

MPS NEWS

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Editor: Heidi Bunes

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

MPS News Design & Layout
Meagan Floyd

**The next MPS
Council meeting
will be held at 8 PM
Tuesday, June 13
in the MPS office**

President's Column

Hello

I am thrilled to take on the role of Maryland Psychiatric Society President. It has been my pleasure to serve on the MPS Council as well as the Legislative and Executive Committees of this vibrant organization. As a solo practitioner, the MPS has provided me with a network of professionals who have enriched my thinking in addition to supporting my ability to practice. I look forward to continuing the important work of the MPS and the APA.

There is much ahead for us to address on behalf of our patients and our profession, including the potential overturn of the ACA, the opioid epidemic and Maryland recurring legislation regarding physician assisted suicide and criminalization of child abuse non-reporting. In this context, I feel it is crucial for me to continue my involvement with legislation: It is one of the most important services we provide, and our committee is one of the strongest among the APA district branches. This is in no small part thanks to the efforts of our lobbyist, Phillip Cronin of Harris, Jones and Malone. We have also started to work with the new Washington Psychiatric Society Executive Director, Joanne Dunne, to optimize our collaboration in legislative endeavors across the state.

In particular, we hope to work with the legislature to narrow the definition of child as it relates to mandatory reporting. As many of you know, the current scope of reporting as it stands creates a chilling effect on our patients with respect to this serious topic. We are also hoping to have an extra CME event, ideally with Med Chi and WPS, to discuss perspec-

tives on the very controversial and divisive issue of physician assisted suicide. [See [page 11](#).] MPS has opposed legislation that would legalize physician assisted suicide for the past three years, but there are voices in the larger membership that may have not been heard. We expect the bill to return in 2018 and wish to be prepared with a more unified message.

I should also note that one of our members, Bruce Taylor, has introduced legislation about health care payments this session. While the Legislative Committee decided to let MedChi take the lead in active support of the bill due to its the broad scope beyond psychiatry, we support and are proud of Dr. Taylor's achievement.

Other ongoing concerns I have heard from members that I hope to address include MOC (ongoing) and the recent law requiring use of the PDMP. I look forward to hearing from you what else MPS can do to support you in the coming year.

Jennifer Palmer, M.D.

Take Advantage of MPS Member Benefits - Join the MPS Listserv!

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be clinical questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist>. You will have to wait for membership approval and will be notified by email. If you have any trouble, please call the MPS office at 410-625-0232.

FREE Happy Hour for Resident-Fellow Members

Thursday, **May 11** @ 6pm-8pm at the [Pratt Street Ale House](#) in Baltimore. All psychiatric residents and a guest are welcome to attend this **FREE** event. Non-Members Residents/Fellows welcome, invite your colleagues! *Sponsored by The American Professional Agency.* [RSVP Here!](#)

The family of Dr. **Clarence Schulz** will hold a memorial service on Saturday **May 13 from 1:30 to 3 PM**, at the Towson Unitarian-Universalist Church, 1710 Dulaney Valley Road Timonium, MD 21093. His wife Connie has also died, so the service will be in remembrance of both of them. There will be time to offer comments/memories/anecdotes, if you wish. All attendees are invited to a reception afterwards at the Sheraton Baltimore North at in Towson.

APA Annual Meeting Reception

Eat, drink, and connect with friends and colleagues at the event co-sponsored by Sheppard Pratt, University of Maryland and the Maryland Psychiatric Society.

Monday, May 22, 2017 from 6 to 8 PM

The New Children's Museum
[200 West Island Avenue](#)
[San Diego, CA 92101](#)

RSVP by May 5 to info@sheppardpratt.org or 410.938.3157

MPS Committees Forming

We need you! New energy and ideas can help the MPS effectively focus on issues that are important to you. Volunteer to serve on [MPS committees](#) in the coming year by returning the signup form included in the ballot mailing, calling the MPS office at (410) 625-0232, or emailing mpps@mdpsych.org.

MPS Members Out & About

Mark Komrad, M.D. commented on schizophrenia then-and-now as a guest on the April 7 Dan Rodricks [podcast](#) about Donny Hathaway, a notable singer depicted in the play Twisted Melodies, who committed suicide at age 34.

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

2017 MPS Election Results

The following members will serve in the positions noted for the 2017-2018 officer year. These results from the 104 ballots cast in March were approved at the April Council meeting.

President-Elect

Patrick Triplett, M.D.

Secretary-Treasurer

Marsden McGuire M.D.

Councilors

Virginia Ashley, M.D.

Annette Hanson, M.D.

Mark Ehrenreich, M.D.

Crystal Watkins, M.D.

Resident Fellow Member Councilor

Paul Nestadt, M.D.

Early Career Psychiatrist Councilor

Jessica Merkel-Keller, M.D.

APA Assembly Representative

Brian Zimnitzky, M.D.

Nominations and Elections Committee

Merle McCann, M.D.

Ann Hackman, M.D.

Members voted to approve the change to Section 8 of the MPS Bylaws to allow a regular Return Service mailing in lieu of certified mail notifying members who will be dropped for nonpayment of dues.

MPS Dues Transition is Complete!

Thank you for your cooperation and understanding as the MPS went through a major transition to a new calendar dues year, reduced the time to pay membership dues from ten months to six, and introduced online payment of dues on the MPS website, as well as converted to APA centralized billing for non-lifer members. The four significant, simultaneous changes, combined with the APA's transition to a new member database just prior to the dues payment deadline, created several confusing situations that fortunately most members were able to navigate.

Although the MPS made superhuman, sometimes redundant, efforts to be sure all members were aware of the changes, there were about 30 members who were dropped in April for non-payment of dues. This highest-ever membership loss will have repercussions for our budget, so if you know any of these colleagues please encourage them to reinstate. After some further work, mainly at the APA level, we expect to resume our usual smooth sailing.

