

Q1 What Is Your Top CME Need?

Answered: 103 Skipped: 72

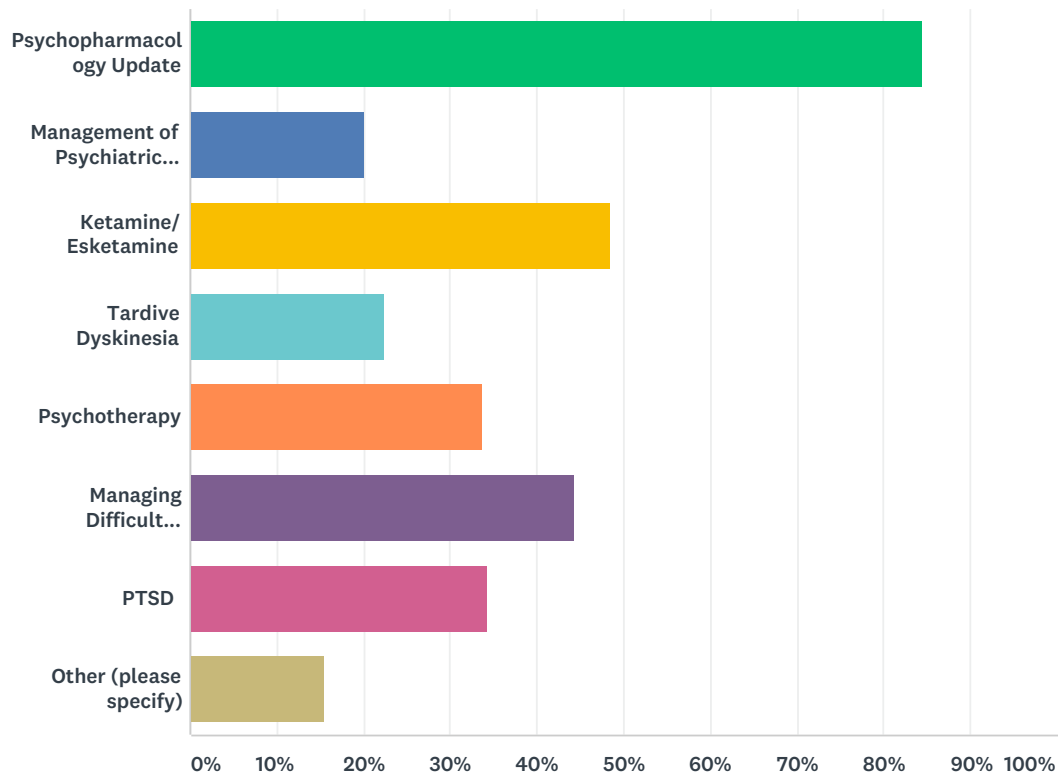
#	RESPONSES	DATE
1	Substance use disorders	8/14/2019 5:24 AM
2	SUDs	8/9/2019 9:36 AM
3	novel mood treatments	8/9/2019 9:29 AM
4	keeping up with current advances	8/9/2019 9:28 AM
5	Self-Assessment, PIP	8/9/2019 9:23 AM
6	neuropsychiatry	8/9/2019 8:56 AM
7	drug/drug interactions	8/9/2019 8:38 AM
8	audio tape psychiatry	8/9/2019 8:35 AM
9	Marijuana	8/9/2019 8:05 AM
10	Record keeping after practice ends	8/9/2019 7:48 AM
11	Continued credits for licensure	8/9/2019 7:45 AM
12	Neurostimulation/Neurofeedback	8/9/2019 7:40 AM
13	Community psych	8/9/2019 7:36 AM
14	Bring back Kogan	8/9/2019 7:33 AM
15	How to use medications	8/9/2019 7:29 AM
16	psychopharm, adolescent psych	8/9/2019 7:03 AM
17	Management options for renal and liver disease affecting drug metabolism	8/9/2019 6:37 AM
18	Dual Diagnosis/Opioid Tx	8/9/2019 6:27 AM
19	psychopharmacology	8/1/2019 6:56 AM
20	support for pyschiatrists that do psychotherapy	7/11/2019 6:14 AM
21	Psychopharmacology	7/10/2019 6:21 PM
22	Developmental disabilities including Autism	7/10/2019 2:24 PM
23	Ethics and controlled substances	7/10/2019 11:57 AM
24	Anxiety and Attachment disorderz	7/10/2019 10:30 AM
25	Psychopharmacology	6/23/2019 1:22 PM
26	Psychopharmacology	6/10/2019 5:52 AM
27	neuropsychiatric disorders	6/9/2019 1:07 PM
28	Nothing specific. Keeping doing what you're doing and I'll select accordingly	6/8/2019 2:42 PM
29	pharmacology	6/8/2019 12:29 PM
30	Effective treatment of anxiety and Posttraumatic Stress Disorder	6/7/2019 4:10 PM
31	online course	6/7/2019 1:31 PM
32	Mood Disorders Treatment options	6/7/2019 11:28 AM
33	protected time for didactics	6/7/2019 10:34 AM
34	QI projects	6/7/2019 10:12 AM
35	Neuromodulation (TMS)	6/4/2019 7:57 AM

36	Psychotherapy	5/26/2019 10:56 AM
37	continued high level function of legislative committee	5/26/2019 7:15 AM
38	Administrative psychiatry	5/24/2019 3:19 PM
39	psychopharmacology	5/24/2019 12:08 PM
40	psychopharmacotherapy	5/24/2019 6:31 AM
41	ethics, opioid and psychopharm	5/23/2019 10:35 PM
42	Autism in adults	5/23/2019 8:41 PM
43	autism	5/23/2019 4:01 PM
44	Pharmacology	5/23/2019 3:42 PM
45	appropriate number of hours per year	5/23/2019 3:00 PM
46	Forensic psychiatry, managing the violent patient, co-occurring disorders, antipsychotic meds	5/23/2019 1:45 PM
47	Neuropsychiatric disorders. Diagnosis and treatment	5/23/2019 1:25 PM
48	Self Assessment	5/23/2019 1:22 PM
49	Psychopharm	5/23/2019 12:17 PM
50	Substance abuse issues.	5/23/2019 10:52 AM
51	medication updates	5/23/2019 10:20 AM
52	Psychotherapy	5/23/2019 9:53 AM
53	Education about CBD given it's growing use	5/23/2019 9:37 AM
54	Self assessment credits	5/23/2019 9:35 AM
55	Psychopharm	5/23/2019 9:34 AM
56	practical use of new medications	5/23/2019 9:33 AM
57	MOC	5/23/2019 9:25 AM
58	Psychopharm and coding/billing	5/23/2019 9:15 AM
59	Pharmacology	5/23/2019 9:15 AM
60	Real world clinical experiences with Xanax, including dosing and chronic use.	5/23/2019 9:14 AM
61	Ethics, legal regulation of medical profession, risk management	5/23/2019 9:01 AM
62	New Medications	5/23/2019 6:32 AM
63	-	5/20/2019 2:26 PM
64	Psychopharm	5/19/2019 4:20 PM
65	Psychotherapy	5/19/2019 3:56 PM
66	Opiate training	5/19/2019 4:35 AM
67	Psychopharmacology	5/18/2019 5:36 PM
68	psychopharmacology	5/17/2019 1:42 PM
69	Resident currently so no CME requirements	5/17/2019 11:47 AM
70	breaking news that I can use with families and patients to keep giving them that steady diet of hope. Aside from that, genetics seems pretty hot and ever-changing.	5/17/2019 10:40 AM
71	Changes in psyChiatry	5/17/2019 9:52 AM
72	Practical psychopharmacology	5/17/2019 7:48 AM
73	Psychopharmacology	5/17/2019 6:22 AM
74	none at this time	5/16/2019 6:30 PM
75	Treating co-occurring mental health and SUD	5/16/2019 6:08 PM

76	psychotherapy	5/16/2019 1:34 PM
77	Psychopharmacology	5/16/2019 12:40 PM
78	Psychopharmacology	5/16/2019 11:50 AM
79	psychopharmacology	5/16/2019 11:43 AM
80	interpersonal neurobiology	5/16/2019 10:32 AM
81	Education regarding substance abuse	5/16/2019 10:26 AM
82	Psychopharmacology	5/16/2019 10:25 AM
83	I dont know!	5/16/2019 10:22 AM
84	Pharmacology	5/16/2019 10:21 AM
85	Psychopharmacology	5/16/2019 9:56 AM
86	Psychopharmacology	5/16/2019 9:34 AM
87	psychopharmacology	5/16/2019 9:26 AM
88	sleep disorders	5/16/2019 9:26 AM
89	how to handle ehr's	5/16/2019 9:08 AM
90	Substance Abuse	5/16/2019 7:52 AM
91	Category 1 credits	5/16/2019 7:38 AM
92	Update on electrical stimulation in psychiatry	5/16/2019 7:37 AM
93	Talks on management of violence and aggression in inpatient setting	5/16/2019 7:35 AM
94	Maintaining active certification	5/16/2019 7:20 AM
95	Psychopharmacology updates	5/16/2019 7:19 AM
96	my biggest need is to get them done and hopefully learn something without wasting a lot of time.	5/16/2019 7:16 AM
97	treatment of patients with dual diagnosis	5/16/2019 7:14 AM
98	performance in practice	5/16/2019 7:04 AM
99	psychopharm updates	5/16/2019 7:01 AM
100	Legal issues in psychiatry, updates specific to Maryland, pharmacotherapy	5/16/2019 6:50 AM
101	MOC	5/16/2019 6:45 AM
102	Clinical diagnosis , differential diagnosis , and up to date diagnostic tools	5/16/2019 6:31 AM
103	psychotherapy and psychopharmacology	5/16/2019 6:26 AM

