

Q1 What CME topic would you need the most?

Answered: 85 Skipped: 49

#	RESPONSES	DATE
1	Psychopharmacology	8/9/2024 4:07 PM
2	Deprescribing for polypharmacy	8/6/2024 9:29 AM
3	Suboxone induction in the outpatient setting	7/9/2024 11:02 AM
4	I think people need CME on Tardive Dyskinesia and drugs to treat, because a lot of psychiatrists are missing this diagnosis. However I need a CME on using Clozapine, Lithium and managing metabolic syndrome	7/6/2024 9:08 AM
5	not sure	7/5/2024 5:46 PM
6	Conducting and documenting risk assessments (suicide, violence, etc) for the everyday clinicians.	7/4/2024 7:00 PM
7	Dissociative disorders	6/29/2024 7:24 PM
8	Treatment resistant ocd	6/29/2024 3:12 AM
9	psychiatric symptoms secondary to dementia and treatment	6/27/2024 1:13 PM
10	Psychopharm	6/26/2024 3:39 PM
11	interpersonal neurobiology	6/23/2024 9:08 PM
12	Medication management, treatment of personality disorders	6/23/2024 2:54 PM
13	Evaluating cognitive impairment	6/21/2024 2:29 PM
14	Complex ptsd, borderline personality disorder	6/21/2024 1:39 PM
15	ADHD in Adults: State of the Science	6/14/2024 12:33 PM
16	ethical and legal aspects of psychiatry	6/14/2024 12:11 PM
17	autism/ neurodivergent teens and young adults	6/14/2024 11:48 AM
18	Child and Adolescent Psych	6/13/2024 6:26 PM
19	none	6/11/2024 10:39 PM
20	mood disorders	6/11/2024 9:33 AM
21	Psychopharmacology Update	6/10/2024 6:41 PM
22	What we need to know about laws and regulations affecting teletherapy and insurance reimbursement for teletherapy	6/10/2024 4:44 PM
23	Treatment resistant psychosis	6/8/2024 5:56 PM
24	Generalized Anxiety Disorder 3rd or 4th line treatments.	6/3/2024 10:19 AM
25	eating disorder, rumination, changes in addiction treatment	6/2/2024 5:06 PM
26	update on laws and regulations	6/1/2024 12:30 PM
27	Mood Disorders	5/31/2024 4:02 PM
28	Managing board certification renewals	5/31/2024 11:50 AM
29	Treatment of intellectually disabled patients and treatment of ADHD	5/31/2024 11:45 AM
30	Artificial intelligence	5/25/2024 11:53 PM

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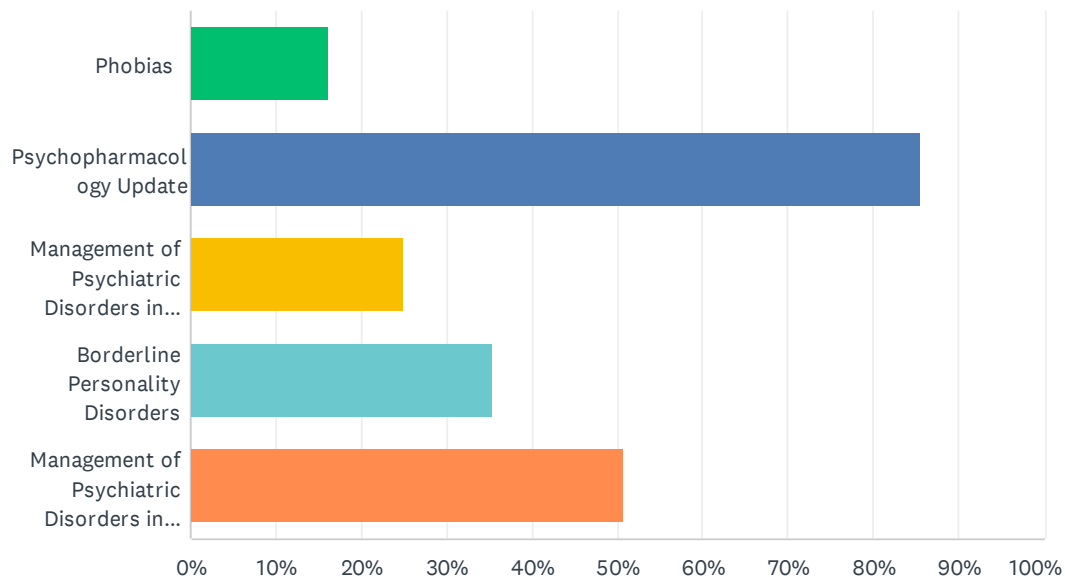
31	Post Traumatic Stress Disorder	5/24/2024 12:05 PM
32	Biological causes of mental health symptoms	5/23/2024 10:35 PM
33	Psychopharmacology update	5/23/2024 3:17 PM
34	electro/magnetic therapies (ECT, TMS, etc)	5/23/2024 2:20 PM
35	Ketamine treatment	5/23/2024 11:48 AM
36	Psychopharm as always	5/21/2024 10:57 PM
37	psychopharm	5/20/2024 6:29 PM
38	Psychopharmacology	5/20/2024 2:59 PM
39	management of crises services	5/20/2024 7:45 AM
40	free	5/19/2024 10:50 PM
41	Social determinants of mental health	5/18/2024 6:43 PM
42	Psychopharmacology	5/18/2024 8:26 AM
43	Psychopharmacology	5/17/2024 6:27 PM
44	Medication review	5/17/2024 1:16 PM
45	Methods of clinical reasoning and judgement	5/17/2024 12:28 PM
46	Psychopharmacology updates	5/17/2024 12:17 PM
47	psychopharmacology	5/17/2024 11:17 AM
48	OCD, management of psych disorders in pregnancy	5/17/2024 10:36 AM
49	reproductive psychiatry	5/17/2024 7:26 AM
50	Psychotherapy	5/17/2024 5:10 AM
51	Substance Use Disorders	5/16/2024 11:43 PM
52	Psychopharm	5/16/2024 11:01 PM
53	Update on Bipolar Disorder medical treatments	5/16/2024 11:00 PM
54	information on ketamine treatments	5/16/2024 8:56 PM
55	substance use treatment	5/16/2024 7:36 PM
56	Incorporating psychotherapeutic interventions along or together with psychopharmacology. Management of complex patients (comorbid substance use, personality disorder, non-english speaking patients)	5/16/2024 6:41 PM
57	Review recently approved medications	5/16/2024 6:28 PM
58	Ketamine and psychedelics	5/16/2024 6:09 PM
59	Neuromodulation	5/16/2024 5:10 PM
60	Substance Use Disorders	5/16/2024 4:35 PM
61	psychopharm update	5/16/2024 3:31 PM
62	Psychiatry-medicine-neurology interface subjects	5/16/2024 3:24 PM
63	pschiatric treatment in patients with chronic medical conditions.	5/16/2024 3:21 PM
64	Managing bipolar depression	5/16/2024 2:42 PM
65	Psychopharmacology updates	5/16/2024 2:31 PM
66	Psychopharm update	5/16/2024 2:00 PM
67	Affective disorders	5/16/2024 1:38 PM