April 11th Council Highlights

Presentation by Dr. Ellen Weber

Dr. Weber of the University of Maryland School of Law presented "Network Adequacy Standards Ensuring Access to Mental Health and Substance Use Services in Commercial Insurance." The Maryland General Assembly required the Maryland Insurance Administration (MIA) to establish quantitative criteria to evaluate network sufficiency by December 31, 2017. [See [page 6](#) for draft regulations.] Dr. Webber presented the results of a 50-state survey of quantitative standards on appointment times, geographic standards and provider/enrollee ratios. Out of 50 states, less than half have adopted some type of network standards. The study reports data in aggregate, consolidating them into geographic, distance or wait time standards or a combination of the three. The proposed MIA regulations have network adequacy quantitative metrics, a definition of telemedicine but no standards, requirements on access to private insurance confidential information and a provision regarding enforcement. Dr. Weber's study makes recommendations for proposed standards based on the 50-state survey. The proposed MIA regulations address some but not all of the study recommendations. Council members were encouraged to review the draft regulations and send comments to the MIA, and also forward them to the MPS. Dr. Webber's [slide presentation](#) has been posted on the MPS website.

Executive Committee Report

- Dr. McCann reported that the annual meeting will include a special MPS Emeritus Leadership Award recognizing Drs. Lee Crandall Park, Joseph Bierman, and Walter Weintraub for their years of leadership at the MPS. Dr. Saul Levin, CEO and Medical Director of APA and Dr. Anita Everett, Past MPS President and APA President-Elect will speak briefly on the relationship of the APA to the District Branches.

- He also noted that the bylaws change regarding certified letters was passed in this year's MPS election. Next year, consideration should be given to an addition in the bylaws regarding attendance at Council meetings. Currently, Council meets 7 times a year and there was a consensus among those Council members present that they should be present at a minimum of 5 meetings a year.

- Dr. McCann encouraged Council members to register for an account on the MPS website. Staff can assist if needed.

- The Executive Committee continues to meet with MPS committee chairs, with the May meeting to include Dr. Robert Roca of Academic Psychiatry and Dr. Ann Hackman of Public Psychiatry.

- In conjunction with the opioid crisis, DHMH would like the MPS and psychiatry to become more involved with the administration of buprenorphine. They are asking us for ways to engage more psychiatrists with the opioid epidemic.

Executive Director's Report

Mr. Hummel stated that staff have been working with the

APA on the transition to centralized billing. The APA has been slow to respond with updated drop lists, which resulted in confusion when reaching out to members who still owe dues. He said MPS staff will attend the May APA annual meeting in San Diego. He then announced that he will leave the MPS on May 9 to accept a new position with APA, Inc. He thanked the Council for the opportunity to serve as Executive Director since December 2006.

Secretary-Treasurer's Report

Due to the change in the dues and financial years and lack of final dues drop data, the quarterly report will be reviewed at the June Council along with the 2018 proposed budget.

Nominations and Elections Committee Report

Dr. McCann reported on behalf of Dr. Lehmann who chaired the Nominations and Elections Committee. Please see [page two](#) for the election results.

Legislative Committee Report

Dr. Hanson, briefly reviewed the final legislative report as submitted by our lobbyist, Harris Jones & Malone. The [complete report](#) is posted on the MPS website. Please see [page four](#) for a summary of legislation that was especially important to psychiatry this session. As in previous years, the committee stayed very busy reviewing bills every Wednesday evening and developing positions representing the best interests of psychiatrists across the state. With the help of MPS lobbyists, Harris Jones & Malone, we set numerous in-person meetings with legislators, drafted testimony, offered oral testimony at bill hearings and had a significant impact on health care policy in Maryland.

Program and CME Committee Report

Dr. Addison noted that the next MPS CME event will be Saturday November 11, 2017 at the Sheppard Pratt Conference Center. The topic will be a psychopharmacology update. A second program on end-of-life options is being explored for the Fall. More details are on [page 11](#).

Farwell to Outgoing Council Members

Dr. Scott Aaronson will be leaving the MPS Council as he has completed his second year as post Past President. The Council thanked him for his time and his continued efforts on CME programming.

After over ten years of service, MPS Executive Director, Kery Hummel, has decided to pursue an exciting opportunity with another organization. Thank you, Kery, for your years of leadership, dedication and hard work on behalf of the MPS. It is greatly appreciated. We wish you well as you start this new chapter in your life.

Bon Voyage and best wishes!

Maryland News

2017 Legislative Session Review

The 2017 legislative session ended on April 10th and the MPS considered over 85 bills this year. As usual, the legislation spanned a great number of issues impacting psychiatry and MPS took particular interest in a select few. Below is a summary of certain priority bills, including an explanation and their outcome. Of course, this is not an exhaustive list of what MPS weighed in on this year – [click here](#) for the final bill list.

Keep the Door Open Act

After narrowly failing in 2016, the “Keep the Door Open Act” was reintroduced this year as the single most important bill for the behavioral health and substance use provider community, and was supported by MPS. The legislation sought to expand access to mental health services or “keep the door open” to such services by requiring the Governor’s proposed budget for fiscal 2019 and 2020 to include a 3.5% rate increase for community providers over the funding provided in the prior year’s legislative appropriation for BH and SU services; for fiscal 2021 and each year thereafter, until a required payment system is implemented, a 3.0% rate increase must be included in the Governor’s proposed budget. This bill was eventually rolled into the HOPE Act [see more on [page 6](#)] targeting the opioid epidemic, HB 1329/SB 967, which passed. The amended bill provides a 3.5% rate increase for community providers for fiscal years 2019 and 2020. The bill further requires DHMH and the Behavioral Health Administration to conduct a study on community provider reimbursement and implement a payment system after 2020 that reflects the actual costs of providing community behavioral health services and compensates providers accordingly.

Insurance Coverage for Behavioral Health Disorders

Legislation was introduced this year to make explicit that additional levels of care for behavioral health disorders must be included as basic insurance benefits in health insurance policies or contracts delivered or issued on a group or individual basis. HB 1127/SB 968 established that health benefit plans must provide: (1) residential treatment center benefits and (2) outpatient and intensive outpatient benefits, including diagnostic evaluation, opioid treatment services, and medication evaluation and management. The bill clarifies that benefits for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders must comply with specified regulations under the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The bills were supported by MPS, were widely supported in their respective committees and eventually passed with unanimous favor in the House and Senate.