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

Answered: 169 Skipped: 6



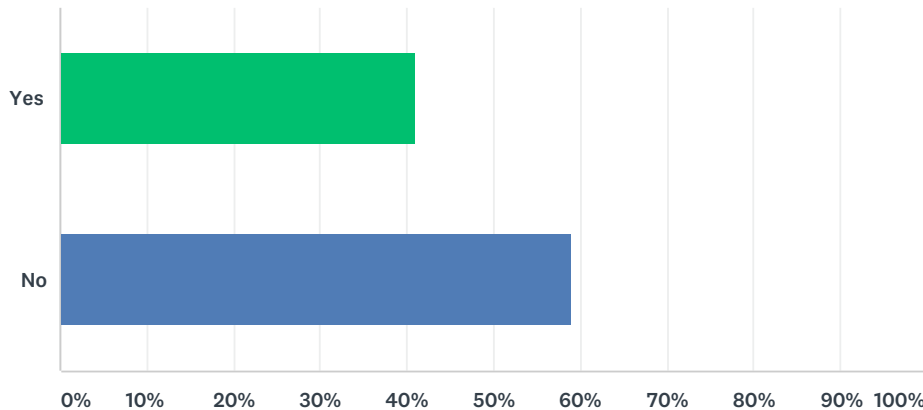
ANSWER CHOICES	RESPONSES
Psychopharmacology Update	84.62% 143
Management of Psychiatric Disorders in Children	20.12% 34
Ketamine/ Esketamine	48.52% 82
Tardive Dyskinesia	22.49% 38
Psychotherapy	33.73% 57
Managing Difficult Patients	44.38% 75
PTSD	34.32% 58
Other (please specify)	15.38% 26
Total Respondents: 169	

#	OTHER (PLEASE SPECIFY)	DATE
1	TMS	8/14/2019 5:26 AM
2	Decline of respect for physicians	8/14/2019 5:22 AM
3	neuropsych	8/9/2019 9:34 AM
4	geriatrics	8/9/2019 9:31 AM

5	coping with patient suicide	8/9/2019 9:29 AM
6	BPD	8/9/2019 9:11 AM
7	obesity	8/9/2019 8:28 AM
8	medical MJ/CBD use in psychiatry	8/9/2019 8:15 AM
9	legislative changes affecting psychiatry	8/9/2019 8:13 AM
10	Cannabinoids/CBD Oil	8/9/2019 8:01 AM
11	Please include neurofeedback on your next survey	8/9/2019 7:40 AM
12	legal and other issues involved in treating young adults 18 and over and yet parents have less authority	7/11/2019 6:14 AM
13	MedicoLegal Risk Management; Ethics; Controlled Substances	7/10/2019 11:57 AM
14	Let me suggest ADHD throughout adulthood , Differential Dxs, Cormorbidity, Pharmacologic Treatments, Psychotherapies	6/8/2019 2:42 PM
15	neuromodulation (TMS)	6/4/2019 7:57 AM
16	joint program with Physicians for Social Responsibility	5/26/2019 7:15 AM
17	Geriatric	5/24/2019 3:19 PM
18	neurofeedback/neurostimulation	5/24/2019 12:08 PM
19	interface between psychiatry and endocrinology	5/24/2019 6:31 AM
20	ethics	5/23/2019 10:35 PM
21	severely mentally ill patients and the law/jails	5/23/2019 1:45 PM
22	Winding down	5/23/2019 12:17 PM
23	Billing issues	5/19/2019 4:35 AM
24	SUD treatment	5/16/2019 6:08 PM
25	i get my CME outside of MPS.	5/16/2019 4:35 PM
26	New and up to date diagnostic tools , including appropriate neurological exam	5/16/2019 6:31 AM

Q3 PLEASE RESPOND IF YOU HAVE PATIENTS WHO PAY OUT OF POCKET (otherwise skip this question)A new Medicaid option allows ORP enrollment in lieu of provider enrollment for those who see patients privately for out of pocket payment. Either ORP or rendering provider enrollment via the ePREP portal is required by October 1 to avoid Medicaid payment for prescriptions and labs being rejected. [Please note that every year many Marylanders enroll in Medicaid as one of the options on the health insurance exchange established under the Affordable Care Act. Be sure to ask private pay patients whether they use Medicaid to cover their medicines and labs.]Do you need an in-person seminar on how to complete the enrollment?

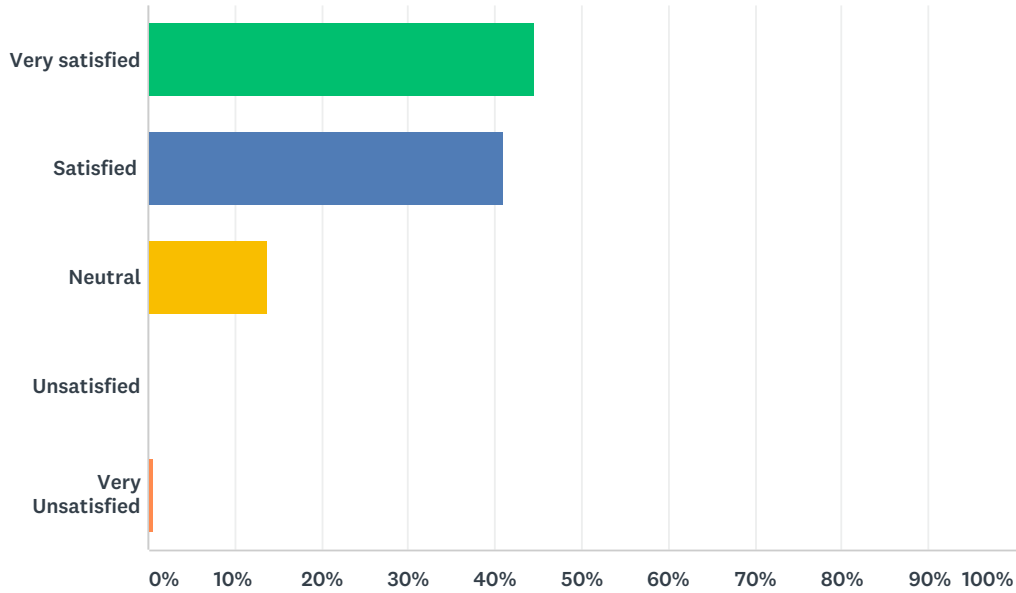
Answered: 95 Skipped: 80



ANSWER CHOICES	RESPONSES	
Yes	41.05%	39
No	58.95%	56
Total Respondents: 95		

Q4 What is Your Overall Level of Satisfaction with the MPS?

