems of that population alone, forget it.	5/15/2018 2:41 PM
32	not in private practice	5/15/2018 1:40 PM
33	Our outpatient clinic does not take medicaid due to intrusive regulations and documentation, and because medicaid dictates rationing of treatment.	5/15/2018 1:21 PM
34	See above	5/15/2018 1:20 PM
35	work at state hospital	5/15/2018 1:19 PM

Q8 If Applicable, Rank The Following Reasons for NOT Participating In PRIVATE INSURANCE

Answered: 82 Skipped: 114



	1	2	3	4	TOTAL	SCORE
Low Reimbursement	42.11% 24	19.30% 11	35.09% 20	3.51% 2	57	3.00
Contract Terms & Credentialing Paperwork	33.96% 18	33.96% 18	28.30% 15	3.77% 2	53	2.98
Intrusive Oversight & Utilization Management	30.51% 18	42.37% 25	25.42% 15	1.69% 1	59	3.02
Other	57.14% 20	5.71% 2	2.86% 1	34.29% 12	35	2.86

Q9 If you checked "OTHER" as a reason for PRIVATE INSURANCE above please note your reason here:

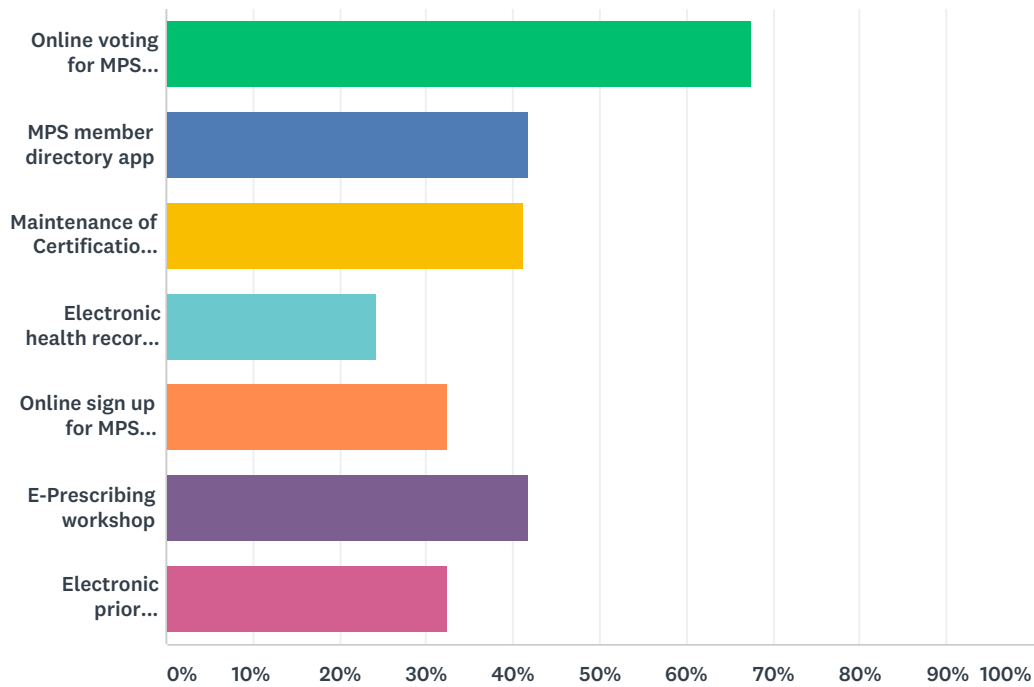
Answered: 36 Skipped: 160

#	RESPONSES	DATE
1	time spent hassling with them over treatment duration, payments, paperwork.	7/21/2018 3:06 PM
2	College has decided it costs more to bill than they collect	7/21/2018 1:23 PM
3	Not practicing full-time, therefore the volume would not compensate for the administrative/operational burden	7/17/2018 8:45 AM
4	I feel it is morally wrong to participate in corporate schemes of any kind to the extent possible	7/12/2018 9:55 PM
5	poor screening for appropriateness of referrals	7/11/2018 8:59 PM
6	They do not cover many of the treatments I use	7/11/2018 10:20 AM
7	accepted	7/11/2018 9:50 AM
8	na	7/11/2018 9:41 AM
9	not in practice	6/30/2018 2:30 PM
10	N/A	6/29/2018 11:41 PM
11	I closed my private practice, because the malpractice insurance was twice my income. The patients at the Residential Treatment Center have private insurance.	6/29/2018 9:24 AM
12	Retired	6/29/2018 8:48 AM
13	I provide consultations to organized settings.	6/28/2018 11:20 PM
14	I was never getting paid for my work with Bcbs cigna, uhc, or the other insurances I used to contract with. Retroactive take backs, multiple issues beyond my control.	6/28/2018 10:07 PM
15	n/a	6/28/2018 10:06 PM
16	not applicable	6/28/2018 5:22 PM
17	Private insurance is accepted in one of the clinics in which I practice	6/28/2018 4:06 PM
18	Retired	6/28/2018 3:39 PM
19	no other reason	6/28/2018 2:18 PM
20	work in a state hospital	6/28/2018 1:53 PM
21	Confidentiality	6/6/2018 1:01 PM
22	Loss of confidentiality and privacy	6/6/2018 12:56 PM
23	Does not cover my doing therapy as well as medication	6/6/2018 11:27 AM
24	They screw up claims	6/6/2018 11:25 AM
25	work in a state facility	6/4/2018 9:56 AM
26	Not applicable.	6/1/2018 1:16 PM
27	work in state hospital	6/1/2018 12:42 PM
28	State Hospital	5/22/2018 4:01 PM
29	private insurances do not like to pay for the services that Physicians provide	5/18/2018 8:31 PM
30	Errors	5/16/2018 7:36 PM
31	Insurance.companies' mission is profit, not healthcare.	5/15/2018 3:08 PM