Involuntary Medication of Criminal Defendants

Legislation was introduced this year that would have allowed a court to order that criminal defendants found to be

not criminally responsible (NCR) or incompetent to stand trial (IST) be medicated against their will without a finding that the defendant posed an immediate danger to themselves or others, or the defendant receiving due process under a clinical review panel. As introduced, 650/SB 691 sought to address instances of workers at state hospitals being assaulted and injured by mentally ill criminal defendants. While its intent was laudable, as introduced, the bill denied constitutional due process to NCR and IST criminal defendants and would have constructed significant barriers to the mental health treatment of these individuals in a hospital setting. After a contentious hearing, several workgroups and numerous conference calls amongst stakeholders, an amended bill moved out of the House that addressed the constitutional concerns, but still erected barriers to treatment in the eyes of MPS. Lobbying efforts were undertaken to convey to Senate Judicial Proceedings members that the bill was not necessary to address the concerns of state workers and posed significant concerns from the provider perspective. The Senate Judicial Proceedings Committee subsequently voted unfavorably on both the House and Senate versions of the legislation.

Maternal Mental Health

Legislation was introduced this year that which sought to implement recommendations for statutory changes from the Task Force to Study Maternal Mental Health. The 2015 Task Force, on which the MPS had a representative, submitted a report to the General Assembly in December of 2016 with 15 recommendations. A number of the recommendations made up HB 775/SB 600 and included:

- requiring the Department of Health and Mental Hygiene (DHMH), in consultation with stakeholders, to identify up-to-date, evidence-based, written information about perinatal mood and anxiety disorders and make the information available to health care facilities and providers;
- in collaboration with specified stakeholders, requiring DHMH to identify and develop training programs that improve early identification of postpartum depression and perinatal mood and anxiety disorders; and
- requiring DHMH to develop a statewide plan to expand the Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program to assist specified providers in addressing the emotional and mental health needs of pregnant and postpartum women.

The bills were supported by MPS and were widely supported in their respective committees. The bills eventually passed with unanimous favor in the House and Senate.

(Continued on next page)

Maryland News

Physicians in Training- Repeal of Criminal History Records Check Requirement

A bill was introduced this year that would repeal the requirement that, in order to practice medicine without a license while performing specified duties, a medical student or an individual in a postgraduate medical training program approved by the State Board of Physicians must submit to a criminal history records check. MPS supported this bill, arguing that physicians in training must already comply with credentialing requirements mandated by an academic institution. These academic institutions verify medical school education and reference materials, and in some programs also require specific security clearance(s) to work in forensic facilities. While HB 581/SB 633 the bill did not pass, an amendment was added to a broader bill dealing with physician oversight boards, SB 549, and accomplished the goal of the bill.

Teletherapy

Legislation was reintroduced this year to expand the use of telemedicine to the realm of behavioral health services. While the concept was laudable, as introduced by Delegate Kirill Reznik (D-Montgomery County) and Senator Craig Zucker (D-Montgomery County), HB 352/SB 1106 was seen by the provider community as overly prescriptive and potentially allowing individuals who are not health care practitioners to provide teletherapy services. After several work sessions in the House, HB 352 was heavily amended to strip the prescriptive provisions of the bill and clarify that only licensed health care practitioners can provide behavioral health services through the "teletherapy" medium. MPS supported the amended bill, arguing that the dearth of mental health services in the state can be addressed, to a certain degree, by expanding the use of technology to provide an additional means of treatment. After conforming the Senate version of the bill to the House's amended HB 352, the bills were passed unanimously by the legislature.

We look forward to another successful session in January, 2018.

Philip D. Cronin, Harris Jones & Malone

MedChi Final 2017 Session Report

This Session was strongly influenced by the election of President Trump and the Republican Congress. This was evident in the many bills and resolutions that sought to address actions taken on the federal level. The MedChi Legislative Council reviewed over 230 bills, taking positions on many of them. Overall, MedChi successfully advocated on behalf of our medicine and our patients to protect Medicaid and enhance physician payments, to defend the scope of medical practice and physician rights and to protect the public health needs of Marylanders. [Click here](#) for a comprehensive review of the key issues this Session.

General Assembly Passes Generic Drug Price Gouging Bill

[HB 631](#) authorizes the Maryland Attorney General's Office to take legal action to stop price gouging by corporations selling off-patent or generic drugs. The law provides a new tool to combat unjustified, extreme price increases for medicines that have long been on the market and that are essential to health. Currently, the generic pharmaceutical industry accounts for approximately 88 percent of all U.S. prescriptions.

Late last year, Attorney General Frosh joined 19 other state attorneys general in a federal lawsuit against generic drug-maker Heritage Pharmaceuticals, Inc., Auribindo Pharma USA, Inc., Citron Pharma, LLC, Mayne Pharma (USA), Inc., Mylan Pharmaceuticals, Inc. and Teva Pharmaceuticals USA, Inc. alleging illegal conspiracies to unreasonably restrain trade, artificially inflate and manipulate prices and reduce competition. For more, see Attorney General Frosh's [announcement](#).

Mental Health Association of Maryland Session Review

Behavioral health issues received deserved attention this year as the legislature worked to tackle an ongoing behavioral health crisis that is devastating Maryland families. As chair of the Maryland Behavioral Health Coalition, MHAMD was front and center, working with our partners to craft effective solutions to an alarming rise in suicides and opioid-related deaths. Its public policy team advocated effectively to address unmet maternal mental health needs and to pass legislation authorizing a program targeting services to hard-to-engage individuals with serious mental illness. Please see the [MHAMD 2017 Legislative Wrap-Up](#) for an in-depth review of specific legislative and budgetary outcomes.

Online Access to Maryland Medical History

MedChi, The Maryland State Medical Society announced that 65 volumes of the *Maryland Medical Journal*, from 1878 to 1899, have been digitized and are now available to the public in a fully searchable format. Twentieth century medical journals from all 50 states are being digitized as part of a national project. However, MedChi's medical journal was established in 1878, so it added the nineteenth century volumes. In the 1800's, the *Maryland Medical Journal* was published by Medical & Chirurgical Faculty of Maryland, now known as MedChi. Each weekly issue was 50 to 70 pages long and featured articles discussing medical advances, specific diseases and cures, obituaries of physicians from around the world, and anecdotes. Visit [Archives.org](#) or use the link on [MedChi's website](#). Check out the current edition of *Maryland Medicine* focused on end-of-life options at [this link](#).