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68	comorbidity with substance use disorders	5/16/2024 1:17 PM
69	Substance use disorders	5/16/2024 1:14 PM
70	substance use problems	5/16/2024 1:14 PM
71	Update on ERPO	5/16/2024 1:07 PM
72	Child Psychiatry topics focusing on transition	5/16/2024 1:01 PM
73	anxiety disorders	5/16/2024 12:57 PM
74	Residential treatment	5/16/2024 12:48 PM
75	Psychopharmacology update	5/16/2024 12:28 PM
76	Legal considerations- what is needed to discharge patient from outpatient practice, documentation around suicide prevention, etc	5/16/2024 12:11 PM
77	legislative issues	5/16/2024 12:09 PM
78	Psychopharmacology	5/16/2024 12:01 PM
79	Dx Tx Alzheimer's	5/16/2024 11:58 AM
80	Suicide Prevention	5/16/2024 11:48 AM
81	Psychopharm updated	5/16/2024 11:44 AM
82	pharm	5/16/2024 11:41 AM
83	Autism	5/16/2024 11:37 AM
84	Psychopharm	5/16/2024 11:35 AM
85	Pharmacotherapy or addiction treatment	5/16/2024 11:34 AM

Q2 What CME events would you be most likely to attend? (Check all that apply)

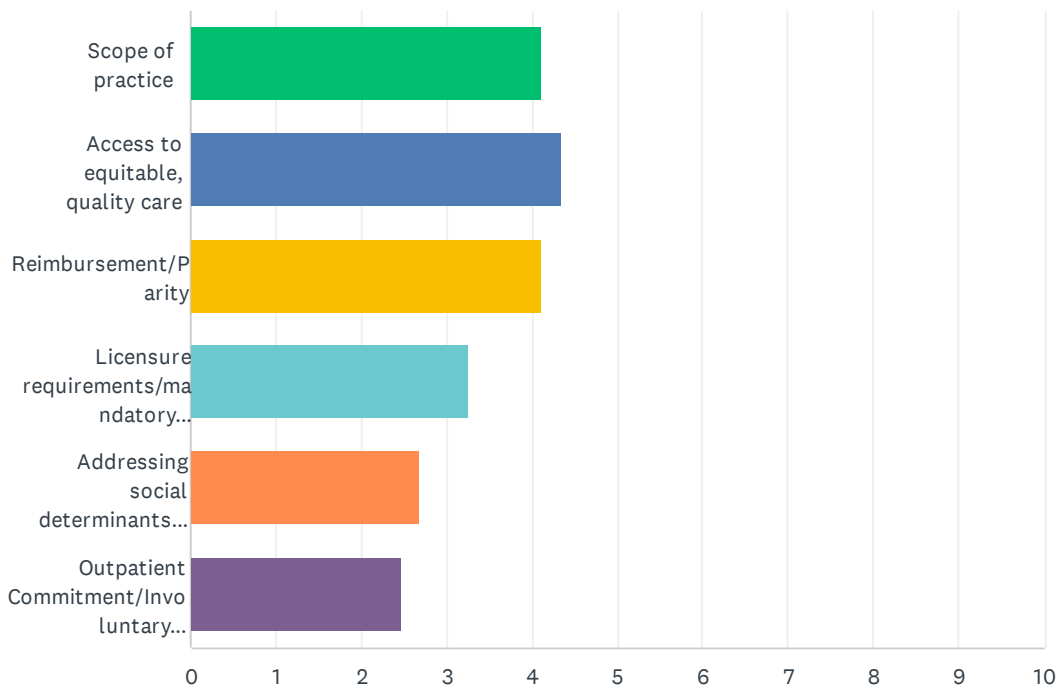
Answered: 124 Skipped: 10



ANSWER CHOICES	RESPONSES	
Phobias	16.13%	20
Psychopharmacology Update	85.48%	106
Management of Psychiatric Disorders in Children	25.00%	31
Borderline Personality Disorders	35.48%	44
Management of Psychiatric Disorders in Pregnant Patients	50.81%	63
Total Respondents: 124		

Q3 Please rank these legislative and advocacy priorities (1-6, 1=most important)

Answered: 122 Skipped: 12



	1	2	3	4	5	6	TOTAL	SCORE
Scope of practice	27.87% 34	18.85% 23	18.03% 22	16.39% 20	9.84% 12	9.02% 11	122	4.11
Access to equitable, quality care	31.15% 38	15.57% 19	23.77% 29	19.67% 24	7.38% 9	2.46% 3	122	4.36
Reimbursement/Parity	18.85% 23	22.95% 28	28.69% 35	14.75% 18	9.02% 11	5.74% 7	122	4.11
Licensure requirements/mandatory training	12.30% 15	19.67% 24	8.20% 10	22.95% 28	15.57% 19	21.31% 26	122	3.26
Addressing social determinants of health	5.74% 7	11.48% 14	10.66% 13	11.48% 14	38.52% 47	22.13% 27	122	2.68
Outpatient Commitment/Involuntary Treatment	4.10% 5	11.48% 14	10.66% 13	14.75% 18	19.67% 24	39.34% 48	122	2.48

Q4 If there are other priorities that are not included in the options above, please list them.

Answered: 34 Skipped: 100

#	RESPONSES	DATE
1	List of community ancillary psych resources (PRPs, Trauma (couples therapies), PHPs, ECT, TMS, etc.)	8/6/2024 9:30 AM
2	this covers it	7/5/2024 5:48 PM
3	None	7/4/2024 7:03 PM
4	prior authorization	6/27/2024 11:34 AM
5	n/a	6/26/2024 3:41 PM
6	financialization of the health care system, which affects many of the above priorities and currently is woefully lacking in legislative guardrails	6/23/2024 9:11 PM
7	Prior authorization process for medications	6/23/2024 2:56 PM
8	Guidelines for practice "wills" and networks of practitioners to help transition the patients in the event of sudden death or disability of a colleague.	6/21/2024 2:33 PM
9	administrative burdens by insurance have increased over the past 3 years. Highly discouraging	6/14/2024 12:34 PM
10	we should be emphasizing collaborative and integrative care, which is key in chronic illness-related conditions	6/14/2024 12:29 PM
11	part of #1: universal healthcare with secure electronic universal records, insurance info, and payment	6/14/2024 12:26 PM
12	telehealth expansion	6/14/2024 12:21 PM
13	preserving and optimizing access to care with telehealth	6/14/2024 12:14 PM
14	improving access to care--psychiatrists role in collaborative care	6/14/2024 12:09 PM
15	of interface medicine and psychiatry consult/liaison services	6/14/2024 11:53 AM
16	Climate change	6/11/2024 10:40 PM
17	none	6/3/2024 10:20 AM
18	role we play in addressing gun violence/screen time in kids, access to cannabis for kids and	6/2/2024 5:08 PM
19	No	5/31/2024 4:07 PM
20	End of life care	5/25/2024 11:58 PM
21	cannabis/marijuana regulation (THC content should be handled similar to ABV in alcohol) and community education about psychiatric risks	5/23/2024 2:31 PM
22	Effective health behavior and lifestyle interventions in psychiatry	5/20/2024 7:48 AM
23	Universal health care secure universal electronic records, meds, insurance and payments	5/19/2024 10:54 PM
24	Curriculum for residents/medical students Representation of diverse psychiatrists	5/18/2024 6:49 PM
25	N/A	5/17/2024 12:19 PM
26	Trying to improve reciprocity of license in multiple states	5/16/2024 11:03 PM
27	Decreasing bias in psychiatric practice.	5/16/2024 6:47 PM
28	Medical specialty board recertification	5/16/2024 6:12 PM