32	Im fearful of reading the contracts. Some say if the insurance goes bankrupt, I agree to never get paid!!!	5/15/2018 2:41 PM
33	not in private practice	5/15/2018 1:40 PM
34	Our outpatient clinic takes private insurance, however psychiatric services are bundled.	5/15/2018 1:21 PM
35	See above	5/15/2018 1:20 PM
36	work at state hospital	5/15/2018 1:19 PM

Q10 Are You Interested In The Following Possible New Offerings? (Check all that apply)

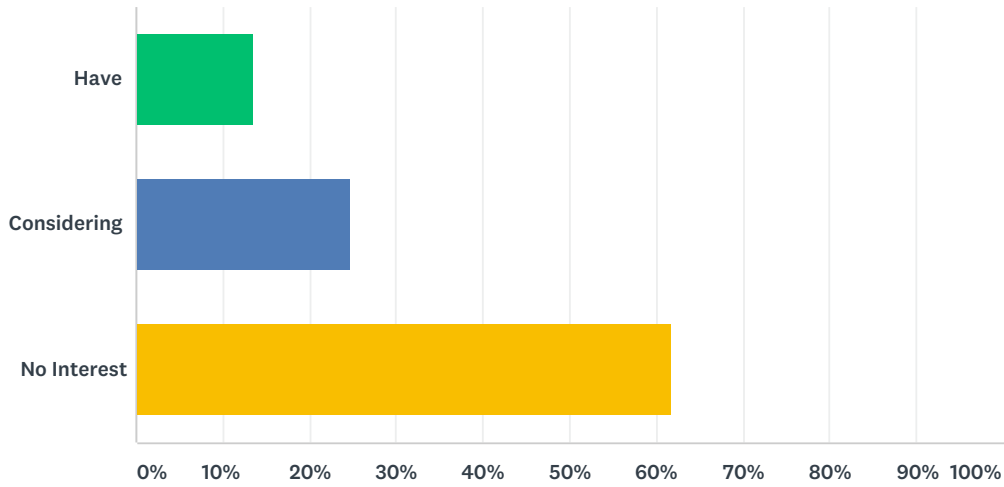
Answered: 148 Skipped: 48



ANSWER CHOICES	RESPONSES	
Online voting for MPS election	67.57%	100
MPS member directory app	41.89%	62
Maintenance of Certification workshop	41.22%	61
Electronic health records workshop	24.32%	36
Online sign up for MPS committees	32.43%	48
E-Prescribing workshop	41.89%	62
Electronic prior authorization workshop	32.43%	48
Total Respondents: 148		

Q11 Do You Have Or Are You Considering Alternative Board Certifications?