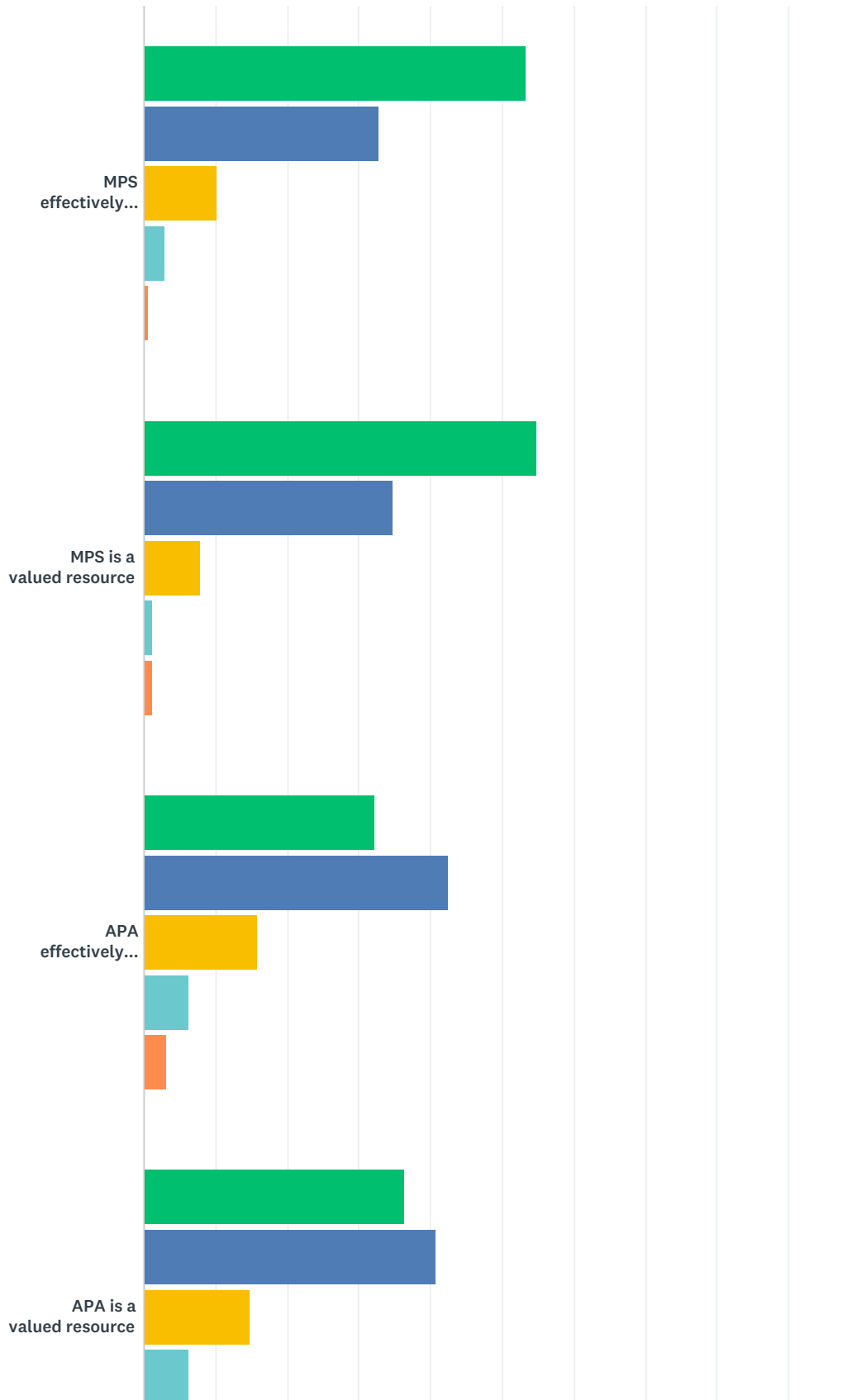
Answered: 173 Skipped: 2

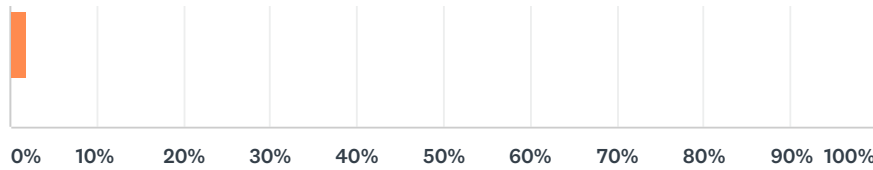


ANSWER CHOICES	RESPONSES	
Very satisfied	44.51%	77
Satisfied	41.04%	71
Neutral	13.87%	24
Unsatisfied	0.00%	0
Very Unsatisfied	0.58%	1
TOTAL		173

Q5 Please Indicate How Much You Agree or Disagree

Answered: 172 Skipped: 3



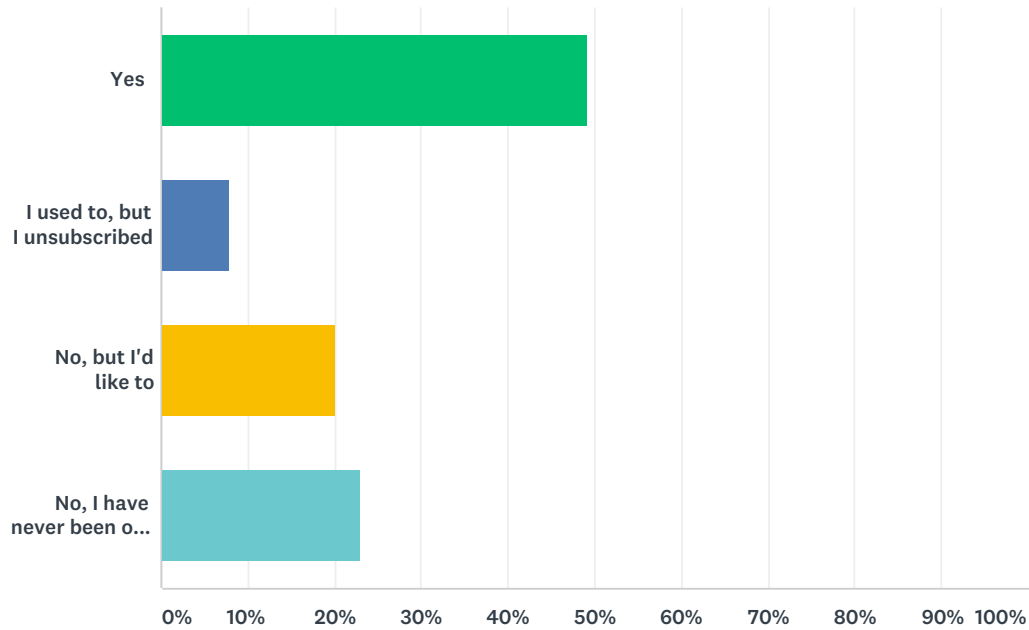


■ Agree Strongly
 ■ Agree
 ■ Neutral
 ■ Disagree
 ■ Disagree Strongly

	AGREE STRONGLY	AGREE	NEUTRAL	DISAGREE	DISAGREE STRONGLY	TOTAL
MPS effectively represents my interests as a psychiatrist	53.29% 89	32.93% 55	10.18% 17	2.99% 5	0.60% 1	167
MPS is a valued resource	54.88% 90	34.76% 57	7.93% 13	1.22% 2	1.22% 2	164
APA effectively represents my interests as a psychiatrist	32.28% 51	42.41% 67	15.82% 25	6.33% 10	3.16% 5	158
APA is a valued resource	36.42% 59	40.74% 66	14.81% 24	6.17% 10	1.85% 3	162

Q6 Do you Subscribe to the MPS Listserv?

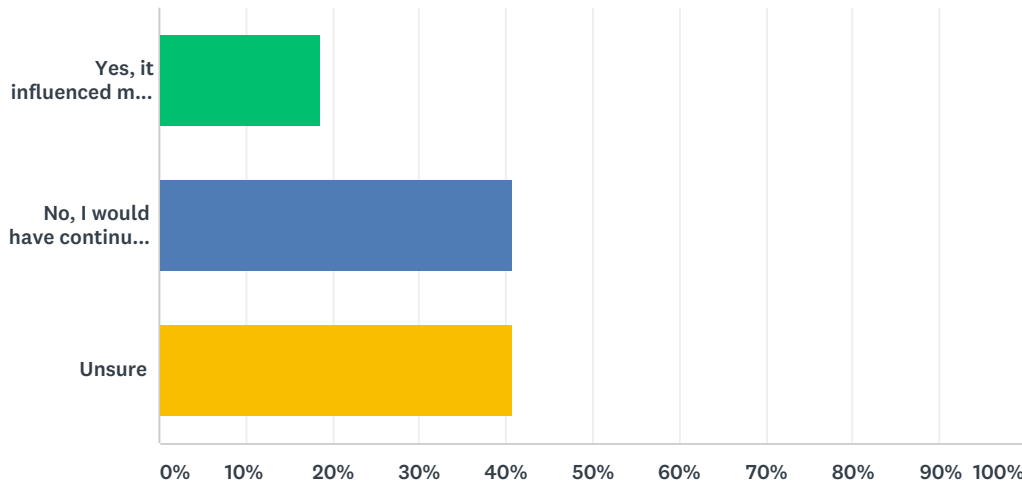
Answered: 165 Skipped: 10



ANSWER CHOICES	RESPONSES	
Yes	49.09%	81
I used to, but I unsubscribed	7.88%	13
No, but I'd like to	20.00%	33
No, I have never been on the listserv and do not want wish to join	23.03%	38
TOTAL		165

Q7 If You Subscribed to the Listserv as a Resident or Fellow, Did/Will it Influence Your Decision to Continue as a MPS Member After You Finish Training?

Answered: 81 Skipped: 94



ANSWER CHOICES	RESPONSES	
Yes, it influenced me to remain a member	18.52%	15
No, I would have continued my membership anyway	40.74%	33
Unsure	40.74%	33
TOTAL		81

Q8 If You're Someone Who Reads Messages on the Listserv but Doesn't Comment, What Stops You From Participating?