From [April 24 MedChi News](#)

Maryland News

Hope Act of 2017

The Maryland General Assembly passed the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 ([HOPE Act](#)). This comprehensive behavioral health measure includes provisions on everything from crisis treatment centers and hotlines to hospital discharge procedures and treatment in jails and prisons. It also includes provisions from the [Keep the Door Open Act](#) supported by the Maryland Behavioral Health Coalition to properly resource community mental health and substance use disorder providers. Specifically, the [HOPE Act](#) will:

- Require establishment of behavioral health crisis treatment centers consistent with forthcoming recommendations from the Maryland Behavioral Health Advisory Council.
- Require creation and promotion of a statewide 24/7 crisis hotline to connect callers with appropriate mental health and substance use disorder resources.
- Require collection and dissemination of resources and information about opioid use disorder.
- Repeal a requirement that an individual be trained in overdose identification before receiving the overdose-reversal medication naloxone from a pharmacist.
- Require specified increases in funding for community behavioral health services.
- Require hospitals to have protocols for discharging patients treated for a drug overdose or identified as having a substance use disorder. The protocols may include coordination with peer recovery counselors, connection to community-based treatment, a prescription for naloxone, etc.
- Require development of a plan for increasing substance use disorder treatment in jails and prisons.
- Authorize carriers that provide coverage for prescription drugs to apply a prior authorization requirement for an "opioid antagonist" on the carrier's formulary **only if** coverage is provided for at least one formulation of the opioid antagonist without a prior auth requirement. This provision takes effect January 1, 2018 for plans issued after that date.

Emergency Legislation on Prior Authorization of Opioid Abuse Drugs

[HB 887](#) Prior Authorization for Drugs to Treat Opioid Use Disorder prohibits carriers that provide coverage for substance use disorder benefits from applying a prior authorization requirement for a prescription drug (1) when used for treatment of an opioid use disorder and (2) that contains methadone, buprenorphine, or naltrexone. This bill was shaped with input from MPS, MDSAM, and MedChi. It applies to all plans issued, delivered, or renewed in the State on or after the date the bill is signed by Governor Hogan.

MIA Issues Draft Network Adequacy Regulations

Draft network adequacy regulations are posted on the Maryland Insurance Administration's [Network Adequacy Regulations Information](#) webpage. Comments on the [draft regulations](#) must be submitted by close of business on May 8, 2017. Comments may be submitted electronically to networkadequacy.mia@maryland.gov or by regular mail to:

Lisa Larson, Assistant Director of Regulatory Affairs
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

Comments submitted by regular mail should be postmarked by **May 8**. Please note that the promulgation of these Network Adequacy Regulations pursuant to Maryland Insurance Article, Section 15-112, will result in the repeal of all or part of Code of Maryland Regulations 31.10.34. Please see the 50-state study on network adequacy posted on the [MPS website](#).

Legislature Addresses Opioid Abuse

This year the General Assembly and the Governor continued to focus on Maryland's opioid crisis. Over 40 bills were introduced to address the problem, ranging from limitations on prescribing, education in schools, access to community supports, and removing restrictions on insurance. MedChi partnered with the State to fight the crisis, while also ensuring that physicians have flexibility to meet patients' needs. In the end, that balance was achieved with three major initiatives.

[House Bill 1432](#) Health Care Providers – Prescription Opioids – Limits on Prescribing (The Prescriber Limits Act of 2017) was passed. As introduced, this bill would have limited an initial prescription of an opioid to seven days. MedChi worked to remove the limitation and ensure that the bill did not legislate clinical practice. In the end, MedChi successfully negotiated with DHMH to require a health care provider, based on his or her clinical judgment, to prescribe the lowest effective dose of an opioid that is no greater than the quantity needed for the expected duration of pain based on evidence-based clinical guidelines that is appropriate for (1) the health care service delivery setting for the patient, (2) the type of health care services required by the patient, and (3) the age and health status of the patient. The bill does not apply to an opioid being prescribed for a substance-related disorder, pain associated with a cancer diagnosis, pain experienced while the patient is receiving end-of-life, hospice or palliative care services, or chronic pain.

The other measures, the Hope Act and the Start Talking Maryland Act, were outlined in depth in a [prior newsletter](#). Both passed and increased treatment and education funding.

From [April 17 MedChi News](#)

Maryland News

Grants to Expand Behavioral Health Care Access in Underserved Areas

The Maryland Community Health Resources Commission [announced](#) 17 grant awards totaling \$4.1 million to expand access in underserved areas, reduce health disparities, and help reduce avoidable hospitalizations. Grantees in the category of integrating behavioral health services in the community and addressing the heroin and opioid epidemic include:

- Calvert County Health Department. (\$550,000) innovative re-entry program addressing the social determinants of health impacting formerly incarcerated individuals [Executive Summary](#)
- Cornerstone Montgomery. (\$100,000) data warehouse developed by the Community Behavioral Health Association to assist with collecting patient clinical outcome data that will help assess provider capacity and support practice transformation. [Executive Summary](#)
- Muslim Medical Community Center. (\$150,000) expanded access to integrated behavioral health and substance use treatment services reduced stigma of seeking behavioral services among the minority population. [Executive Summary](#)
- Pascal Center. (\$225,000) new stabilization center on the grounds of the former state psychiatric hospital in Crownsville that serves individuals identified by EMS or law enforcement. [Executive Summary](#)
- Way Station. (\$75,000) use of the "Care-at-Hand" technology for individuals with serious mental illness at community behavioral health providers to help improve client health outcomes. [Executive Summary](#)
- Worcester Youth and Family Counseling Services. (\$125,000) increase access to behavioral health services in a rural and underserved area by expanding the clinical staff to address a three-month waiting list for services. [Executive Summary](#)

Free Member Course of the Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand CME course on a popular topic. [May's course of the month](#) will be **Neuroimaging Correlates of Psychopathology and Substance Abuse** with Deborah A. Yurgelun-Todd, Ph.D., of The Brain Institute, The University of Utah (The course will still be available for a fee after the month expires.)

AASM Guideline on Pharmacologic Treatment for Insomnia

A new American Academy of Sleep Medicine (AASM) [clinical practice guideline](#) reflects a comprehensive, evidence-based analysis of individual pharmacotherapy commonly used to treat people experiencing persistent trouble falling asleep and staying asleep. The guideline offers recommendations on whether clinicians should or should not use specific medications for sleep-onset insomnia and/or sleep maintenance insomnia in adults versus no treatment, based on current published evidence. Please refer to the [April 7 Psychiatric News article](#) for details.