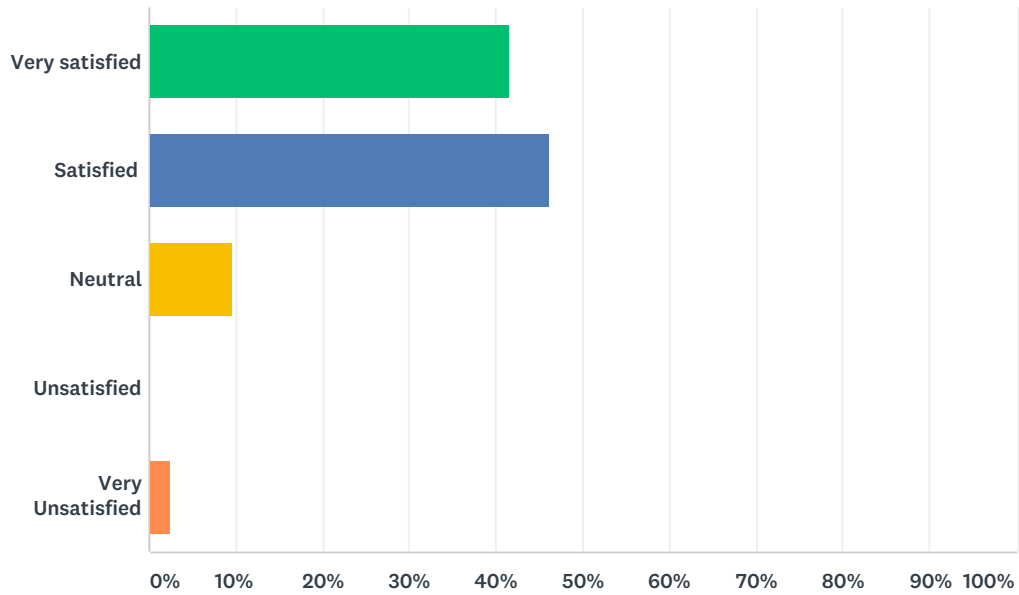
Answered: 170 Skipped: 26



ANSWER CHOICES	RESPONSES
Have	13.53% 23
Considering	24.71% 42
No Interest	61.76% 105
TOTAL	170

Q12 What Is Your Overall Satisfaction With The MPS?

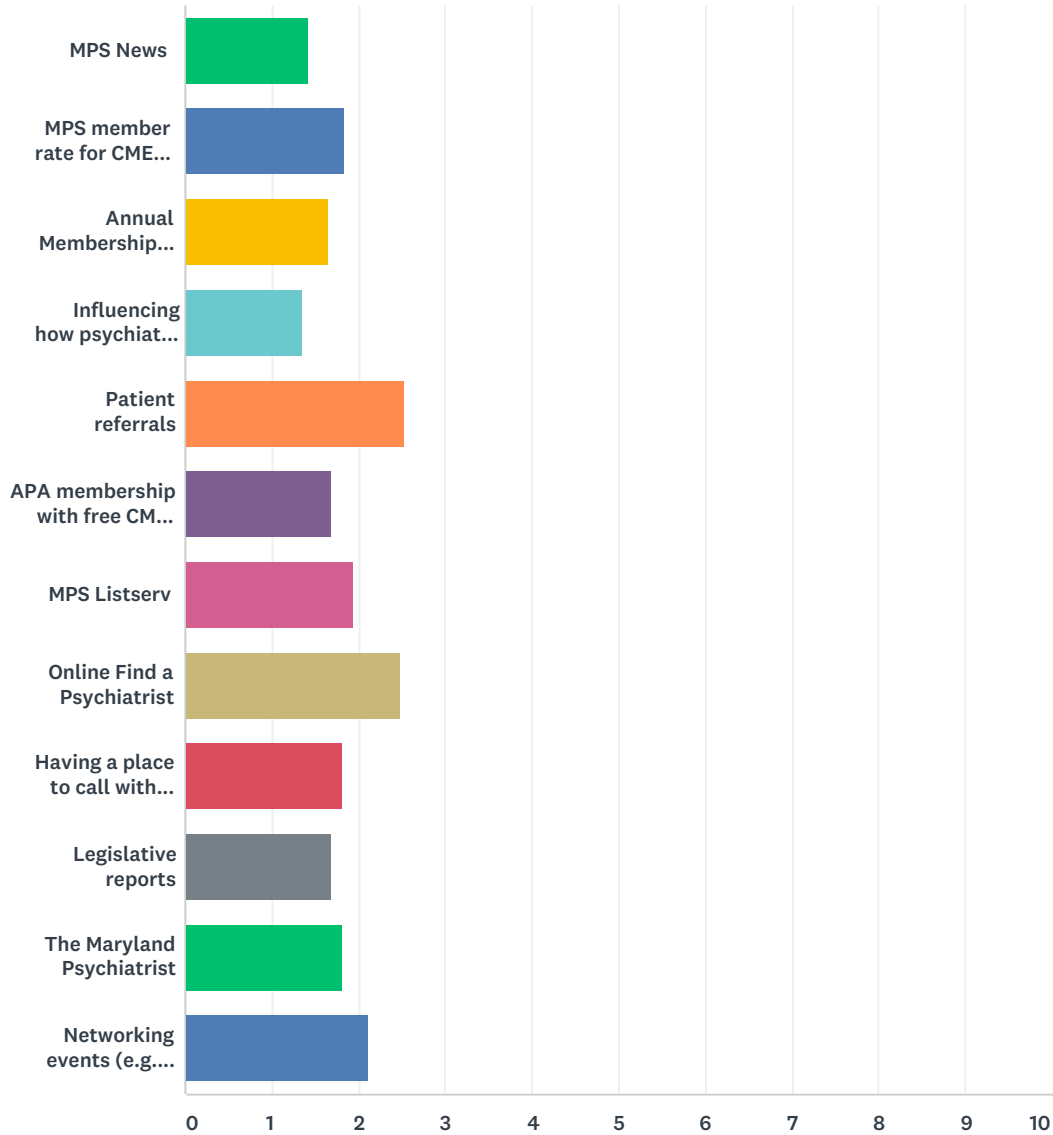
Answered: 156 Skipped: 40



ANSWER CHOICES	RESPONSES	
Very satisfied	41.67%	65
Satisfied	46.15%	72
Neutral	9.62%	15
Unsatisfied	0.00%	0
Very Unsatisfied	2.56%	4
TOTAL		156

Q13 What Do You Value Most About Being A MPS Member?