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29	Criteria for involuntary hospitalization & retention hearings	5/16/2024 5:14 PM
30	n/a	5/16/2024 2:33 PM
31	Lack of Inpatient placement for minors	5/16/2024 12:30 PM
32	reduced funding for state hospitals and residency programs	5/16/2024 12:11 PM
33	State of the opioid epidemic.	5/16/2024 12:09 PM
34	N/A	5/16/2024 12:02 PM

Q5 What is the most significant problem that you see in modern psychiatry that you think could be addressed legislatively?

Answered: 95 Skipped: 39

#	RESPONSES	DATE
1	scope creep by APP's (PA's, NP's)	8/6/2024 9:31 AM
2	Implications of mental health parity	7/25/2024 9:42 AM
3	reimbursement by insurance needs to be higher	7/19/2024 10:26 AM
4	people going from ER to mpt	7/9/2024 11:23 AM
5	Reimbursement/parity	7/9/2024 11:03 AM
6	Psychedelics, cannabis-- unregulated	7/9/2024 10:52 AM
7	Reimbursement (too low) limiting access to good quality psych care. Also, reduced emphasis on social determinants of health--need UBI, housing, employment, and education advocacy	7/9/2024 10:48 AM
8	Flooding of the market with poorly trained NPs.	7/6/2024 9:10 AM
9	closing of the psychiatric research center- it needs to be open	7/5/2024 5:48 PM
10	Equal access to and coverage for treatments.	7/4/2024 7:03 PM
11	access to care for united states citizens	6/29/2024 7:26 PM
12	Scope of APP practice	6/29/2024 3:13 AM
13	addressing prior authorizations	6/27/2024 1:16 PM
14	prescribing psychiatric medication should be limited to physicians	6/27/2024 11:36 AM
15	insurance and pharmaceutical company interference in practice of medicine	6/27/2024 11:34 AM
16	Competition from NPs offering low quality of care (most acute problem in rural communities)	6/27/2024 11:22 AM
17	tough to narrow it down to one item-but scope of practice is the easy answer-NPs referring to themselves and allowing others to refer to them as MD physicians	6/26/2024 3:41 PM
18	providing sufficient funding and infrastructure to (at least attempt to) guarantee access to equitable, quality care	6/23/2024 9:11 PM
19	Cost and access to meaningful outpatient care	6/23/2024 2:56 PM
20	Prior authorizations	6/21/2024 2:33 PM
21	access to care	6/14/2024 12:46 PM
22	emergency petitions	6/14/2024 12:42 PM
23	outpatient commitment--done in other states for chronically mentally ill, also need for more capitation programs for chronically ill	6/14/2024 12:40 PM
24	scope of practice i.e. NPs doing the fill work of psychiatrists with only limited training	6/14/2024 12:36 PM
25	(above)	6/14/2024 12:34 PM
26	lack of collaborative, holistic, integrative approach	6/14/2024 12:29 PM
27	lack of access by those without benefits or with inadequate benefits	6/14/2024 12:26 PM
28	not enough outpatient psychiatrists that are affordable	6/14/2024 12:24 PM
29	refusal to accept and execute emergency petitions	6/14/2024 12:21 PM

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30	insufficient inpatient beds	6/14/2024 12:18 PM
31	assisted outpatient treatment. a milestone bill was passed; it is a foundational step and we now must build on it	6/14/2024 12:14 PM
32	medical assisted dying	6/14/2024 12:11 PM
33	reimbursement--we will never overcome the mental health crisis if psychiatrists are not reimbursed better for training and under medicaid	6/14/2024 12:09 PM
34	access to substance use disorders treatment	6/14/2024 12:02 PM
35	lack of access to wide range of care	6/14/2024 12:01 PM
36	waitlisting time of preapproval/authorization	6/14/2024 11:53 AM
37	development of psychiatric "urgent care" network to decrease use of emergency room visits	6/14/2024 11:49 AM
38	improve reimbursement by insurances for behavioral health	6/14/2024 11:46 AM
39	parity, prior authorization	6/14/2024 11:41 AM
40	Parity and license requirements	6/13/2024 6:27 PM
41	Scope of practice.	6/10/2024 6:43 PM
42	There's a lot of financial pressure to see more patients in a shorter amount of time and to prescribe meds, rather than doing just psychotherapy alone. I would like to see better reimbursement for psychotherapy alone, and re-introduction of coding options for prolonged (i.e., greater than 60-minute) psychotherapy sessions. I specialize in exposure therapy, and sessions often need to be longer than 60 minutes, but insurance companies don't reimburse for the extra time.	6/10/2024 4:49 PM
43	Cannabis induced psychiatric illness and better communication around this with the public including laws about legal cannabis use age.	6/8/2024 5:57 PM
44	NPs taking on roles that are inappropriate for them to be doing so.	6/3/2024 10:20 AM
45	our stance related to screen time/social isolation	6/2/2024 5:08 PM
46	prior authorization	6/1/2024 12:31 PM
47	That psychiatrists are no longer learning how to do psychotherapy and that other professionals are taking over	5/31/2024 4:07 PM
48	Scope of practice of NPs and PAs	5/31/2024 12:07 PM
49	Increasing beds and residency slots in Maryland, promoting psychiatrists to stay and practice in Maryland after training.	5/31/2024 11:52 AM
50	Reimbursement	5/25/2024 11:58 PM
51	Lack of adequate hospital beds, especially for children, adolescents. Enrolling patients in treatment for substance use disorders without the wait.	5/24/2024 12:08 PM
52	Parity and access to care/insurance issues	5/23/2024 10:37 PM
53	prescribing authorization	5/23/2024 3:18 PM
54	waitlists for admission to state hospitals	5/23/2024 2:31 PM
55	Parity	5/23/2024 11:50 AM
56	ER crowding	5/21/2024 10:58 PM
57	medicaid payment rates on par with commercial payment rates so that MPS members could more readily work iwth Medicaid beneficiaries	5/20/2024 7:48 AM
58	see above and prior auth,, step therapy and other time sinks to prevent patients from getting timely treatment and wasting docs time	5/19/2024 10:54 PM
59	To remember overall diagnoses as appeared to DSM diagnosis Equitable care and access to less fortunate people	5/18/2024 6:49 PM