Children's Mental Health Matters! Awareness Week is May 1-7

According to a Child Mind Institute report, an estimated "17.1 million U.S. children and adolescents now have, or have had in the past, a diagnosable psychiatric disorder." About 80 percent of chronic mental disorders in adults begin during youth. If these kids don't get help in grade school, mental health issues can grow worse during difficult, isolating periods, like when students head to college.

- A [podcast](#) by child and adolescent psychiatrist Dr. Harold Koplewicz discusses the importance of early recognition and treatment of children's mental health disorders.
- Resources for providers and educators are available [online](#).
- [Webinars](#) on child abuse and safe schools will be held early in May.

Recognizing the importance of mental health awareness and the expressive power of art, Maryland's First Lady and Campaign Honorary Chair Yumi Hogan is hosting a state-wide art project. On Monday **May 8**, a selection of this work will be showcased in Annapolis at *Celebrating Through Art: The First Lady's Mental Health Awareness Youth Art Display*.

Visit www.ChildrensMentalHealthMatters.org.

Educate Patients About Reducing Opioid Misuse

The APA is supporting an [AMA initiative](#) to encourage physicians to talk to patients about how to avoid misusing opioids and letting them fall into the wrong hands, as well as how to store and dispose of them safely. The AMA task force's three-step recommendation on safe storage and disposal is available as a [flyer](#).

APA News & Information

Incoming APA President Anita Everett

At APA we are very excited about advance registration for the annual meeting in San Diego, which is looking very good with the second highest number of advance registrants. (San Francisco was the highest.) I am preparing remarks for the opening session which will outline some of the initiatives I hope to work on over the next year. These include a special task force that will make recommendations regarding the incorporation of innovations into psychiatric practice, and a second task force that will focus on physician wellness and burnout.

I have travelled to different District Branch meetings over the last several months, and this included a visit in March to the Washington Psychiatric Society's special session on the ethics associated with the Goldwater principle. Dr Oquendo's [column](#) about the Goldwater Rule has been the most viewed of presidents columns in the recent past. The debate there was intense and included one suggestion that it was a duty to speak out vs the more traditional ethical stance of the APA ethics committee that psychiatrists should not make diagnoses or proffer professional opinions on individuals that they have not personally examined.

Please [email me](#) in the coming year at with any suggestions or concerns.

Anita S. Everett, M.D.

Nominations for 2017 APA Awards

The APA is soliciting nominees for awards in several areas, including residency education, schizophrenia research, forensic psychiatry ([Guttmacher](#) and [Ray](#) awards), medical student education, general psychiatry teaching, service delivery creativity and program innovation. **The nomination deadline is June 1.** [Click for details!](#)

Nominations for the Psychiatric Services Achievement Awards are also due June 1. Since 1949, the awards have recognized creative models of service delivery and innovative programs for persons with mental illness or disabilities. APA bestows two Gold Awards—one for a community-based program and one for an institutionally based program—plus Silver and Bronze Awards. [Click here](#) for more.

APA Supports March for Science

The APA joined 24 other medical and scientific organizations in a statement of support for the [March for Science](#) held April 22 in Washington, D.C., and other cities around the country. The [text](#) and signatories is posted on the American Hematology Association website.

APA Advocacy on MOC

The APA works on behalf of members to reform Maintenance of Certification (MOC) requirements and ensure a fair process for psychiatrists. The APA has established a standing committee of the APA Assembly and an MOC caucus to critically evaluate MOC and will continue to participate in and provide feedback at ABPN meetings, including the ABPN's annual Critical Issues Forum. The APA encourages members to submit feedback and, if interested, join the MOC caucus by selecting it within their [Member Profile](#).

- As a result of an APA Assembly action paper, APA relayed concerns about the Patient Surveys and subsequently the ABPN removed the requirement in Part 4 of MOC. It is still an option, but not a requirement.
- As a result of an APA Assembly action paper, APA asked that other activities psychiatrists already engage in, such as QI projects, be allowed to count for Part 4. In 2015, ABPN agreed to add new methods to meet MOC requirements, including QI projects.
- Each year, APA has expressed member concerns to ABPN about fees — most especially on Initial Certification. In turn, ABPN announced a 5% reduction in Initial Certification fees for 2018. They have reduced all fees over the past decade for both Initial and MOC exams.
- In 2015, APA formally asked ABPN to advocate to ABMS for the elimination of MOC Part 4 until a program that is research verified to improve physician practice could be developed and put in place.

As a reminder, ECPs also receive a free online subscription to *FOCUS: The Journal for Lifelong Learning in Psychiatry*, which meets many of the requirements of MOC. They just need to call 888-357-7924 each year to subscribe. Read more about APA's work on MOC [here](#).

2018 Bruno Lima Award in Disaster Psychiatry

The APA is seeking nominations for the 2018 [Bruno Lima Award in Disaster Psychiatry](#), which recognizes outstanding contributions of APA members in the care and understanding of the victims of disaster. This includes members who epitomize the APA's highest ethical, clinical, and professional standards, while engaged in one or more of the following:

- (1) providing consultation, education, training and awareness on mental health and disaster issues,
- (2) providing direct service delivery as part of a disaster response team, and/or
- (3) designing disaster response plans.

To recommend someone to be nominated by the MPS President, please submit a letter summarizing the nominee's contributions and activities, along with a condensed CV, to [Kery Hummel](#) by **Tuesday, May 9**.

Medicare News

Important Survey on Medicare Quality Reporting

Is your practice ready for Medicare's new Quality Payment Program? The Council of Medical Specialty Societies is sponsoring a brief survey to gather information from physicians about their plans to participate in the new Merit-Based Incentive Payment System (MIPS) or in "Advanced" Alternative Payment Models. The survey is voluntary and anonymous. If enough psychiatrists complete it, APA will receive a summary of the findings, which can help inform our advocacy and education on these new programs. The survey will be open at least through May 31, and should take less than five minutes to complete. Please click [the survey link](#) to get started. If you have questions about either the survey or these new programs, please [email Eileen Carlson](#), APA Director of Reimbursement Policy, or call her at (703) 907-8590.

Medicare Revalidations

Medicare providers must revalidate their enrollment record information every three or five years. CMS sets every provider's revalidation due-date at the end of a month, and posts the upcoming six months online. A due date of "TBD" means that CMS has not set the date yet. Go to the [revalidation dates page](#) to search for your due date by name or browse the entire list to find the information needed. CMS plans to refresh the data on May 1. For more information, see the [revalidation webpage](#) and the [FAQs](#).