Answered: 177 Skipped: 19



	MOST IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
MPS News	58.78% 87	39.86% 59	1.35% 2	148	1.43
MPS member rate for CME activities	35.66% 46	44.96% 58	19.38% 25	129	1.84
Annual Membership Directory	46.53% 67	42.36% 61	11.11% 16	144	1.65
Influencing how psychiatry is practiced in Maryland	68.03% 100	27.89% 41	4.08% 6	147	1.36
Patient referrals	10.53% 12	25.44% 29	64.04% 73	114	2.54

APA membership with free CMEs, reduced meeting fees, MOC tracking, etc.	44.53% 61	40.88% 56	14.60% 20	137	1.70
MPS Listserv	38.10% 48	30.16% 38	31.75% 40	126	1.94
Online Find a Psychiatrist	6.31% 7	39.64% 44	54.05% 60	111	2.48
Having a place to call with questions	40.63% 52	37.50% 48	21.88% 28	128	1.81
Legislative reports	44.80% 56	40.00% 50	15.20% 19	125	1.70
The Maryland Psychiatrist	34.96% 43	47.97% 59	17.07% 21	123	1.82
Networking events (e.g. Winter Party, Career Night, Annual Dinner)	28.57% 36	30.95% 39	40.48% 51	126	2.12

Q14 How Can We Better Serve You In The Future?

Answered: 74 Skipped: 122

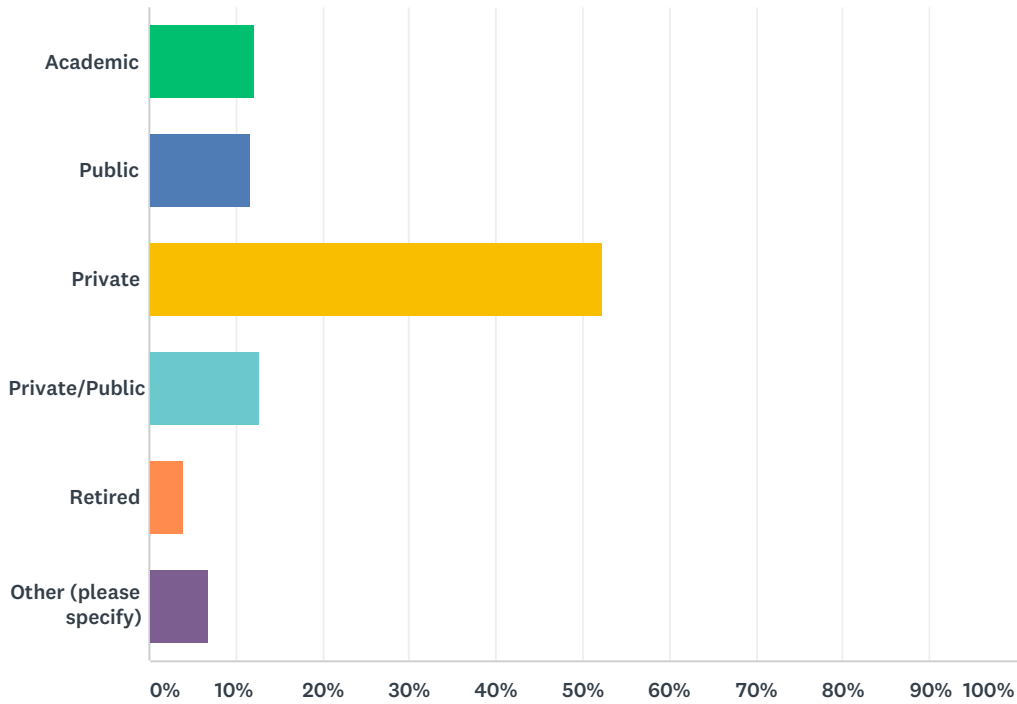
#	RESPONSES	DATE
1	more online CME	8/1/2018 11:37 AM
2	Add a movie club (there is already a book club) Add one more social event besides the dinner-- something more casual Organize in-person peer supervision groups	7/30/2018 8:09 AM
3	Continuing to be a reliable resource about things psychiatric, including new rules and regs, local happenings, etc.	7/21/2018 3:08 PM
4	Continue current activities	7/21/2018 1:26 PM
5	Thanks for all the great work you provide for MPS!	7/19/2018 10:35 AM
6	I am satisfied with how the MPS is serving us at this time.	7/19/2018 10:29 AM
7	By integrating technology to better connect and communicate within our specialty group	7/17/2018 8:48 AM
8	more informal networking events. include events of interest to both child psychiatrists and primary care doctors (pediatricians).	7/16/2018 3:32 PM
9	doubt it	7/12/2018 9:57 PM
10	No specific thoughts about this.	7/12/2018 12:36 AM
11	Not sure	7/11/2018 12:22 PM
12	NOt sure	7/11/2018 12:07 PM
13	Work towards moving Psychiatry away from the current medication focused model to a more integrative, functional medicine model	7/11/2018 10:23 AM
14	N/a	7/11/2018 9:54 AM
15	na	7/11/2018 9:52 AM
16	continue the good work	7/11/2018 9:42 AM
17	You are doing a good job. Keep up the good work	7/11/2018 1:22 AM
18	Doing a good job	7/3/2018 10:39 AM
19	Not sure.	7/2/2018 10:38 AM
20	no thoughts	6/30/2018 2:32 PM
21	Putting faces to names would be helpful. I realize there are very few officers or MPS employees, but it would be easier to maintain interest if MPS was not just some abstract organization. I don't have time to attend a lot of weekend CME or social events, so I don't meet people through these. If MPS came to the 2 major academic medical centers at least once per year, you could recruit ECPs and say "hi" to the current members.	6/29/2018 11:44 PM
22	Affordable CMEs in comfortable settings or conference rooms.	6/29/2018 6:49 PM
23	mail	6/29/2018 5:11 PM
24	CME activities	6/29/2018 9:27 AM
25	Mppac needs to focus less on Doctor assisted suicide and focus more on helping abolish barriers to receiving psychiatric treatment.	6/28/2018 10:13 PM
26	keep up the good work!	6/28/2018 10:08 PM
27	I wish you could make EHR go away... but you feel the same pain, and I appreciate knowing others are in the same fix. Just keep on doing what you do.	6/28/2018 6:01 PM
28	continue doing what you are doing	6/28/2018 5:25 PM