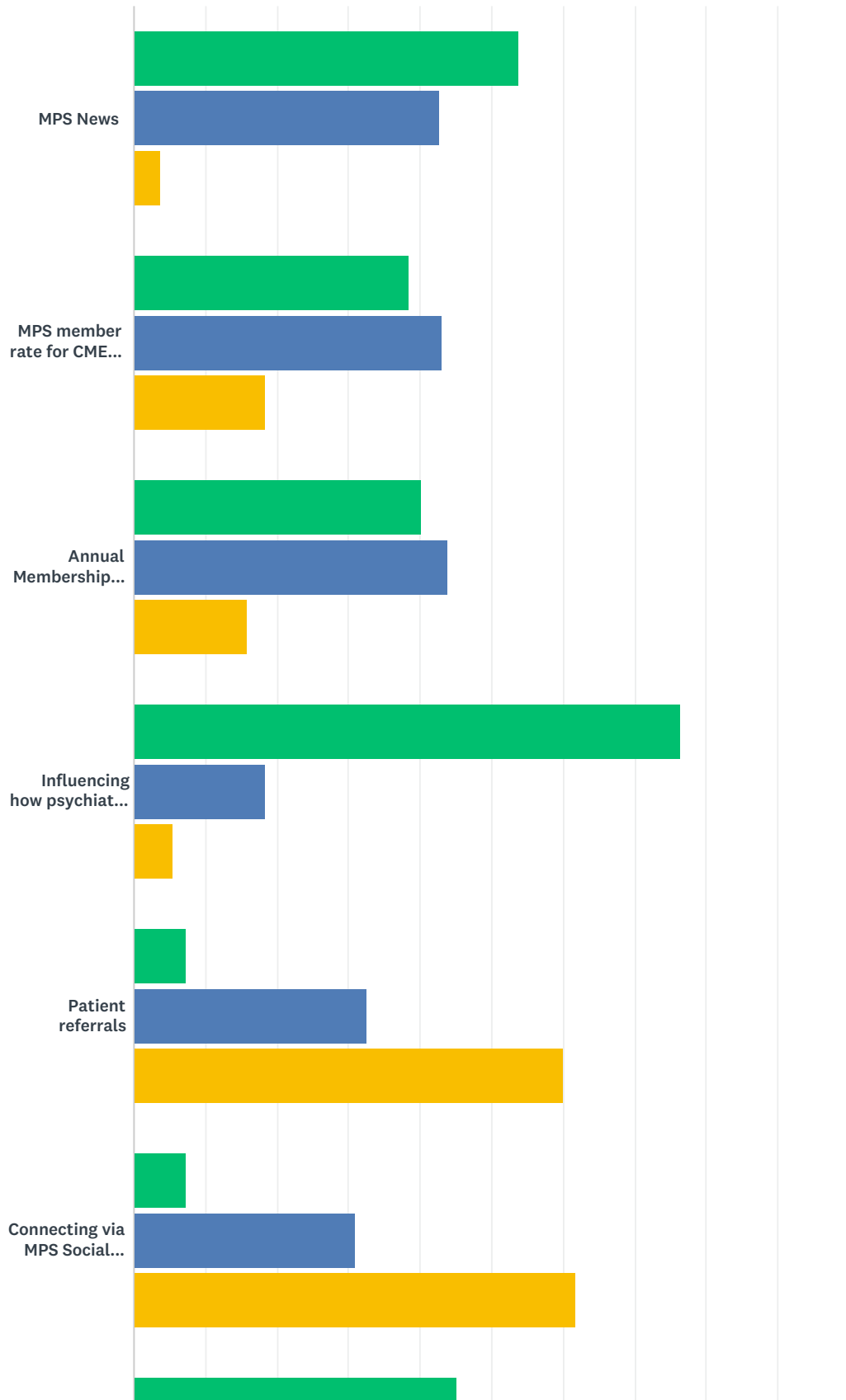
Answered: 51 Skipped: 124

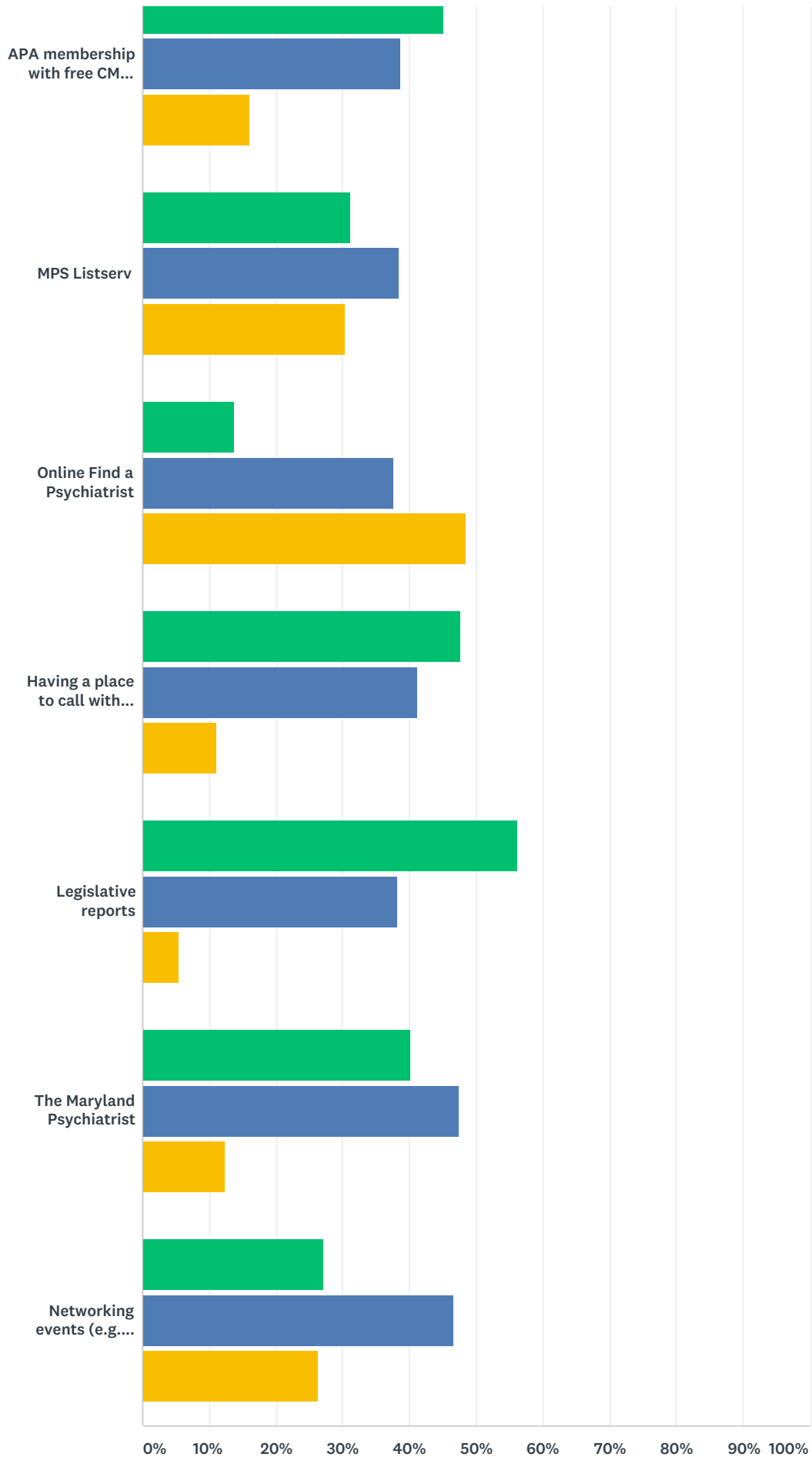
#	RESPONSES	DATE
1	Use it only to obtain information	8/14/2019 5:24 AM
2	time	8/9/2019 9:22 AM
3	i rarely look at it -- but when i do i am impressed by the knowledge and dedication of my peers	8/9/2019 9:13 AM
4	Too many messages	8/9/2019 7:46 AM
5	Someone else usually says what i would have said or know	8/9/2019 7:30 AM
6	Too busy	8/9/2019 6:32 AM
7	Lack of relevance/time	8/9/2019 6:29 AM
8	Sometimes not feeling like I have anything of value to add to conversation. Not being as educated on the issues.	8/1/2019 6:57 AM
9	Sensitive topics are easier for me to discuss in person. This is very interesting question and I am curious what helps inclusive participation in such forums.	7/11/2019 6:18 AM
10	Just signed up	7/10/2019 6:23 PM
11	I'm not on the Listserve.	6/7/2019 4:13 PM
12	Don't feel a need to share- fear of judgement.	5/29/2019 1:46 AM
13	NA	5/24/2019 3:23 PM
14	i participate actively	5/24/2019 6:33 AM
15	the discussions tend to be from the same people who have a larger issue on health care. so it makes it harder to have a discussion when it is a handful of the same people trying to get their agendas pushed down others.	5/23/2019 10:38 PM
16	Typically how I feel is already stated.	5/23/2019 3:02 PM
17	n/a	5/23/2019 1:46 PM
18	tooooo much	5/23/2019 1:23 PM
19	Nothing to add	5/23/2019 12:19 PM
20	some people have strong opinions about things and I might feel attacked--at times. sometimes I do	5/23/2019 10:23 AM
21	The List serve turned into a conversation between 3-6 people. I couldn't handle the volume and unsubscribed.	5/23/2019 9:55 AM
22	Same (few) people comment	5/23/2019 9:40 AM
23	Time	5/23/2019 9:36 AM
24	time and don't think I have anything unique to add	5/23/2019 9:34 AM
25	Time	5/23/2019 9:27 AM
26	N/A	5/23/2019 9:17 AM
27	I comment, unless someone else has already made my point.	5/23/2019 9:02 AM
28	Topic, Time	5/23/2019 6:34 AM
29	N/A	5/19/2019 4:21 PM
30	N/a	5/19/2019 4:37 AM
31	n/a	5/17/2019 9:53 AM

32	Too many other emails	5/17/2019 6:24 AM
33	N/A	5/16/2019 6:32 PM
34	n/a	5/16/2019 1:36 PM
35	the couple of times I have asked questions, no one has answered	5/16/2019 11:44 AM
36	N/A - I do comment	5/16/2019 10:34 AM
37	I am retired	5/16/2019 10:30 AM
38	Time	5/16/2019 10:25 AM
39	I usually read on my phone while on the go and I absolutely hate typing on my phone.	5/16/2019 10:23 AM
40	n/a	5/16/2019 9:36 AM
41	no opinion or experience on the topic	5/16/2019 9:29 AM
42	time and anonymity	5/16/2019 9:28 AM
43	I don't want to get involved with colleagues about controversial topics.	5/16/2019 9:10 AM
44	No particular reason	5/16/2019 7:39 AM
45	N/A	5/16/2019 7:39 AM
46	Sometimes if a topic is not my interest, I just read the posts without commenting	5/16/2019 7:25 AM
47	I sometimes participate, but there is too much complaining. I wish people would propose action items	5/16/2019 7:19 AM
48	Time	5/16/2019 7:06 AM
49	Sometimes things get too heated.	5/16/2019 6:46 AM
50	NA	5/16/2019 6:34 AM
51	Often I respond privately. My interest and expertise is in psychotherapy and psychoanalysis I often find responses to my posts dismissive.	5/16/2019 6:33 AM

Q9 What Do You Value Most About Being A MPS Member?