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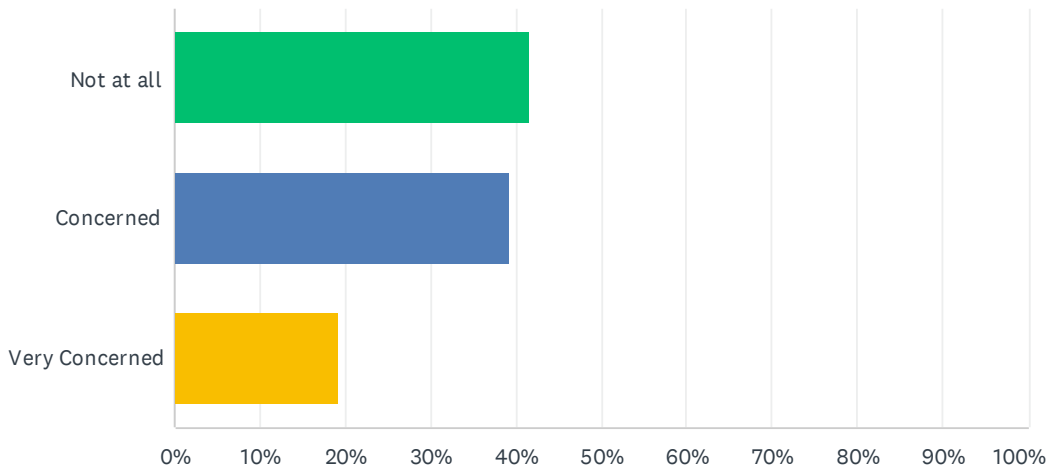
60	The unforeseen consequences of the new out patient commitment legislation and its negative effects on availability of care for most patients who are actively seeking care	5/18/2024 8:29 AM
61	Nurse practitioners practicing independently with inadequate supervision and training	5/17/2024 6:30 PM
62	limits on corporate medicine and autonomy of practice	5/17/2024 12:31 PM
63	No outpatient commitment No ability to treat once involuntarily hospitalized	5/17/2024 12:19 PM
64	Nurses with inadequate training prescribing medications with inadequate supervision.	5/17/2024 11:19 AM
65	insurance coverage of certain medications / prior authorizations, particularly for substance use medications with Medicare	5/17/2024 7:27 AM
66	Access to mental health treatment	5/16/2024 11:44 PM
67	Phantom networks of insurance companies and poor updated information of insurance company paneled psychiatrists	5/16/2024 11:03 PM
68	prior authorization for medication	5/16/2024 11:02 PM
69	reducing prior authorizations	5/16/2024 8:57 PM
70	Lack of service coordination	5/16/2024 7:38 PM
71	overlap or competition in psychiatric practice by nurse practitioners or other non-MD psychiatric prescribers	5/16/2024 6:47 PM
72	Lack of parity leading to lack of access	5/16/2024 6:29 PM
73	Homelessness	5/16/2024 6:12 PM
74	- Criteria for involuntary psychiatry hospitalization - Surrogate decision making for psychiatric treatments including administration of psychiatric medications and ECT	5/16/2024 5:14 PM
75	More beds for children, prevent days and weeks in ER waiting for admit; more choices of special ed schools with public schools no longer handling students quiet but not learning	5/16/2024 4:48 PM
76	Homelessness	5/16/2024 4:36 PM
77	inability (in MD) to provide needed care to the persistently severely mentally ill population who both lack insight or the means and wherewithal to access care and to see them cycle in and out of jails and ERs	5/16/2024 3:35 PM
78	Legislative encroachment into practice standards-for examplpe, medical indications for marijuana	5/16/2024 3:27 PM
79	parity	5/16/2024 3:24 PM
80	Mental health education in schools	5/16/2024 2:51 PM
81	access to equitable/quality care	5/16/2024 2:03 PM
82	Nurse practitioners	5/16/2024 1:39 PM
83	immediate access to affordable care	5/16/2024 1:18 PM
84	I think it would be wise to follow other states (Colorado) who have prioritized linking patients with care immediately following ER visits and adding this close follow up as a line item in their state budgets. It is more likely that people will follow up with a warm handoff to a treatment provider rather than a resource list.	5/16/2024 1:16 PM
85	Workforce shortages. More residency slots. More collaborative grants to work in schools	5/16/2024 1:02 PM
86	state funded community mental health care	5/16/2024 12:59 PM
87	Mid-levels with a fraction of our education and training having the same scope of practice.	5/16/2024 12:49 PM
88	Above	5/16/2024 12:30 PM
89	low access to care	5/16/2024 12:11 PM
90	Enforcement of involuntary medication.	5/16/2024 12:09 PM

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91	Regulatory demands of CDS prescribing	5/16/2024 12:02 PM
92	MH Parity	5/16/2024 11:50 AM
93	School violence and gun control	5/16/2024 11:38 AM
94	Access to mental health services	5/16/2024 11:38 AM
95	Nurse practitioners being able to be medical directors of OMHCs. Lack of oversight with the medicinal cannabis system.	5/16/2024 11:36 AM

Q6 How concerned are you about possibly needing an in-person visit to prescribe controlled substances via telehealth?

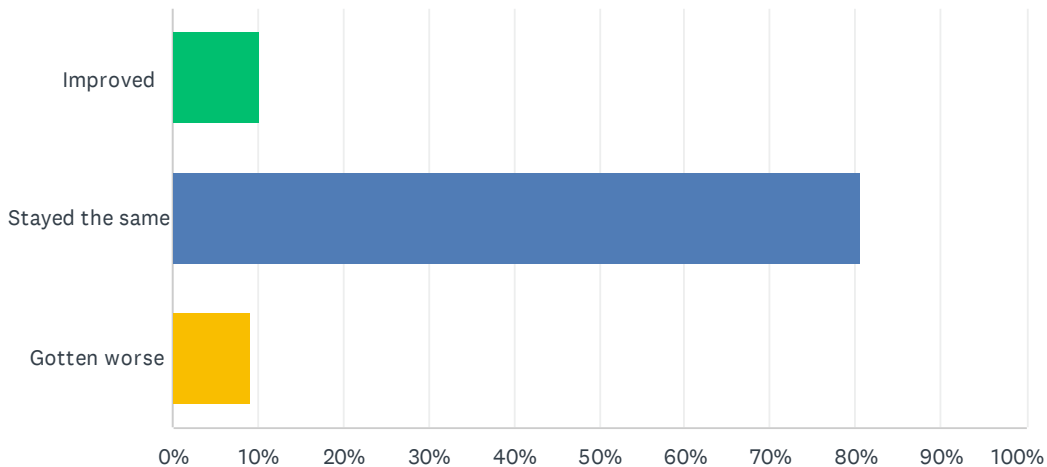
Answered: 125 Skipped: 9



ANSWER CHOICES	RESPONSES
Not at all	41.60% 52
Concerned	39.20% 49
Very Concerned	19.20% 24
TOTAL	125