Quality Payment Program: Pick Your Pace Online CME

A new, online, self-paced course on participating in the Quality Payment Program (QPP) and Picking a Pace that meets the needs of your practice is now available through the [MLN Learning Management System](#). Find out about:

- QPP basics;
- Steps to actively participate to avoid a payment penalty and possibly earn a positive payment adjustment; and
- Factors in choosing how to participate through either the Merit-based Incentive Payment System (MIPS) or an Advanced Alternative Payment Model (APM).

This course is part of an evolving QPP curriculum that offers knowledge, insight and CME credit. CMS designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credit. Physicians should claim only the credit commensurate with the extent of their participation. Credit for this course expires May 30, 2020.

MIPS Participation Status Letter

CMS is reviewing claims and notifying clinicians who need to participate in [MIPS](#), the Merit-based Incentive Payment System. MIPS is an important part of Medicare's new [Quality Payment Program](#). In late April through May, the Medicare Administrative Contractor that processes Medicare Part B claims (Novitas) will send letters that include the participation status of each clinician associated with the Taxpayer Identification Number or TIN in a practice. Clinicians should participate in MIPS for the 2017 transition year if they bill more than \$30,000 in Medicare Part B allowed charges a year AND provide care for more than 100 Part B-enrolled Medicare beneficiaries a year. Others are exempt for 2017.

The APA issued an [alert](#) on this topic, which includes the Quality Payment Program (QPP) resources it offers to members. The QPP intends to shift reimbursement from the volume of services provided toward a payment system that rewards clinicians for their overall work in delivering the best care for patients. It replaces the Sustainable Growth Rate formula and streamlines the "Legacy Programs" Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM), and the Medicare Electronic Health Records (EHR) Incentive Program. During this first year of the program, CMS is committed to streamlining the process to further reduce burdensome requirements.

New Quality Payment Program Resources Available

Learn more about Merit-based Incentive Payment System (MIPS) participation and the Improvement Activities Performance Category. CMS recently posted three new resources to the Quality Payment Program [Educational Resources](#) webpage to help clinicians successfully participate in the first year of the program:

- [MIPS Participation Fact Sheet](#) - who is eligible and how clinicians might be able to participate voluntarily in the program
- [MIPS Improvement Activities Fact Sheet](#) - choosing and submitting improvement activities, reporting criteria, and scoring
- [2017 CMS-Approved Qualified Registries](#) - that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017

For more information, visit the [Quality Payment Program](#) website, email QPP@cms.hhs.gov, or call 866-288-8292 (TTY 877-715- 6222), 8 AM to 8 PM M-F.

Medicare News

Psychiatry and Psychotherapy CMS Provider Minute Video

Proper payment and sufficient documentation go hand in hand. The [CMS Provider Minute: Psychiatry and Psychotherapy](#) video discusses how to submit documentation for these services, including use of add-on codes when billing for same day evaluation and management and psychotherapy services, and three factors needed for sufficient documentation. This video is part of a [series](#) to help providers of all types improve in areas identified with a high degree of non-compliance.

2018 Payment and Policy Updates for Medicare Advantage and Part D

CMS [announced](#) final updates to Medicare health and drug programs for 2018 to support benefit flexibility and efficiency for enrollees. The updated policies provide incentives to encourage new Medicare Advantage and Part D plan offerings with innovative provider network arrangements that may improve access to services. In 2018, CMS will use encounter data for 15 percent of the risk adjustment payment to Medicare Advantage plans. CMS will also finalize policies addressing opioid abuse. For more information, see the [fact sheet](#).

Racial, Ethnic and Gender Differences in Medicare Advantage

In recognition of April's National Minority Health Month, the CMS Office of Minority Health released two reports detailing the quality of care received by people enrolled in Medicare Advantage (MA). The first [report focused on gender](#) showed women were more likely than men to receive proper follow-up care after being hospitalized for a mental health disorder. In contrast, they were less likely than men to receive timely treatment for alcohol or drug dependence, and they were more likely to be dispensed medications that are potentially harmful to people with certain medical conditions such as dementia. The second [report on racial and ethnic group comparisons](#) separated by gender, is a follow-up to a November 2016 [report](#) that did not stratify by gender. These reports, along with other CMS [resources](#), help raise awareness on disparities and develop interventions for beneficiaries.

Review Your Open Payments Data Before It's Available to the Public

CMS will publish the 2016 data and updates to the 2013, 2014, and 2015 Open Payments Program years on June 30. **Review and dispute for 2016 data ends on May 15.** Physicians must initiate disputes during this 45-day review period for them to be addressed before the June 30th publication. Data review is voluntary, but strongly encouraged.

If You Have Never Registered with Open Payments Before: Make sure you have your National Provider Identifier (NPI) number, and State License Number (SLN). Initial registration is a two-step process and should take approximately 30 minutes. First, register in the CMS [Enterprise Identity Management System \(EIDM\)](#). Then register in the Open Payments system.

Users Who Registered Last Year and Have Used Their Accounts in the Last 60 Days:

You do not need to reregister in the EIDM or the Open Payments system. If the account has been accessed within the last 60 days, go to the [CMS Enterprise Portal](#), log in using your user ID and password, and navigate to the Open Payments system home page.

Users Who Registered Last Year but Have Been Inactive for More than 60 Days:

Your EIDM account has been locked automatically. To unlock an account, [go to the CMS Enterprise Portal](#), enter your user ID and correctly answer all challenge questions; you'll then be prompted to enter a new password.

Users Who Registered Last Year but Have Been Inactive for More than 180 Days:

Your EIDM account has been deactivated. To reinstate the account, email the [Open Payments Help Desk](#).

For more information about the registration process, visit the [physician and teaching hospital registration page](#) on the [Open Payments](#) website. Email questions to the Help Desk at openpayments@cms.hhs.gov or call 1-855-326-8366, M-F from 8:30 AM to 7:30 PM.

Have You Explored the New Psychiatry.org?

The APA is improving its online experience for members. Your new [psychiatry.org account](#) will enable you to pay dues online, complete a profile to enjoy a more personalized membership experience, update your email communication preferences, and enroll in more than 90 free CME activities. If you haven't already, you will need to reset your password the first time you log in.; select "Forgot Password" on the account log in page or call APA at 703-907-7300.