Answered: 158 Skipped: 17





■ Most Important
 ■ Somewhat Important
 ■ NOT Important

	MOST IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	TOTAL	WEIGHTED AVERAGE
MPS News	53.68% 73	42.65% 58	3.68% 5	136	1.50
MPS member rate for CME activities	38.40% 48	43.20% 54	18.40% 23	125	1.80
Annual Membership Directory	40.15% 53	43.94% 58	15.91% 21	132	1.76
Influencing how psychiatry is practiced in Maryland	76.34% 100	18.32% 24	5.34% 7	131	1.29
Patient referrals	7.27% 8	32.73% 36	60.00% 66	110	2.53
Connecting via MPS Social Media Accounts	7.27% 8	30.91% 34	61.82% 68	110	2.55
APA membership with free CMEs, reduced meeting fees, MOC tracking, etc.	45.16% 56	38.71% 48	16.13% 20	124	1.71
MPS Listserv	31.25% 35	38.39% 43	30.36% 34	112	1.99
Online Find a Psychiatrist	13.76% 15	37.61% 41	48.62% 53	109	2.35
Having a place to call with questions	47.62% 60	41.27% 52	11.11% 14	126	1.63
Legislative reports	56.25% 72	38.28% 49	5.47% 7	128	1.49
The Maryland Psychiatrist	40.16% 49	47.54% 58	12.30% 15	122	1.72
Networking events (e.g. Career Night, Annual Dinner)	27.12% 32	46.61% 55	26.27% 31	118	1.99

#	OTHER (PLEASE SPECIFY)	DATE
1	educational/academic	8/9/2019 9:32 AM
2	Belonging to a professional group	8/9/2019 6:41 AM
3	Any support for psychiatrists to be seen as psychotherapists in the community would be a benefit for me.	7/11/2019 6:24 AM
4	There may be someplace else to mention this, but I haven't attended the Annual Dinner in the last couple years in part because as someone who didn't train in Maryland, I have felt uncomfortable at 2 events. The people who trained together socialized and although I attempted to join the circle, I felt ignored. I'm sure it wasn't intentional, but that was my experience.	6/7/2019 4:22 PM
5	Having Heidi and Meagan with MPS all these years	5/26/2019 7:22 AM
6	I appreciate the ability to call MPS with any urgent needs whatsoever.	5/24/2019 3:36 PM
7	I want to stay connected with other psychiatrists...I practice in an underserved area. I appreciate the varied opinions and expertise	5/24/2019 12:14 PM
8	Represent me in getting rid of the ABPN ridiculous requirements.	5/19/2019 4:40 AM
9	MPS was invaluable in helping me navigate the period that I was locked out of prescribing medications to Medicaid patients. I'm probably a life long member now for this reason alone.	5/16/2019 7:22 AM

Q10 As A Practicing Psychiatrist, What Are Your Main Concerns?

Answered: 118 Skipped: 57

#	RESPONSES	DATE
1	I wish there were more psychiatrists who would accept medicare and medicaid. I serve mostly undeserved areas.	8/14/2019 5:27 AM
2	Limited inpatient hospital beds especially for children and adolescents	8/14/2019 5:25 AM
3	Medicaid rates for psychiatrists	8/14/2019 5:20 AM
4	insurance coverage issues	8/9/2019 9:37 AM
5	Allowing NPs and PAs to practice psychiatry with no residency or fellowship	8/9/2019 9:35 AM
6	commercial psychiatry limiting the scope of practice, losing my identity	8/9/2019 9:32 AM
7	policy	8/9/2019 9:30 AM
8	Decreasing fees when renewing medical license, CDS and federal controlled substance registration	8/9/2019 9:27 AM
9	parity of payment and reimbursement	8/9/2019 9:22 AM
10	being able to remain in private, independent practice without major government or health insurance hinderances	8/9/2019 9:17 AM
11	maintaining the practice. planning retirement	8/9/2019 9:10 AM
12	reproductive psychiatry and women's access to services	8/9/2019 9:05 AM
13	insurance company limitations and increasing level of administrative time on-line	8/9/2019 9:00 AM
14	Anti-ECT billls in the state house	8/9/2019 8:58 AM
15	laws impinging on freedom to practice psychiatry or that make practice onerous	8/9/2019 8:56 AM
16	limits on drug availability and pre-authorizations	8/9/2019 8:55 AM
17	Parity -- the use of psychiatrists for solely medication management	8/9/2019 8:51 AM
18	not enough inpatient beds	8/9/2019 8:46 AM
19	confidentiality	8/9/2019 8:42 AM
20	psychiatrists have priced themselves out of psychotherapy, as a result of which their therapeutic skills are atrophying	8/9/2019 8:39 AM
21	payment	8/9/2019 8:33 AM
22	continued ability to practice out of insurance network	8/9/2019 8:31 AM
23	coverage for psychiatric treatment	8/9/2019 8:29 AM
24	NPs prescribing psychotropics and practicing mental health services	8/9/2019 8:26 AM
25	Being sued	8/9/2019 8:20 AM
26	insurance and prior authorization	8/9/2019 8:18 AM
27	Monthly admin burden - PAs, denials , med shortages	8/9/2019 8:16 AM
28	poor insurance coverage for mental health	8/9/2019 8:14 AM
29	parity and reimbursement	8/9/2019 8:12 AM
30	Being able to maintain an office practice	8/9/2019 8:10 AM
31	Insurance interference with practice	8/9/2019 7:54 AM
32	Upholding humanistic values as psychiatrists	8/9/2019 7:50 AM

33	Hearing psychiatrist maintain good standards, collaboration with other doctors, keeping our ability to do psychotherapies helping other psychiatrists learn about neurofeedback/biofeedback	8/9/2019 7:44 AM
34	Time spent on phone with insurance companies for prior authorization for meds.	8/9/2019 7:38 AM
35	Encroachment from other mental health professionals. Committing malpractice.	8/9/2019 7:31 AM
36	Administrative and clinical responsibilities - Burnout	8/9/2019 7:19 AM
37	Effectively managing clinical, administrative, regulatory, academic and learning responsibilities aligned as family and community involvement	8/9/2019 7:18 AM
38	Not getting paid by Medicaid which owes me some thousands of dollars	8/9/2019 7:12 AM
39	Poor quality of mental health practiced in community hospitals due to psychiatrists salary and under staffing - and rise of NPs	8/9/2019 6:39 AM
40	Safety of staff in inpatient facilities	8/9/2019 6:33 AM
41	Stigma/discrimination against patients with psychiatric disease	8/9/2019 6:31 AM
42	Retirement plans	8/9/2019 6:23 AM
43	How will we be able to treat patients with psychotherapy by psychiatrists in the insurance-determined world of medicine today?	8/9/2019 6:13 AM
44	the changing trends towards less trained professionals to replace psychiatrists.	8/1/2019 6:59 AM
45	Supporting "non-split" treatment. The isolation in a private practice. In obtaining jobs in the community, being asked to only be a prescriber, not look at bigger picture of patients.	7/11/2019 6:24 AM
46	Keeping up with new treatments	7/10/2019 6:25 PM
47	burn out of psychiatrists	7/10/2019 2:27 PM
48	Acceptance of Functional and Integrative Psychiatry by mainstream medicine continuing stigma for mental health concerns and the separation between mental and physical health	7/10/2019 12:01 PM
49	MOC Certification and its requirements to be certified. Given the fact that there is shortage of child psychiatrist and other psychiatrists, it is responsibility of the board and MPS to make it is easier for psychiatrist to be certified. Passing an exam or passing articles in the pilot program are not methods, which make one a better clinician. Experience, supervision (for young psychiatrist) and attending interactive CMEs are some of the ways that can improve psychiatrists' clinical skills.	7/10/2019 11:43 AM
50	Ensuring my patients receive safe and integrated care	6/23/2019 1:27 PM
51	Admin time on PAs and denials. Also a seemingly increasing litigious environment.	6/8/2019 2:49 PM
52	keeping up with changing practice requirements and with CME	6/8/2019 12:35 PM
53	Trying to make a decent living while accepting insurance.	6/7/2019 4:22 PM
54	Maintaining reasonable laws related to our practice.	6/7/2019 11:30 AM
55	insurance reimbursing for psychotherapy	6/7/2019 10:39 AM
56	I think the increase in scope of practice of nurse practitioners in Maryland and some other states is one of my main concerns. This isn't totally unique to psychiatry, as it affects most other specialties as well. There is also a concurrent proliferation of DNP programs that have very poor training. In the past, NPs were relatively rare and usually had a lot of nursing experience. These days, many nurses go as quickly as they can through the educational programs, essentially bypassing medical school. The problem is two fold. 1) Patients are now increasingly treated by folks that do not have effective training. This will yield an increase in patient suffering, as well as increase in patient mistrust as the first interactions with psychiatry are extremely important. 2) It will eventually affect our positions as psychiatrists as insurance companies opt to hire the cheapest form of labor that they can. As a psychiatry resident, the reality of NPs taking patients and practicing independent of any oversight from physicians in Maryland is something I am weighing for my future practice. I may opt to work in a state that does not grant these rights to NPs. I know there had been lobbying in the past about scope of practice, but I think this really needs to be brought back to the table. The reality is that there is already an efficient, safe pipeline for people to become full practitioners. It's medical school. And if you don't want to go to medical school and have more autonomy, the PA programs are very well run and have better systems in place. This needs to be a top-line issue for both patients and psychiatrists.	6/4/2019 8:13 AM