Q7 When executing emergency petitions have your interactions with law enforcement:

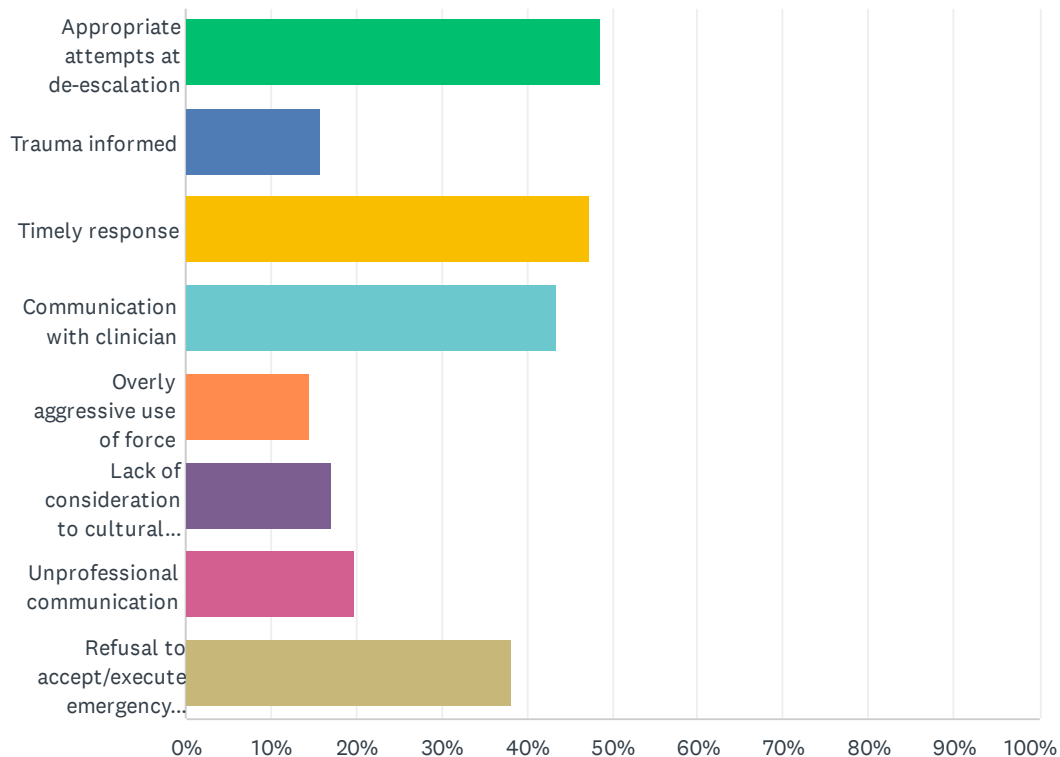
Answered: 98 Skipped: 36



ANSWER CHOICES	RESPONSES	
Improved	10.20%	10
Stayed the same	80.61%	79
Gotten worse	9.18%	9
TOTAL		98

Q8 When executing emergency petitions, have patient and family interactions with law enforcement included: (Check all that apply)

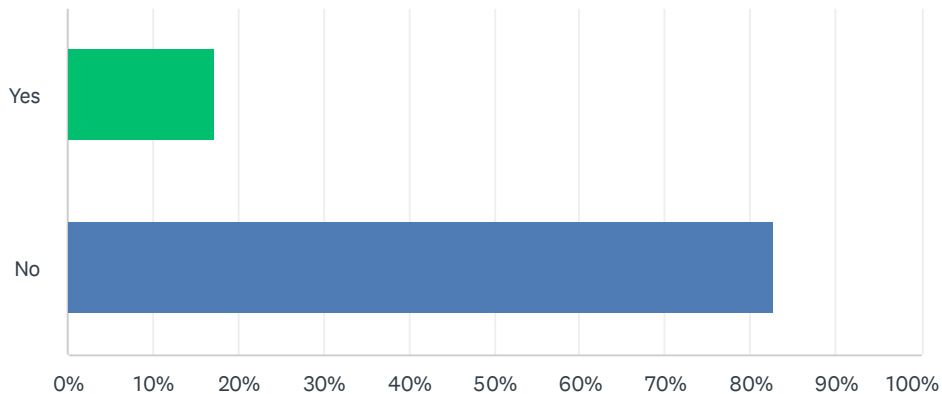
Answered: 76 Skipped: 58



ANSWER CHOICES	RESPONSES	
Appropriate attempts at de-escalation	48.68%	37
Trauma informed	15.79%	12
Timely response	47.37%	36
Communication with clinician	43.42%	33
Overly aggressive use of force	14.47%	11
Lack of consideration to cultural values	17.11%	13
Unprofessional communication	19.74%	15
Refusal to accept/execute emergency petition	38.16%	29
Total Respondents: 76		

Q9 Would you like to participate in an MPS Interest Group focusing on the Philosophy of Psychiatry?

Answered: 116 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	17.24%	20
No	82.76%	96
TOTAL		116

Q10 What do you find useful about The Maryland Psychiatrist?