29	Support recognition of NBPAS (alternative method for maintenance of certification) by insurance companies, hospitals and in general= this is my number one priority... no one in next gen of psychiatrists is going to have time/money/energy for apa, legislation, other important activities if ABPN allowed unchecked to add random busy work and fees to feed Chair nearly million dollar annual compensation.	6/28/2018 5:12 PM
30	Committees could be more active -- for me thinking mostly of Academic Psychiatry	6/28/2018 4:45 PM
31	Help connect more to community projects, or dispense more information about community projects or volunteer opportunities related to mental health.	6/28/2018 4:40 PM
32	Improve user-friendliness of the MPS website	6/28/2018 4:08 PM
33	Not sure	6/28/2018 4:02 PM
34	More networking events	6/28/2018 3:01 PM
35	MPS needs a Child Psychiatry Committee to address issues like we are now facing over detention of children.	6/28/2018 2:51 PM
36	You're great already.	6/28/2018 2:50 PM
37	I would like to help out when I retire	6/28/2018 2:48 PM
38	Networking events on weekends.	6/28/2018 2:41 PM
39	more attention to public psychiatry, esp community mental health clinics	6/28/2018 2:13 PM
40	The MOC is absolutely horrible. Make it stop. :(6/28/2018 2:08 PM
41	continue to improve website and add functionality to it	6/28/2018 1:56 PM
42	CME Opportunities	6/28/2018 1:46 PM
43	more advocacy against intrusive insurance requirements	6/28/2018 1:40 PM
44	facilitate more connections with other groups e.g. MPPAC, MedChi, NAMI, etc.	6/28/2018 1:39 PM
45	Website where it is possible to search for psychiatrists who are *currently taking new patients* (Maybe we could each have a way to control how our own status appears on the website)	6/18/2018 5:33 PM
46	Merge with SMPS!	6/13/2018 12:22 PM
47	I would like MPS CME events in the weekend to be held on Sundays not Saturdays for Sabbath Observ. docs	6/13/2018 12:19 PM
48	More networking that is not a formal affair. Some ideas for benefits to offer: free head shots (photos), arrangement to get fingerprinted with little wait now that we are required. Offer referrals to your members.	6/13/2018 12:17 PM
49	consider having events in DC area	6/12/2018 11:06 AM
50	None - currently serving members well	6/12/2018 11:05 AM
51	You are doing a very good job	6/12/2018 10:46 AM
52	Keep doing what you're doing! Medicaid refused to pay me for the 2 years that I saw MMA patients. Find out why and how I can get paid!	6/12/2018 10:38 AM
53	Doing a great job - keep up the great work!	6/12/2018 10:31 AM
54	Continue your good work and legislative work	6/12/2018 10:27 AM
55	more networking	6/12/2018 10:20 AM
56	Something that offers residents more therapy experience	6/10/2018 10:09 AM
57	CME activities, MOC workshops	6/6/2018 12:55 PM
58	The cost of your membership dues are ridiculously HIGH you need to consider lowering them.	6/6/2018 12:52 PM
59	Continue CME events, do some activities outside of Baltimore to increase participation;connect to schools and medical students/residents/fellows of diversity	6/6/2018 12:07 PM
60	more networking	6/6/2018 11:22 AM
61	CMEs---Alerts when there is important change (like the PDMP changes)	6/4/2018 9:59 AM