57	Staying up to date with requirements.	5/29/2019 1:48 AM
58	Maintain and uphold values of physicians	5/26/2019 11:04 AM
59	Legislative issues affecting practice of psychiatry	5/26/2019 7:22 AM
60	Lack of access to care for our patients due to insurance company algorithms, being replaced by non-competent allied health professionals, having to leave the state to practice, having to move to another state due to lack of sustainable work options, having to change careers due to poor reimbursements.	5/24/2019 3:36 PM
61	gaining knowledge, knowing of changing regulations, connecting with other psychiatrists, patients being able to have out of network coverage	5/24/2019 12:14 PM
62	workload .	5/24/2019 6:34 AM
63	Being represented at the national and state level on advocacy, policy, and keeping our dues down and easy one payment option.	5/23/2019 10:42 PM
64	Getting insurance to cover good treatment	5/23/2019 8:46 PM
65	resources for patients	5/23/2019 4:09 PM
66	the expansion of nurse practitioner to administrative roles such as medical director. The limited amount of financial resources for the mentally ill.	5/23/2019 3:04 PM
67	with the new tax laws, I am now unable to deduct my membership fees for MPS/APA, etc. several of my fellow psychiatrists have even decided to drop out of MPS/APA for this very reason. I am also concerned about Psychiatric Nurse Practitioners replacing psychiatrists.	5/23/2019 1:49 PM
68	access to care	5/23/2019 1:24 PM
69	I am winding down. Just want to close out with minimal stress.	5/23/2019 12:23 PM
70	mental health parity	5/23/2019 11:10 AM
71	Insurance practices	5/23/2019 10:58 AM
72	making EHR less excruciating	5/23/2019 10:25 AM
73	Psychiatry turning into a crappy version of behavioral neurology.	5/23/2019 9:57 AM
74	Influence of mid level practitioners, legislative changes that affect practice	5/23/2019 9:44 AM
75	Scope of practice.	5/23/2019 9:37 AM
76	Time spent managing electronic records at the expense of patient care and other directly beneficial activities (including sleep)	5/23/2019 9:37 AM
77	Lack of time. Bureaucratic time sinks	5/23/2019 9:19 AM
78	Privacy	5/23/2019 9:19 AM
79	Over-regulation.	5/23/2019 9:19 AM
80	Maintaining the integrity of our profession, and advocacy in legislative affairs.	5/23/2019 9:04 AM
81	Political interference	5/23/2019 6:35 AM
82	public psychiatry, community mental health clinics	5/19/2019 4:23 PM
83	The significant changes in the practice of not only Psychiatry but Medicine as a whole	5/19/2019 4:00 PM
84	ABPN is out of control. Billing requirements are too cumbersome EMRs slow down practice	5/19/2019 4:40 AM
85	keeping up with journals	5/18/2019 5:54 PM
86	Besides doing a good job? Making sure all Americans get health insurance. Trying to prevent other specialties with inadequate training from treating (& prescribing).	5/17/2019 1:45 PM
87	providing best care to patients, their families, our community. Nurse practitioners I have come to know are not working at the level of psychiatrists, with rare exceptions. Having a mix of patients benefits doctors by not having only "difficult" patients reserved for psychiatrists.	5/17/2019 10:50 AM
88	access to care	5/17/2019 9:55 AM
89	Malpractice	5/17/2019 7:52 AM

90	Parity Effective Legislative Presence, representation for psychiatry	5/17/2019 6:25 AM
91	EMR and insurance systems	5/16/2019 6:34 PM
92	cost of medications	5/16/2019 1:37 PM
93	keeping connected to other psychiatrists; legislation that affects me; referring to other psychiatrists; potential cme	5/16/2019 12:45 PM
94	Increasing paperwork and bureaucracy in practice	5/16/2019 11:54 AM
95	lack of resources to treat vulnerable patients in need	5/16/2019 11:46 AM
96	How we collectively can better meet the vast unmet needs for mental health care in MD.	5/16/2019 10:41 AM
97	I am retired	5/16/2019 10:32 AM
98	The continuous increase in dues, fees, etc. while the reimbursement has not increased at all. Sometimes I wonder if it is just better to have a medical license, run my practice as a stand alone entity, and save the money and headache with MOC, APA, insurance, etc. If I take MC/MA patients, after the cost of doing business, I simply cannot justify the cost of treatment. The upshot is that if I only see private patients, I protect myself easily enough but the mental health care delivery system further erodes. APA has done nothing about this, yet I have to participate with APA to be a member of MPS, which I actually value.	5/16/2019 10:32 AM
99	Mid level invasions	5/16/2019 10:28 AM
100	Staying current with research. Doing billing correctly.	5/16/2019 10:26 AM
101	Better reimbursement rates and less prior authorization	5/16/2019 9:58 AM
102	The very poor state of our mental health system in general.	5/16/2019 9:38 AM
103	At the moment my concern is setting up a private practice	5/16/2019 9:32 AM
104	Not getting sued.	5/16/2019 9:11 AM
105	- Lack of emphasis of psychiatry in prevention - Poor quality of mental health delivery by undertrained and unsupervised non-MD prescribers and non-PhD therapists	5/16/2019 8:04 AM
106	Giving the best care possible to my patients (which requires regular continuing medical education) while remaining up-to-date on important laws and regulations that affect my practice.	5/16/2019 7:43 AM
107	None at the moment	5/16/2019 7:41 AM
108	Adequate access to mental healthcare	5/16/2019 7:39 AM
109	Having a minor group of mid level providers who are prescribing medications without much evidence based knowledge	5/16/2019 7:31 AM
110	more connection/mentoring with psychiatrists that have been in practice for many years, more free CME activities	5/16/2019 7:22 AM
111	Being able to continue to practice independently without excessive oversight and constraints	5/16/2019 7:22 AM
112	patient access and affordability of care reducing stigma	5/16/2019 7:17 AM
113	Access to care	5/16/2019 7:07 AM
114	optimizing the care patients receive and helping them live meaningful lives	5/16/2019 7:06 AM
115	Staying up to date with latest research and recommendations re: patient management; staying connected to a community of peers	5/16/2019 6:52 AM
116	Prior authorizations	5/16/2019 6:48 AM
117	Being able to provide quality care with out restriction and limitations created by 3rd party involvement Controlling pharmacy advertisement , and brand pushing ,false advertisement Able to provide comprehensive Biopsychosocial clinical treatment Getting up to date knowledge , expertise , and diagnostic evaluation ,	5/16/2019 6:45 AM
118	I would like more representation from MPS, APA, and AMA regarding the position of MDs in our current insurance driven climate. The official rhetoric seems to assume that insurance/ financial concerns are prominent in decision making rather than the clinical aspects of care.	5/16/2019 6:36 AM

Q11 How Can The MPS Better Serve You In the Future (related to payer relations or otherwise)?

Answered: 81 Skipped: 94

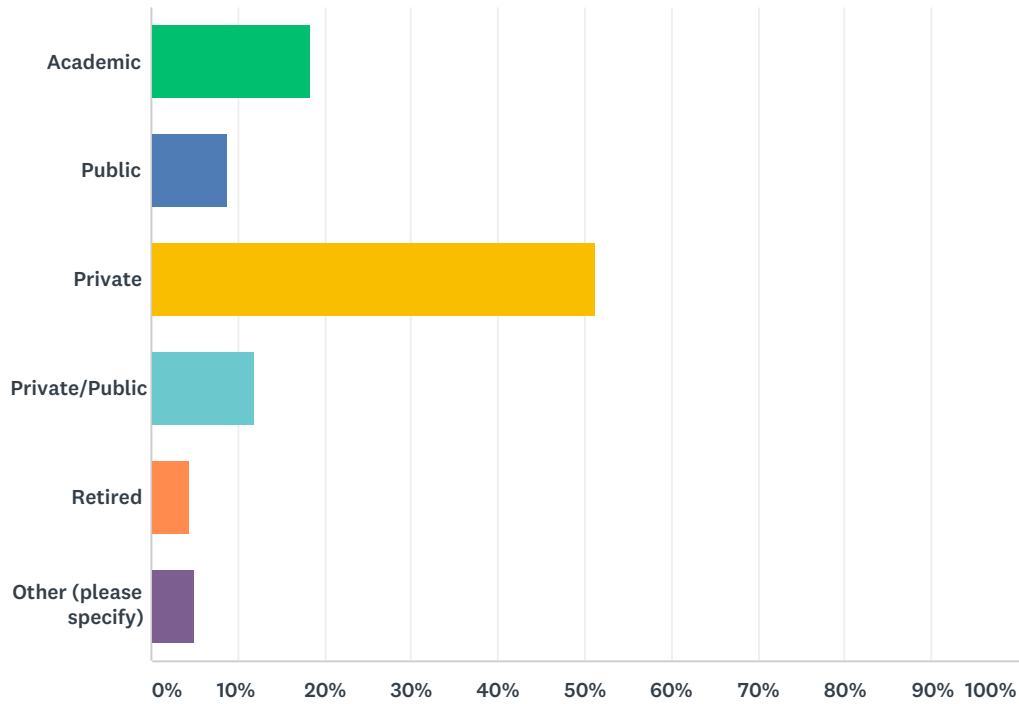
#	RESPONSES	DATE
1	Working for an agency that does not value therapy nor the requirements of psychiatrists.	8/14/2019 5:23 AM
2	legislation	8/9/2019 9:35 AM
3	payment for quality and outcomes not quantity	8/9/2019 9:32 AM
4	focus on legislation and law changes	8/9/2019 9:22 AM
5	help me deal with insurance companies	8/9/2019 9:20 AM
6	Have good CMEs	8/9/2019 9:17 AM
7	continue to lobby against anti-ect bills as they inevitable re-emerge in the state house	8/9/2019 8:58 AM
8	put pressure on united healthcare to increase their reimbursements rates for network providers! Patients with HBH are getting shut out of treatment	8/9/2019 8:51 AM
9	maintain same	8/9/2019 8:46 AM
10	you are doing a fine job! thanks!	8/9/2019 8:39 AM
11	promote improved medicare for all	8/9/2019 8:37 AM
12	coverage (esp. out of network) reimbursement for psychotherapy	8/9/2019 8:31 AM
13	retired-not relevant to me	8/9/2019 8:29 AM
14	remember there are many practicing psychiatrists outside of baltimore city and county	8/9/2019 8:26 AM
15	conference on private pay practice	8/9/2019 8:20 AM
16	Continue doing what you are doing -- I'm satisfied!	8/9/2019 8:16 AM
17	Networking with local cultural groups meeting with politicians who have opinions about mental health	8/9/2019 7:50 AM
18	Continue advocating for parity, access, adequate panels, protecting our scope of practice not allowing NPs to practice independently	8/9/2019 7:44 AM
19	Already being served well	8/9/2019 7:38 AM
20	To continue being there as a trusted professional society for psychiatrists and consequently the patients and families we serve	8/9/2019 7:18 AM
21	Increase direct involvement with BHA and community of other providers	8/9/2019 6:31 AM
22	not sure	8/1/2019 6:59 AM
23	Provide resources for contract review without paying almost a thousand dollars in lawyer fees for a simple question, as I just did. Guide in payer relations. Continue networking events.	7/11/2019 6:24 AM
24	Advocacy	7/10/2019 6:25 PM
25	Better CME programs and lobby for riddance of time limited board certification	7/10/2019 2:27 PM
26	MPS should not require a psychiatrist to be member of APA. There has to be an option to just be MPS member.	7/10/2019 11:43 AM
27	Provide more information on how the public and private psychiatric networks function and how patients are affected for better or worse	6/23/2019 1:27 PM
28	Keep doing what you are...and please don't stop	6/8/2019 2:49 PM