Answered: 69 Skipped: 65

#	RESPONSES	DATE
1	Not familiar with it	8/6/2024 9:31 AM
2	Collaborative, community, and ongoing insights into Maryland legislative priorities	7/25/2024 9:43 AM
3	It gives me a sense of the landscape of psychiatry in Maryland.	7/9/2024 11:04 AM
4	staying in touch	7/9/2024 10:59 AM
5	Don't read it	7/6/2024 9:11 AM
6	It is very helpful to keep informed	7/5/2024 5:49 PM
7	Alerts about events happening in the area, updates on licensure requirements specific to psychiatry, summary of Council and Committee meetings/ actions	7/4/2024 7:08 PM
8	Helps to keep me in the loop about what the psychiatric community is involved in	6/29/2024 7:32 PM
9	Updates	6/29/2024 3:14 AM
10	helps keep me up to date	6/27/2024 1:14 PM
11	updates; legislative information	6/27/2024 11:36 AM
12	wide variety of articles	6/27/2024 11:34 AM
13	Job opportunities	6/27/2024 11:22 AM
14	pertinent updates-what is going on---	6/26/2024 3:42 PM
15	rarely read it honestly	6/23/2024 9:14 PM
16	Keeping up with topics of the day	6/23/2024 2:58 PM
17	News updates	6/21/2024 2:35 PM
18	access to current information licensing	6/14/2024 12:43 PM
19	just getting re-engaged--looking forward to more involvement	6/14/2024 12:41 PM
20	informative	6/14/2024 12:38 PM
21	despite their efforts/ i really don't need it	6/14/2024 12:35 PM
22	updates on coding on legal issues, licensing issues and special intents (collaborative care)	6/14/2024 12:31 PM
23	bios and in depth article	6/14/2024 12:19 PM
24	staying in touch with updates about the community and colleagues	6/14/2024 12:14 PM
25	networking, CME	6/14/2024 12:09 PM
26	very informative and relevant	6/14/2024 12:03 PM
27	Advocacy, communication, CME	6/14/2024 11:54 AM
28	Perspectives from other clinicians on subjects.	6/13/2024 6:29 PM
29	Legislative updates, basically everything	6/10/2024 6:44 PM
30	To be honest, I don't read it. I would be much more likely to read it if I received a print copy.	6/10/2024 4:51 PM
31	Local updates	6/8/2024 5:59 PM
32	it's a place for the sharing of ideas	6/1/2024 12:33 PM

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33	Interviews with other psychiatrists.	5/31/2024 4:11 PM
34	N/A	5/31/2024 12:09 PM
35	Relevant updates on what is happening in psychiatry around the state.	5/31/2024 11:53 AM
36	Helps stay up to date	5/25/2024 11:59 PM
37	information about pending and new legislation	5/23/2024 10:39 PM
38	interesting articles by our members	5/23/2024 3:21 PM
39	member profiles	5/23/2024 2:32 PM
40	Haven't read lately	5/21/2024 11:00 PM
41	The general update	5/20/2024 3:00 PM
42	the context of psychiatry in Maryland	5/20/2024 7:49 AM
43	updates	5/19/2024 10:55 PM
44	Getting to know experiences and activities of other psychiatrists, personal and humanistic	5/18/2024 6:59 PM
45	Articles	5/17/2024 6:32 PM
46	Range of opinions on timely topics	5/17/2024 12:33 PM
47	A way to honor members	5/17/2024 12:21 PM
48	It's interesting & fun to read about colleagues.	5/17/2024 11:21 AM
49	providing updates and upcoming opportunities	5/17/2024 7:28 AM
50	The Maryland Psychiatrist has provided some interesting articles and helps me to know the other psychiatrists in the community	5/17/2024 5:19 AM
51	Informative	5/16/2024 11:47 PM
52	welcome updates about happenings in our state	5/16/2024 11:04 PM
53	legislative and professional updates	5/16/2024 8:58 PM
54	Staying up to date on issues of psychiatry in Maryland	5/16/2024 7:39 PM
55	Local law updates	5/16/2024 6:14 PM
56	No opinion	5/16/2024 5:15 PM
57	updates about new laws or licensing requirements relevant to psychiatry	5/16/2024 3:38 PM
58	stay informed about activities in the feild	5/16/2024 3:30 PM
59	Retired so I read updates on memebers	5/16/2024 3:29 PM
60	Updates in medical license requirements.	5/16/2024 2:54 PM
61	sadly, the memorials/tributes for deceased colleagues	5/16/2024 2:06 PM
62	legislative updates historical articles profiles of MD psychiatrists	5/16/2024 1:20 PM
63	Current information about peers	5/16/2024 1:00 PM
64	Haven't read—I just joined MPS	5/16/2024 12:31 PM
65	Job Vacancies	5/16/2024 12:16 PM
66	Interesting articles and memorandums	5/16/2024 12:13 PM
67	Interesting	5/16/2024 12:04 PM
68	Early career mentoring	5/16/2024 11:40 AM
69	The interviews.	5/16/2024 11:38 AM

Q11 What kind of articles would you like to see in The Maryland Psychiatrist?

Answered: 56 Skipped: 78

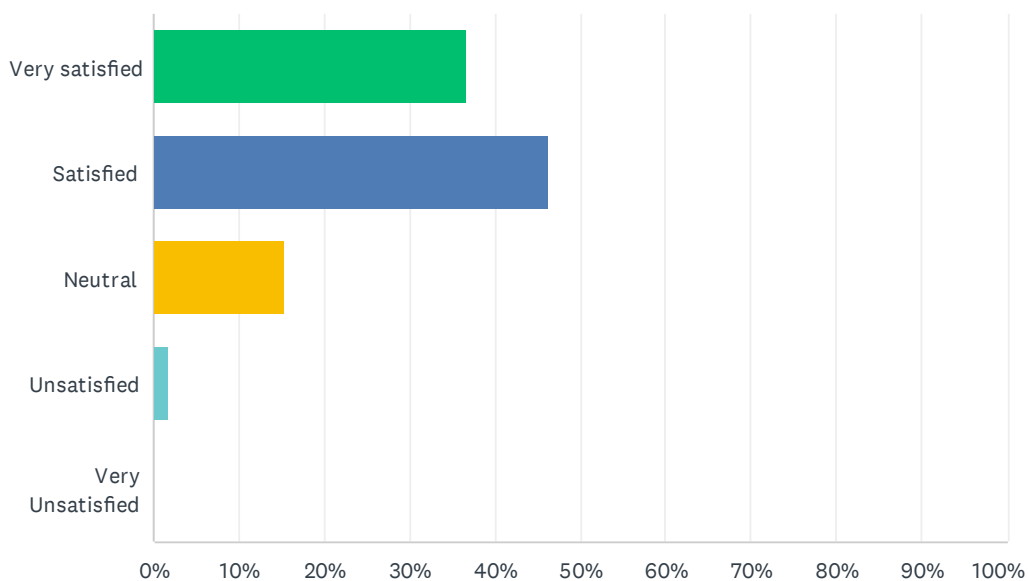
#	RESPONSES	DATE
1	Telehealth post COVID: benefits, challenges, and risks	7/25/2024 9:43 AM
2	Discussions of recent major research findings in psychiatry	7/9/2024 11:04 AM
3	updated format	7/9/2024 10:48 AM
4	Articles on underdiagnosis of Tardive Dyskinesia by psychiatrists.	7/6/2024 9:11 AM
5	I like what has been in there already	7/5/2024 5:49 PM
6	Further discussion about topics raised on the Listserv, even if that is only to detail what issues were raised or suggestions shared on how to locate a particular resource	7/4/2024 7:08 PM
7	no particular preference, although future survey could consider providing ranking as you did on earlier question ie equitable care access, scope, reimbursement etc These could then be rank ordered with a place for other also	6/29/2024 7:32 PM
8	Opinion pieces	6/29/2024 3:14 AM
9	I prefer clinical information/education	6/27/2024 1:20 PM
10	some clinical issues	6/27/2024 1:14 PM
11	Psychopharmacology	6/27/2024 11:22 AM
12	timely	6/26/2024 3:42 PM
13	human interest, stories about successes/challenges with attempts to address systemic issues	6/23/2024 9:14 PM
14	Ethical dilemmas	6/21/2024 2:35 PM
15	difficult patient experience stories/overcomes	6/14/2024 12:43 PM
16	same as other side: integrated, collaborative, coordinated care is more effective for chronic conditions--recommended speaker: wayne jonas	6/14/2024 12:31 PM
17	more of the same	6/14/2024 12:14 PM
18	integrative and collaborative care models to address access to care	6/14/2024 12:09 PM
19	some articles on pipeline treatments of substance use disorders	6/14/2024 12:03 PM
20	personal experiences	6/14/2024 12:00 PM
21	research, clinical updates	6/14/2024 11:54 AM
22	Perspectives of race and class in our profession and the community	6/13/2024 6:29 PM
23	Keep up what you are doing.	6/10/2024 6:44 PM
24	Different perspectives on the philosophy of psychiatry	6/10/2024 4:51 PM
25	Ways to get involved locally with advocacy	6/8/2024 5:59 PM
26	updates on what is going on at the various schools, hospitals, etc	6/1/2024 12:33 PM
27	Review of major issues facing psychiatrists today.	5/31/2024 4:11 PM
28	Interesting case files	5/31/2024 12:09 PM
29	would like to see rotating features of different programs where I might be wanting to refer patients (e.g. maybe one month is a focus on all levels of care of early psychosis, another	5/31/2024 11:53 AM