62	(1) MPS is doing a great job. (2) It would be nice if the MPS council meetings were held on another night than Tuesdays, as I have a regular commitment Tuesdays. I would like to be able to come to a meeting and propose a position for the MPS, 3rd district of APA, to be proposed to the APA, namely that the APA not take political social positions on matters about which we should be neutral and rather study the effect of a life style or behavior and its effect on patients. Example: abortion, homosexual marriage. When we take a position of advocacy, it is to is to pretend that those behaviors, aberrations of nature, have no impact or consequence on self or others. Science should take precedence over having sympathy or empathy.	6/1/2018 1:32 PM
63	Do more to encourage members to see patients on Medicaid and work with Medicaid managed care to address any barriers	6/1/2018 12:48 PM
64	Continue to ask for improvement and improving!	5/29/2018 1:21 PM
65	We have not been doing a lot of networking other than the Annual Dinner party in April. Maybe we should try to do some events that a larger number of our members would enjoy such as brunch cruise on Baltimore harbor.	5/29/2018 1:17 PM
66	Last year I attended a psychopharmacology lecture through MPS. Speakers made political comments, which I thought was unnecessary. I hope that speakers are selected more carefully in the future.	5/22/2018 4:03 PM
67	advocacy with insurance companies	5/21/2018 9:08 PM
68	n/a	5/16/2018 5:18 PM
69	I think you do a good job now. Thanks!	5/16/2018 7:46 AM
70	N/A	5/15/2018 5:52 PM
71	do something about workers comp abuses (allowing IME's to deny treatment, hold up treatment, extensive delays for medical workup with TBI, neuro, etc.) educate clinicians about treatment other than meds	5/15/2018 2:44 PM
72	I am not sure.	5/15/2018 1:23 PM
73	You're doing great--kudos to the outstanding legislative work.	5/15/2018 1:21 PM
74	more networking events	5/15/2018 1:21 PM

Q15 Please Describe Your Practice

Answered: 172 Skipped: 24



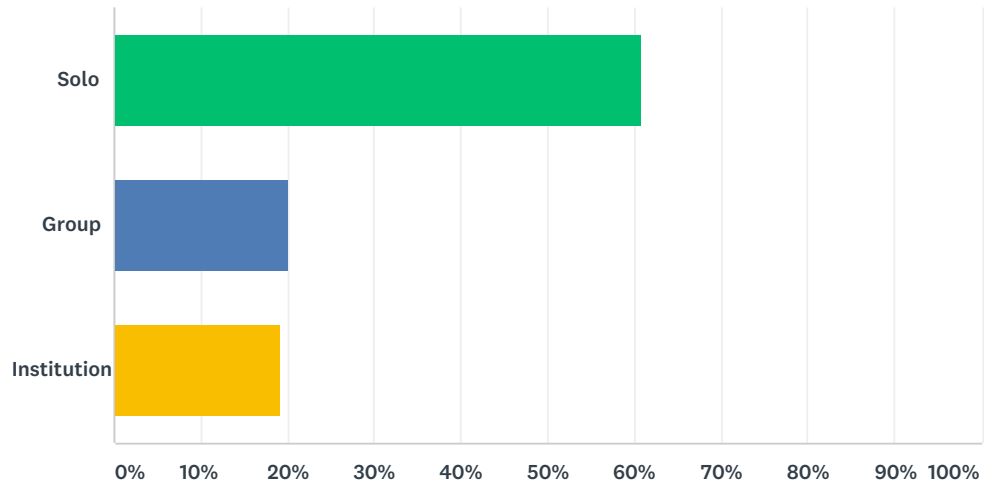
ANSWER CHOICES	RESPONSES	
Academic	12.21%	21
Public	11.63%	20
Private	52.33%	90
Private/Public	12.79%	22
Retired	4.07%	7
Other (please specify)	6.98%	12
TOTAL		172

#	OTHER (PLEASE SPECIFY)	DATE
1	public/ academic	8/1/2018 11:37 AM
2	College Mental Health	7/21/2018 1:28 PM
3	Administrative	7/17/2018 8:49 AM
4	University Setting	7/11/2018 10:41 AM
5	I have 3 jobs private practice does not generate any significant net income currently to high cost taxes, rent , low reimbursement. Other 2 jobs are telemedicine (corrections) and medicaid clinic.	6/28/2018 10:21 PM
6	Community medical hospital	6/28/2018 2:09 PM
7	Private non-profit institution - Sheppard Pratt	6/28/2018 1:48 PM
8	US Government	6/13/2018 12:22 PM
9	SP	6/12/2018 10:34 AM

10	resident	6/10/2018 10:09 AM
11	Half time	6/1/2018 4:56 PM
12	Recently left Managed Behavioral Healthcare and not sure what I will do next	6/1/2018 12:50 PM