Exploring Troubled Patient-Physician Relationships

The [April AMA Journal of Ethics®](#) features many perspectives on patient-physician relationships, including the role that clinicians play in challenging relationships with patients. The issue covers factors that shape patient-clinician relationships, the obligation physicians have to foster positive relationships with patients, and ways to prevent negative first impressions and repair troubled relationships. Contributing writers also ask questions about assumptions patients and clinicians can have about each other, the moral psychology of nurturing healthy interactions with patients, and approaches to take when a colleague makes an unwarranted medical request because a patient is part of his or her family.

From [April 14 AMA Wire post](#)

National Council Medical Director Institute Report on Psychiatrist Shortage

A new [report](#) includes recommendations to address the shortage of psychiatrists and scarce mental health services in the U.S. It states that the pool of psychiatrists working with public sector and insured populations declined by 10 percent from 2003-2013. An aging workforce, low reimbursement, burnout, burdensome documentation requirements and restrictive regulations around sharing clinical information necessary to coordinate care are some of the reasons for the shrinkage. Moreover, the workforce is unevenly distributed geographically.

The report highlights key problem areas, examines causes and effects, evaluates risks, identifies solutions and gives actionable recommendations. The Medical Director Institute believes that implementing the recommendations can:

- Improve access to, and the quality of, evidence-based psychiatric services;
- Foster better patient outcomes;
- Put behavioral health providers in a stronger position for delivering integrated care;
- Manage total health care costs through better integration;
- Reduce the stigma of seeking treatment for mental health and SUDs; and
- Increase recognition of the importance of treating co-morbid medical and psychiatric disorders.

Risk Management Tips on Technology

Before posting anything on social media, even if privately or anonymously, look your post over to see if you would be happy with all of the following seeing it:

- Your patients
- Your employer
- Your employees
- Your licensing board
- Plaintiff's attorney in a malpractice case against you.

If you have any misgivings about all of the above seeing it, don't post it. For more risk management advice, click [here](#) for our primer on social media in psychiatric practice.

When using an EHR to document a patient visit, try to use free form text as much as possible, especially to document your reasoning behind clinical decisions. Relying solely on checkboxes and pull-down menus tends to make all your entries look the same. For more information on the safe use of EHRs, click [here](#) for our primer.

When treating patients remotely via telepsychiatry, ensure the technology used is HIPAA-compliant. Specifically, you will need a Business Associate Agreement, under which the vendor promises many things, including to maintain the confidentiality and security of your patients' information. For more details, click [here](#) for our telepsychiatry primer.

From [LinkedIn posts](#) by the PRMS Risk Management Team

The MPS is planning some excellent CME activities for this fall so be sure to save the date!

**Death With Dignity:
Examining The Physician Assisted Suicide Issue**

MedChi's Osler Hall

Saturday September 16, 2017

MedChi is a joint provider for this activity.

Registration information will be sent summer 2017.

Psychopharmacology Update

Saturday, November 11, 2017

The Conference Center at SP, Towson, MD



Are You in MPS Find A Psychiatrist?

The **Find a Psychiatrist** feature on the [MPS website](#) allows the public to locate work address and phone information for members who have opted to be included in the service. It also helps users find psychiatrists who meet specified criteria, such as geographic location, languages spoken, etc.

- If you are not currently included in the search, but would like to be please send an [email](#) or call the MPS office at 410.65.0232. (To check whether you're included, click "[Advanced Search](#)" and enter your last name in the field.)
- If the information listed for you is inaccurate, please send an [email](#) or call the MPS office at 410.625.0232 to provide updated information.
- Members still have the option to be listed in our telephone referral service, but not on the website, and vice versa.
- Members can also update their profile information (including expanded insurance panels) on the MPS website.
- If you are unsure of your MPS ID needed to create an online account please contact the MPS office at 410.625.0232 or mps@mdpsych.org.

CLASSIFIEDS

AVAILABLE OFFICE SPACE

TIMONIUM: ONE unfurnished office sublet available full-time, suitable for mental health professional, in a tastefully renovated 2-office suite shared by a part-time psychiatrist; and a **SECOND** office, furnished, available **ONLY** on Monday thru Thursday. Suite includes kitchenette, secretarial space and shared waiting room, located in an A-rated office bldg, the Timonium Corporate Center, with easy access to I-83 and ample parking. Call Cyndie @ 410-453-0901 if interested.

Prime Office space Available for Rent, Full-time or Part-time, in the Mt. Washington Village.(21209). In suite w 2 established psychiatrists. Shared Waiting Room. Please contact Larry Sandler 410-664-2909 L.d.sandler@gmail.com or Hinda Dubin 410-389-0739, HINDADUBIN@aol.com.

MHM has full-time Psychiatrist positions available in Hagerstown, Jessup and Baltimore.

Part-time and Per Diem positions also available.

Why explore working in correctional mental healthcare?

- Flexible schedules
- NO insurance paperwork or managed care hassles
- No weekend rounding ever required
- On-call is telephonic only and is shared among clinicians
- Moderate caseloads and diverse patient population
- Secure and supportive work environment
- Opportunity to make a real difference in the lives of those who need it most!

MHM offers:

- Highly competitive, guaranteed salaries – not production based.
- Health, life, dental & disability insurance just to name a few.
- Generous time off & paid holidays.
- 401(k) plan with employer match and immediate vesting.
- Paid malpractice insurance including tail coverage.
- CME money and additional paid days off to get your CME.
- Flexible spending accounts for healthcare & dependent care.



For more details or to arrange a tour of the facilities, please contact

Jane Dierberger at 844-477-6420 or jane@mhmcareers.com

MHM Services, Inc.



Sheppard Pratt
HEALTH SYSTEM

Now Hiring Child & Adolescent Psychiatrists Throughout Maryland

We are recruiting board certified and board eligible child and adolescent (C&A) psychiatrists at multiple locations throughout Maryland.

Opportunities in Towson and Ellicott City: Hiring C&A psychiatrists to work in one or more of the following service areas: inpatient, day hospital, outpatient, telepsychiatry, and crisis services. Diagnoses in this patient population may include mood and anxiety disorders, PTSD, impulse control disorders, conduct and learning disorders, and intellectual disabilities, among others.