2024 MPS Member Survey

	month treatment-resistant mood disorders, another month neuropsych, etc)	
30	Legislative topics	5/25/2024 11:59 PM
31	Alternative treatment of mental health symptoms other than psychopharmacology	5/23/2024 10:39 PM
32	continued articles regarding members experiences and viewpoints	5/23/2024 3:21 PM
33	member profiles	5/23/2024 2:32 PM
34	features of MPS members	5/20/2024 7:49 AM
35	Art, literature, music, history, philosophy, anthropology, theology, writers and what have you, that relate to our field, as study of humanity	5/18/2024 6:59 PM
36	Stories about history of psychiatry in Maryland	5/17/2024 6:32 PM
37	Pro/con pieces	5/17/2024 12:33 PM
38	Legislative updates	5/17/2024 12:21 PM
39	Exactly what's been in it so far.	5/17/2024 11:21 AM
40	N/A	5/17/2024 7:28 AM
41	Psychotherapy related	5/17/2024 5:19 AM
42	Pipeline psychotropic medications	5/16/2024 11:47 PM
43	Articles that feature programs in different settings in Maryland	5/16/2024 7:39 PM
44	Maybe section on community resources	5/16/2024 6:14 PM
45	no opinion	5/16/2024 5:15 PM
46	Case descriptions	5/16/2024 4:50 PM
47	updates as noted in #10, interesting clinical vignettes or teaching pearls	5/16/2024 3:38 PM
48	Breif abstract articles about what is new on the feild.	5/16/2024 3:30 PM
49	Retired	5/16/2024 3:29 PM
50	Palliative care in Psychiatry	5/16/2024 1:40 PM
51	as above	5/16/2024 1:20 PM
52	Topics on Geriatrics	5/16/2024 12:16 PM
53	descriptions of new services available in the community	5/16/2024 12:13 PM
54	Addiction	5/16/2024 12:04 PM
55	cartoons	5/16/2024 11:51 AM
56	Updates on hallucinogens for treatment of psychiatric conditions.	5/16/2024 11:38 AM

Q12 What is your overall level of satisfaction with the MPS?