Q16 If You Work In Private Practice, Is It

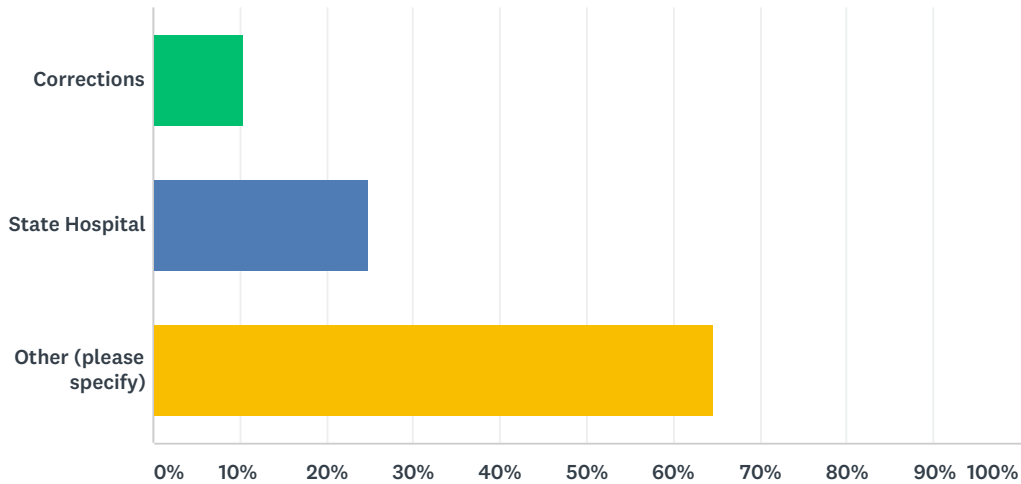
Answered: 125 Skipped: 71



ANSWER CHOICES	RESPONSES	
Solo	60.80%	76
Group	20.00%	25
Institution	19.20%	24
TOTAL		125

Q17 If You Work In The Public Sector, Is It

Answered: 48 Skipped: 148



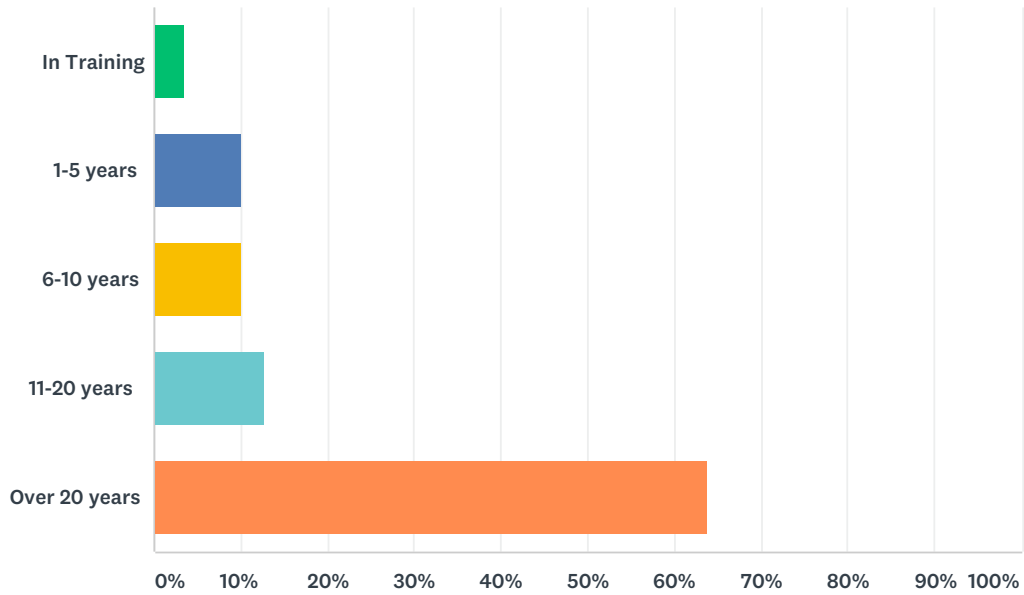
ANSWER CHOICES	RESPONSES
Corrections	10.42% 5
State Hospital	25.00% 12
Other (please specify)	64.58% 31
TOTAL	48

#	OTHER (PLEASE SPECIFY)	DATE
1	Federal community health clinic	7/19/2018 10:33 AM
2	Addictions Clinic	7/19/2018 10:30 AM
3	Administrative role for a healthcare organization	7/17/2018 8:49 AM
4	Disability Determinations	7/11/2018 11:47 PM
5	pro bono time at community medical clinic serving uninsured patients	7/11/2018 5:53 PM
6	VA	7/11/2018 12:08 PM
7	OMHC	7/11/2018 9:59 AM
8	Community mental health	7/11/2018 9:56 AM
9	CMHC	7/11/2018 9:55 AM
10	Addictions Residential Setting	7/11/2018 9:49 AM
11	na	7/11/2018 9:43 AM
12	University	6/30/2018 12:17 PM
13	Academia	6/29/2018 11:44 PM
14	Outpatient clinic	6/29/2018 6:50 PM
15	Residential & Day Treatment	6/29/2018 9:28 AM
16	licensed OMHC	6/28/2018 6:02 PM
17	Gov't grants	6/28/2018 5:27 PM
18	UM	6/28/2018 4:08 PM