29	The authorization process for medication approval is time consuming and annoying. I know this has been addressed in the past, but as a solo practitioner, I'm the one taking time to do it and it is frustrating at times. Any help with this would be appreciated.	6/7/2019 4:22 PM
30	The same as answer 10. Copied below: I think the increase in scope of practice of nurse practitioners in Maryland and some other states is one of my main concerns. This isn't totally unique to psychiatry, as it affects most other specialties as well. There is also a concurrent proliferation of DNP programs that have very poor training. In the past, NPs were relatively rare and usually had a lot of nursing experience. These days, many nurses go as quickly as they can through the educational programs, essentially bypassing medical school. The problem is two fold. 1) Patients are now increasingly treated by folks that do not have effective training. This will yield an increase in patient suffering, as well as increase in patient mistrust as the first interactions with psychiatry are extremely important. 2) It will eventually affect our positions as psychiatrists as insurance companies opt to hire the cheapest form of labor that they can. As a psychiatry resident, the reality of NPs taking patients and practicing independent of any oversight from physicians in Maryland is something I am weighing for my future practice. I may opt to work in a state that does not grant these rights to NPs. I know there had been lobbying in the past about scope of practice, but I think this really needs to be brought back to the table. The reality is that there is already an efficient, safe pipeline for people to become full practitioners. It's medical school. And if you don't want to go to medical school and have more autonomy, the PA programs are very well run and have better systems in place. This needs to be a top-line issue for both patients and psychiatrists.	6/4/2019 8:13 AM
31	Not sure	5/29/2019 1:48 AM
32	I would like to see MPS networking with local cultural institutions and progressive social activities	5/26/2019 11:04 AM
33	extremely pleased with ongoing high level of functioning of officers and council	5/26/2019 7:22 AM
34	Assist me in fundraising and leadership opportunities. Help me open up a nonprofit practice so I can transition out of my current part time private practice.	5/24/2019 3:36 PM
35	advocate for insurances to have to provide adequate panels, to include options for patients to see private practice psychiatrists (for meds and therapy if preferred) and not have to go to clinics.	5/24/2019 12:14 PM
36	not sure	5/24/2019 6:34 AM
37	continue to advocate at the local, state and national level	5/23/2019 10:42 PM
38	Seminars for the business end of running a private practice would be helpful.	5/23/2019 8:46 PM
39	networking is helpful.	5/23/2019 4:09 PM
40	Continue being an advocate for the underserved, mentally ill population	5/23/2019 3:04 PM
41	access to CME via recorded videos of the Pharmacology updates or other MPS CME activities for MPS members who cannot attend.	5/23/2019 1:49 PM
42	Not sure	5/23/2019 12:23 PM
43	That is important	5/23/2019 10:58 AM
44	unsure	5/23/2019 10:25 AM
45	Take more radical positions in the interest of our patients.	5/23/2019 9:57 AM
46	I'm satisfied with it as it stands	5/23/2019 9:44 AM
47	Unsure	5/23/2019 9:19 AM
48	Keep up challenging managed care	5/23/2019 9:19 AM
49	No improvement needed. I am very satisfied.	5/23/2019 9:19 AM
50	No room for improvement--MPS is a great district branch.	5/23/2019 9:04 AM
51	more focus on psychiatrists who work in public psychiatry, including CMHC's--sometimes it seems more focused on those who work in private practice	5/19/2019 4:23 PM
52	Align with other organizations to get the boards process sensible	5/19/2019 4:40 AM
53	trying to minimize the number of preauthorizations	5/18/2019 5:54 PM
54	You're doing fine.	5/17/2019 1:45 PM

55	prior auths! get rid of them! bane of daily life, hoovering up my time so I can't see my patients long enough or often enough.	5/17/2019 10:50 AM
56	unknown	5/17/2019 9:55 AM
57	n/a	5/17/2019 6:25 AM
58	continue the great work you do	5/16/2019 6:34 PM
59	continue to reach out to practicing psychiatrists - doing a great job	5/16/2019 12:45 PM
60	Decrease paperwork	5/16/2019 11:54 AM
61	more CME and social events	5/16/2019 11:46 AM
62	Keep up the good work fighting bureaucratic barriers to good care.	5/16/2019 10:41 AM
63	Get rid of the APA!	5/16/2019 10:32 AM
64	None	5/16/2019 10:28 AM
65	I am satisfied	5/16/2019 10:26 AM
66	see above	5/16/2019 9:58 AM
67	Advocating for seriously mentally ill as much as possible	5/16/2019 9:38 AM
68	advocate for reasonable provider business terms	5/16/2019 9:32 AM
69	Keep nurse prescribers from taking over.	5/16/2019 9:11 AM
70	Exploring reimbursement for consultation with PCPs	5/16/2019 8:04 AM
71	Continue to offer CME events to help keep me up-to-date in my practice of psychiatry.	5/16/2019 7:43 AM
72	Not sure	5/16/2019 7:41 AM
73	I like how we have MPS social events! Maybe letting people know more about the local (county-wide) chapters within MPS (I believe we have it but I'm not sure)	5/16/2019 7:31 AM
74	more CME activities	5/16/2019 7:22 AM
75	Lower the membership fee, which I believe is among the highest in the country for psychiatric societies.	5/16/2019 7:22 AM
76	keep up the good work	5/16/2019 7:17 AM
77	Fighting with the APA for reduction in MOC	5/16/2019 7:07 AM
78	be a resource for how to find services outside of psychiatric practice that our patients might need- private case managers, lawyers that assists with special needs trust etc	5/16/2019 7:06 AM
79	Keep up the good work.	5/16/2019 6:48 AM
80	Very hard question with out an insurance revolution They should support quality care , with positive outcome . Appreciate level of knowledge , credentials , qualifications , and clinical outcomes	5/16/2019 6:45 AM
81	?????	5/16/2019 6:36 AM

Q12 Please Describe Your Practice

Answered: 158 Skipped: 17

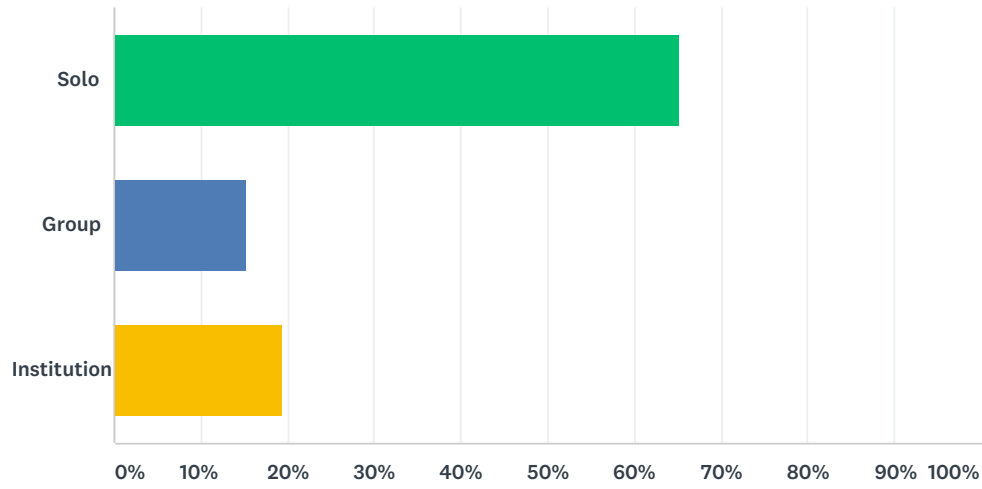


ANSWER CHOICES	RESPONSES
Academic	18.35% 29
Public	8.86% 14
Private	51.27% 81
Private/Public	12.03% 19
Retired	4.43% 7
Other (please specify)	5.06% 8
TOTAL	158

#	OTHER (PLEASE SPECIFY)	DATE
1	non profit behavioral health system	8/9/2019 9:29 AM
2	Federal employee	8/1/2019 6:59 AM
3	Adminstrative/Government (with a small private practice on the side)	6/23/2019 1:29 PM
4	State Psychiatric Hospital in Maryland	5/23/2019 1:49 PM
5	Locums	5/23/2019 9:46 AM
6	State/University	5/23/2019 9:29 AM
7	-	5/20/2019 2:28 PM
8	Academic and Private	5/16/2019 10:56 AM