Opportunities in Frederick: Hiring C&A psychiatrists to join the team at Behavioral Health Partners of Frederick (BHP), an outpatient joint venture between Sheppard Pratt Health System (SPHS) and Frederick Memorial Hospital. Diagnoses in this patient population include ADHD, complex affective disorders, and psychotic disorders, among others.

Opportunity in Jefferson: Hiring a part-time C&A psychiatrist to join a team of three psychiatrists at The Jefferson School Residential Program and Day School. Diagnoses in this student population include mood and anxiety disorders, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders.

All candidates must have a current license to practice in Maryland at the time of hire and have experience treating children and adolescents with challenging conditions. Individuals hired for inpatient, day hospital, and residential school services participate in a call schedule.

About Sheppard Pratt Health System

As the nation's largest private, non-profit provider of mental health, substance use, special education, and social support services, we employ more than 80 psychiatrists who all share a passion for providing the best care to our patients, students, and residents. Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, we offer a generous compensation package and comprehensive benefits. To learn more about a career with SPHS, visit bit.ly/SPHScareers. *EOE and smoke-free campus.*

For more information contact Kathleen Hilzendeger,
Director of Professional Services, at 410.938.3460 or
khilzendeger@sheppardpratt.org or visit bit.ly/SPHScareers.



Sheppard Pratt
HEALTH SYSTEM

Now Hiring a Service Chief for Our Adult Day Hospital in Ellicott City

We are recruiting a board certified psychiatrist for a full-time position as service chief of the Adult Day Hospital on Sheppard Pratt Health System's Ellicott City campus in Howard County, Maryland.

The service chief will provide leadership and oversight to the Adult Day Hospital treatment team, as well as treat Day Hospital patients. Diagnoses in this patient population may include mood and anxiety disorders, co-occurring disorders, and other general psychiatric conditions.

Candidates must be board certified and have a current license to practice in Maryland at the time of hire. The individual hired must participate in a call schedule.

About Sheppard Pratt Health System

As the nation's largest private, non-profit provider of mental health, substance use, special education, and social support services, we employ more than 80 psychiatrists who all share a passion for providing the best care to our patients, students, and residents. Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, we offer a generous compensation package and comprehensive benefits. To learn more about a career with SPHS, visit bit.ly/SPHScareers. *EOE and smoke-free campus.*

For more information contact Kathleen Hilzendeger,
Director of Professional Services, at **410.938.3460** or
khilzendeger@sheppardpratt.org or visit **bit.ly/SPHScareers**.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Psychiatrist/Psychiatric Nurse Practitioner, F/T or P/T for an established Outpatient Behavioral Health Clinic in White Plains, MD. Evaluations and medication management with flexible hours, admin support, multidisciplinary team and a great place to work! No weekends. Qualified candidates must be board eligible and possess a current license to practice in Maryland. Board certification and substance use treatment experience preferred. Send resume' to Melanie Taylor, HR Manager, melaniey.taylor@maryland.gov or by fax on 301.609.5759.

Psych Associates of Maryland, LLC seeks Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us

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

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 10 hour per week child psychiatrist to work in our School Based Mental Health Program. We allow 75 minutes for evaluations and 25 minutes for medication management. We offer very flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

ADULT PSYCHIATRIST WANTED - BEL AIR - A multidisciplinary mental health private practice in Bel Air seeks an additional psychiatrist to perform evaluations and medication management for adults. Administrative support provided. Autonomy and flexibility in practice management. Fax letter of interest and curriculum vitae to Dr. Pritt at (410) 569-6500.

Joshi & Merchant, MD PA in Columbia, MD is looking for a **Board Certified Psychiatrist full time** work with adult Outpatients-evaluation and medication management. Full EMR & office support. Send resume via email milanjoshi11@gmail.com or call (410)-299-8147

FULL TIME Psychiatrists needed in C-L and outpatient at **Johns Hopkins Howard County General Hospital**. Salary+Benefits, faculty positions possible. For information contact Andy Angelino, M.D., Chair. aangelino@jhmi.edu

Spring Grove Hospital Center (SGHC) is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. At 377 beds, SGHC is the largest psychiatric hospital operated by the State of Maryland. We are located in Catonsville, previously named by Money Magazine as one of the best places to live! Convenient to DC, Baltimore, and BWI Airport, our 180-acre wooded campus feels more like a college setting. Our mission is to provide quality mental health services to patients from across the State. We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support. Interested candidates may visit www.dbm.maryland.gov for more specific information and to apply online. Candidates may also send their CV to: Elizabeth R. Tomar, MD, Clinical Director, 55 Wade Avenue, Catonsville, Maryland 21228 410.402.7596 (phone) 410.402.7038 (fax) elizabeth.tomar@maryland.gov Spring Grove Hospital Center does not discriminate on the basis of immigration status, citizenship status, or national origin. EOE.

Full time Psychiatrist needed to join a unique community health center serving homeless individuals. Candidate should be interested in providing comprehensive outpatient mental health care in a multidisciplinary setting. Experience with dual diagnosis, strong interdisciplinary collaboration skills, and familiarity with harm reduction approach required. Buprenorphine waiver preferred. Health Care for the Homeless (HCH) is a non-profit Federally Qualified Health Center (FQHC) dedicated to preventing and ending homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. For additional information, we welcome you to visit our website www.hchmd.org. Comprehensive benefits offered include: malpractice coverage, health insurance, disability, life insurance, paid time off, CME allowance, retirement plans and dental insurance. One hour initial evaluations and half-hour follow-ups. No call or weekends. Eligible for loan repayment programs. Apply for Psychiatrist [using this link](#).

ROBUST RISK MANAGEMENT EDUCATION



Malpractice Insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:



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ON OUR MINDS MONTHLY
ON-DEMAND RISK UPDATE

DONNA VANDERPOOL, MBA, JD
VICE PRESIDENT, RISK MANAGEMENT



* EXPERIENCE THESE BENEFITS IN-PERSON TODAY BY ATTENDING ONE OF OUR ACCLAIMED CME SEMINARS. VISIT [PSYCHPROGRAM.COM/SEMINARS](https://psychprogram.com/seminars) TO FIND A LOCATION NEAR YOU.

Robust risk management is just one component of
our comprehensive professional liability program.



More than an insurance policy

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

Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

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

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