19	community mental health clinic	6/28/2018 2:13 PM
20	County	6/6/2018 12:54 PM
21	OMHC Clinic	6/6/2018 11:32 AM
22	FQHC	6/6/2018 11:22 AM
23	OMHC Clinic	6/6/2018 11:19 AM
24	OMHC Clinic	5/29/2018 1:18 PM
25	outpatient clinic, cmhc	5/16/2018 9:41 AM
26	community mental health center	5/16/2018 7:47 AM
27	community mental health clinic	5/15/2018 5:52 PM
28	NA	5/15/2018 3:10 PM
29	Sheppard Ptatt	5/15/2018 2:13 PM
30	University of Maryland	5/15/2018 1:42 PM
31	Intensive Outpatient Program for addictions	5/15/2018 1:23 PM

Q18 How Long Have You Been In Practice?

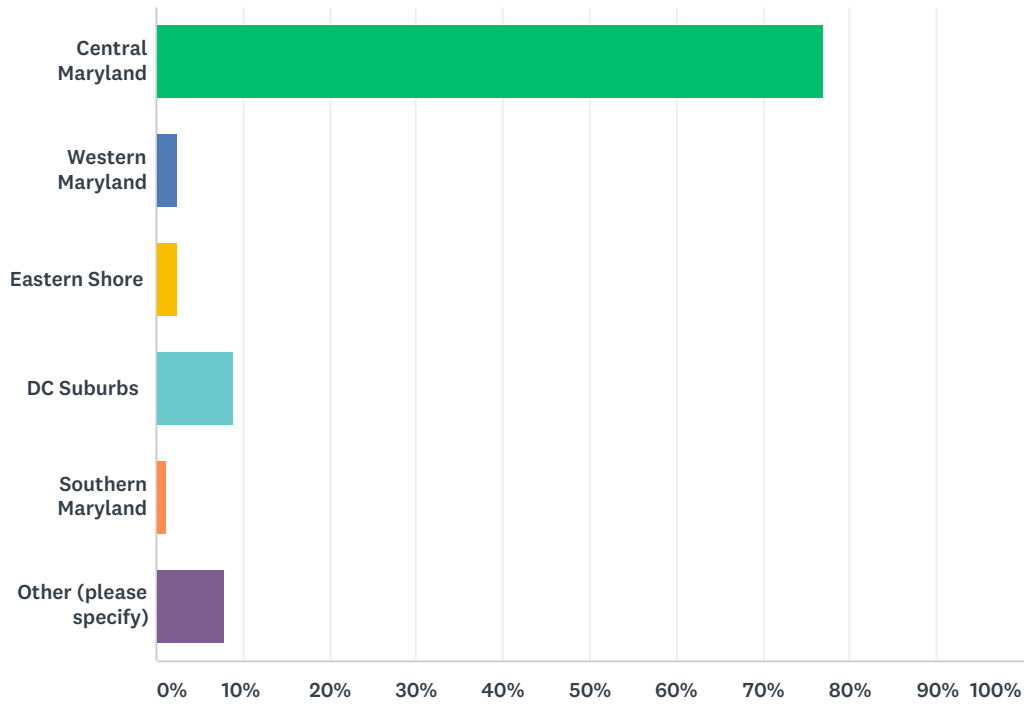
Answered: 171 Skipped: 25



ANSWER CHOICES	RESPONSES	
In Training	3.51%	6
1-5 years	9.94%	17
6-10 years	9.94%	17
11-20 years	12.87%	22
Over 20 years	63.74%	109
TOTAL		171

Q19 Where Is Your Primary Place Of Practice?

Answered: 165 Skipped: 31



ANSWER CHOICES	RESPONSES
Central Maryland	76.97% 127
Western Maryland	2.42% 4
Eastern Shore	2.42% 4
DC Suburbs	9.09% 15
Southern Maryland	1.21% 2
Other (please specify)	7.88% 13
TOTAL	165

#	OTHER (PLEASE SPECIFY)	DATE
1	Annapolis	7/21/2018 1:28 PM
2	Annapolis	7/13/2018 4:25 PM
3	City of Baltimore	7/12/2018 9:58 PM
4	Baltimore city	7/2/2018 10:39 AM
5	NA	6/30/2018 2:32 PM
6	Was Eastern Shore	6/29/2018 8:50 AM
7	Baltimore city , Cecil county, columbia md	6/28/2018 10:21 PM
8	Towson	6/28/2018 5:29 PM
9	National	6/28/2018 5:27 PM

10	Retired	6/28/2018 3:42 PM
11	City of Baltimore	6/28/2018 2:48 PM
12	California	6/28/2018 1:46 PM
13	baltimore	5/16/2018 9:41 AM