Q13 If You Work In Private Practice, Is It

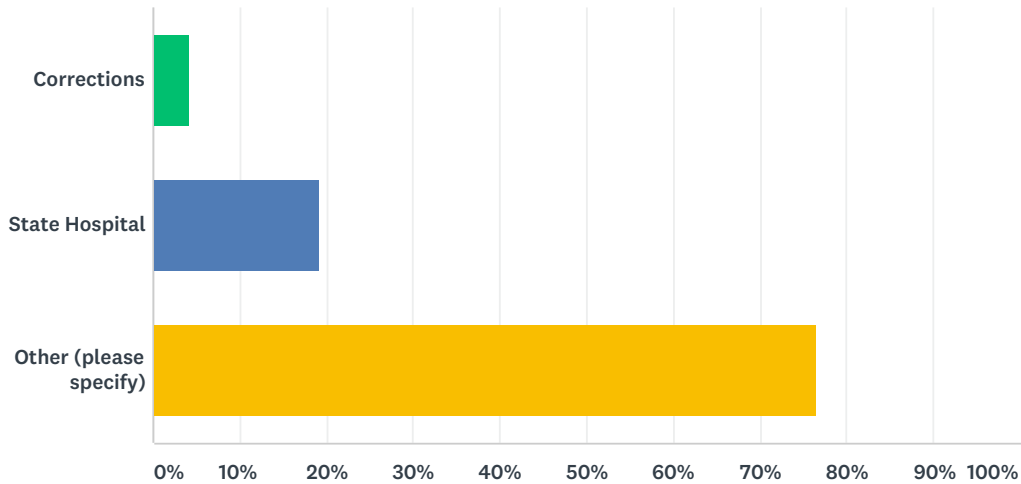
Answered: 118 Skipped: 57



ANSWER CHOICES	RESPONSES
Solo	65.25% 77
Group	15.25% 18
Institution	19.49% 23
TOTAL	118

Q14 If You Work In The Public Sector, Is It

Answered: 47 Skipped: 128



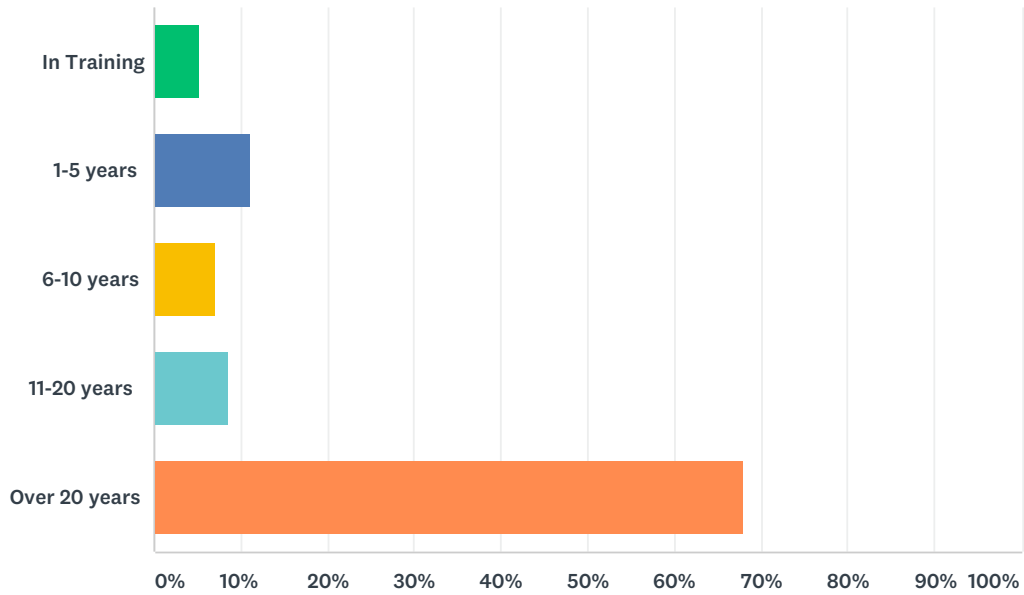
ANSWER CHOICES	RESPONSES
Corrections	4.26% 2
State Hospital	19.15% 9
Other (please specify)	76.60% 36
TOTAL	47

#	OTHER (PLEASE SPECIFY)	DATE
1	CHMC	8/9/2019 8:46 AM
2	CMHC	8/9/2019 7:39 AM
3	Clinic	8/9/2019 7:13 AM
4	Fed Government	8/9/2019 7:10 AM
5	federal hospital	8/1/2019 6:59 AM
6	N/a	7/10/2019 6:25 PM
7	County clinic	7/10/2019 11:44 AM
8	Federal government	6/23/2019 1:29 PM
9	Outpatient Mental Health Clinic	6/7/2019 4:30 PM
10	N/A	5/29/2019 1:49 AM
11	Contact clinic	5/24/2019 3:54 PM
12	not in public sector	5/24/2019 6:35 AM
13	a think tank	5/23/2019 10:43 PM
14	FQHC	5/23/2019 1:25 PM
15	Na	5/23/2019 12:23 PM
16	none	5/23/2019 10:25 AM
17	Teaching	5/23/2019 9:20 AM
18	Mental Health Clinic	5/23/2019 9:20 AM

19	community mental health clinic	5/19/2019 4:24 PM
20	Community Mental Health Center	5/17/2019 1:46 PM
21	outpatient clinic licensed by State, part of agency with many more services than med/therapy, all in house, to offer to my patients	5/17/2019 10:53 AM
22	n/a	5/17/2019 6:26 AM
23	Sheppard Pratt	5/16/2019 6:35 PM
24	MSDE-disability determinations	5/16/2019 4:37 PM
25	VA	5/16/2019 1:37 PM
26	Community Psychiatry	5/16/2019 10:56 AM
27	Not for profit	5/16/2019 10:28 AM
28	SETT/Potomac Center DDA Administration	5/16/2019 9:39 AM
29	joining a federally qualified health center, leaving a state university	5/16/2019 9:32 AM
30	N/A	5/16/2019 7:44 AM
31	Jhh	5/16/2019 7:41 AM
32	university	5/16/2019 7:18 AM
33	outpatient clinic part of a university	5/16/2019 7:08 AM
34	N/A	5/16/2019 7:07 AM
35	No	5/16/2019 6:48 AM
36	O C M H C	5/16/2019 6:48 AM

Q15 How Long Have You Been In Practice?

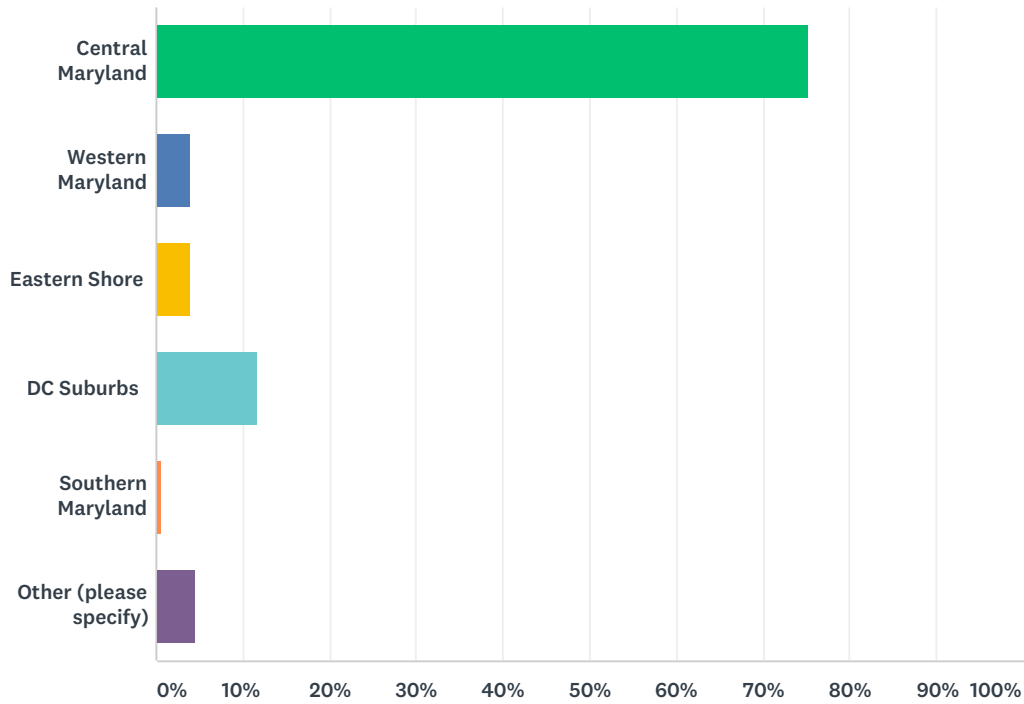
Answered: 153 Skipped: 22



ANSWER CHOICES	RESPONSES	
In Training	5.23%	8
1-5 years	11.11%	17
6-10 years	7.19%	11
11-20 years	8.50%	13
Over 20 years	67.97%	104
TOTAL		153

Q16 Where Is Your Primary Place Of Practice?

Answered: 154 Skipped: 21



ANSWER CHOICES	RESPONSES
Central Maryland	75.32% 116
Western Maryland	3.90% 6
Eastern Shore	3.90% 6
DC Suburbs	11.69% 18
Southern Maryland	0.65% 1
Other (please specify)	4.55% 7
TOTAL	154

#	OTHER (PLEASE SPECIFY)	DATE
1	Baltimore City	6/8/2019 12:36 PM
2	howard county	5/23/2019 4:09 PM
3	Carroll County, MD	5/23/2019 1:49 PM
4	Baltimore	5/23/2019 9:19 AM
5	National	5/23/2019 6:36 AM
6	Baltimore	5/16/2019 7:41 AM
7	Baltimore County	5/16/2019 6:48 AM