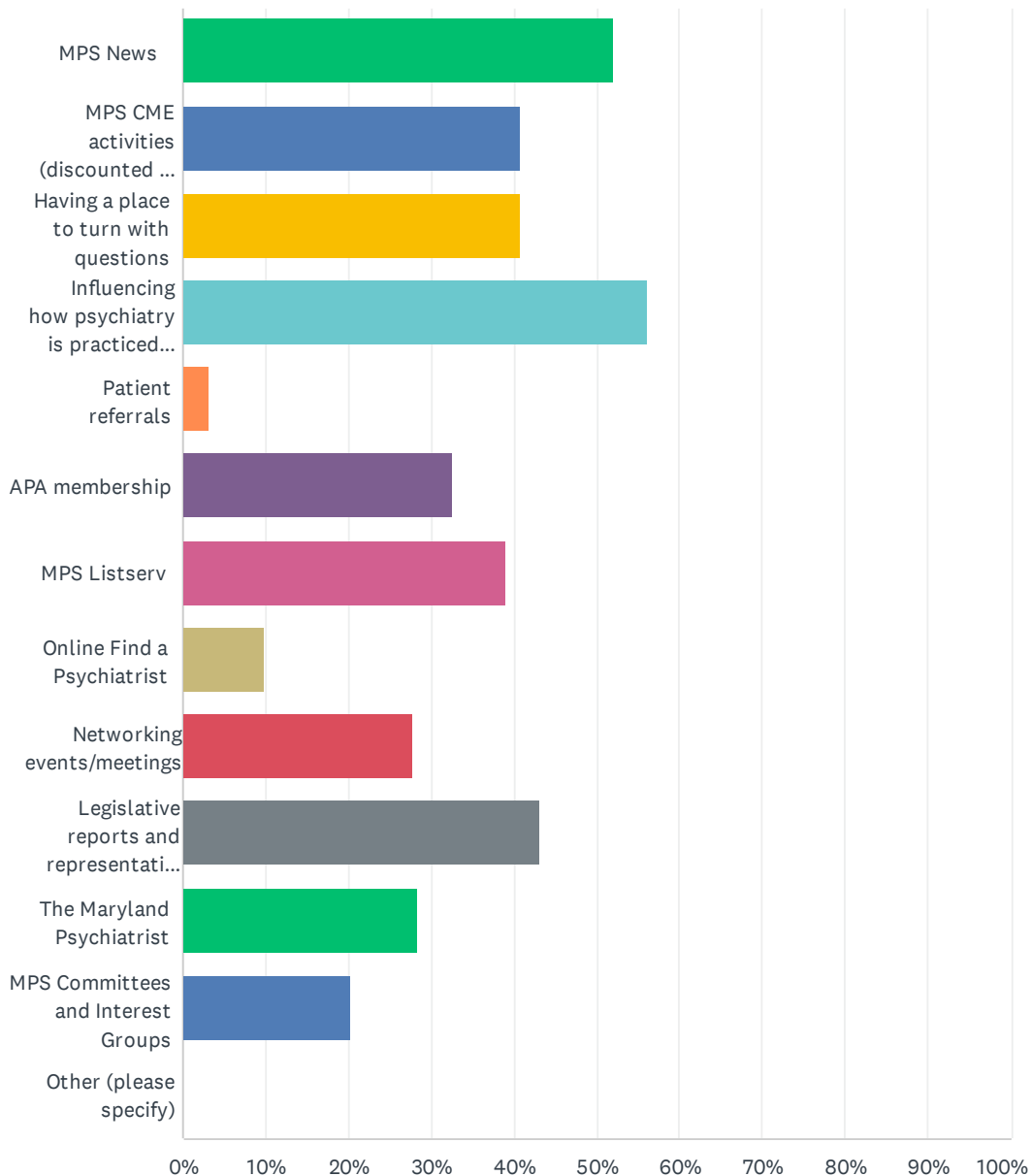
Answered: 123 Skipped: 11



ANSWER CHOICES	RESPONSES	
Very satisfied	36.59%	45
Satisfied	46.34%	57
Neutral	15.45%	19
Unsatisfied	1.63%	2
Very Unsatisfied	0.00%	0
TOTAL		123

Q13 What do you value most about being an MPS member? (Please check benefits that are important to you)

Answered: 123 Skipped: 11



2024 MPS Member Survey

ANSWER CHOICES	RESPONSES	
MPS News	52.03%	64
MPS CME activities (discounted for members)	40.65%	50
Having a place to turn with questions	40.65%	50
Influencing how psychiatry is practiced in MD	56.10%	69
Patient referrals	3.25%	4
APA membership	32.52%	40
MPS Listserv	39.02%	48
Online Find a Psychiatrist	9.76%	12
Networking events/meetings	27.64%	34
Legislative reports and representation with state government	43.09%	53
The Maryland Psychiatrist	28.46%	35
MPS Committees and Interest Groups	20.33%	25
Other (please specify)	0.00%	0
Total Respondents: 123		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q14 How can MPS increase or retain members?

Answered: 69 Skipped: 65

#	RESPONSES	DATE
1	More advocacy for psychiatrists in regards to creep by NPs/PAs and passing themselves off as physicians	8/6/2024 9:32 AM
2	Enhanced utilization of technology for communicating	7/25/2024 9:44 AM
3	make MPS listserv well known-it is unique	7/9/2024 11:24 AM
4	It's hard for me to say as I am a new member. But so far I have been very impressed with the emails I have received about upcoming MPS events.	7/9/2024 11:05 AM
5	keep dues low; allow DC suburb psychiatrists like me to leave WPS and make MPS primary	7/9/2024 10:53 AM
6	increased options for ECPS--events, leadership opportunities	7/9/2024 10:48 AM
7	Start with medical students and residents. That's how I got started in organized medicine.	7/6/2024 9:13 AM
8	not at all sure	7/5/2024 5:50 PM
9	Continue offering virtual interactions, and social media presentations	7/4/2024 7:36 PM
10	asking these questions or similar surveying those not associated; reach out to find why they are uninterested	6/29/2024 7:35 PM
11	Lower dues	6/29/2024 3:14 AM
12	resume in person meetings; be less political; clinical issues in regards to homeless population; hospitalization issues	6/27/2024 1:15 PM
13	Make psychiatrists aware that we need to unite to face competition from NPs, reimbursement issues, advocate for salaries, etc.	6/27/2024 11:24 AM
14	start early	6/26/2024 3:43 PM
15	keep providing valuable services and representation, keep being so wonderfully responsive, keep dues low	6/23/2024 9:16 PM
16	How about a format to facilitate individual case consultations beyond what we do on the Listserv? Also I would be interested in doing some paid supervision for early career psychiatrists	6/21/2024 2:39 PM
17	decrease cost of membership--i am considering dropping my membership	6/14/2024 12:44 PM
18	increase group involvement	6/14/2024 12:38 PM
19	the perennial question for decades--sorry i don't have any more insight that you	6/14/2024 12:36 PM
20	provide relevant assistance, advocacy with legislative, the vibrant and useful listserv should be demonstrated somehow to non-members	6/14/2024 12:33 PM
21	free cme	6/14/2024 12:27 PM
22	more CME discounted activities	6/14/2024 12:25 PM
23	you do a great job and that makes it worthwhile	6/14/2024 12:19 PM
24	engage younger psychiatrists with answering this question	6/14/2024 12:16 PM
25	could offer a supervision group to ECPs	6/14/2024 12:10 PM
26	increase benefits	6/14/2024 12:07 PM
27	Is this a problem?	6/14/2024 11:43 AM

2024 MPS Member Survey

28	To personally go to different areas of Maryland to recruit and not just Baltimore.	6/13/2024 6:31 PM
29	Allow membership without APA membership	6/10/2024 6:44 PM
30	more in person social events with trainees	6/2/2024 5:13 PM
31	decrease dues	6/1/2024 12:34 PM
32	more networking events	5/31/2024 5:00 PM
33	Offer more CME events.	5/31/2024 4:13 PM
34	reduce dues cost	5/31/2024 12:09 PM
35	Contine to build easy ways to engage that align with individuals' interests across sub-fields of psychiatry	5/31/2024 11:54 AM
36	More resident events	5/26/2024 12:01 AM
37	Provide more useful CME focusing on integrative psychiatry	5/23/2024 10:41 PM
38	continue present excellent service	5/23/2024 3:24 PM
39	continue outreach to resident and early career psychiatrist psychiatrists	5/23/2024 2:38 PM
40	Focus on trainees	5/21/2024 11:00 PM
41	encourage attendance in CME in person activities in places beyond Baltimore	5/20/2024 7:52 AM
42	free CME	5/19/2024 10:56 PM
43	Slow increase in dues from trainee status to ECP.	5/19/2024 5:19 PM
44	How to make MPS interesting and relevant may be a difficult question. Psychiatry being more fragmented than in the past...Residency, local hospitals, interest groups, practitioners, may reach out trainees, friends and colleagues	5/18/2024 7:11 PM
45	Have more CME events	5/17/2024 6:34 PM
46	Start by trying to recruit all members of local residency classes. Perhaps you do this already?	5/17/2024 11:23 AM
47	Assist with early career development	5/17/2024 10:40 AM
48	consider additional (even smaller) event throughout the year?	5/17/2024 7:29 AM
49	Unsure	5/17/2024 5:22 AM
50	Increase benefits	5/16/2024 11:48 PM
51	Reduce dues	5/16/2024 7:42 PM
52	Increase their visibility	5/16/2024 6:52 PM
53	Larger APA has lost members over a preoccupation with political issues rather than patients (e.g., multiple sessions on "climate psychiatry" with little focus on major mental illness that have unsatisfactory treatment). Urge national organization to recommit to patient needs.	5/16/2024 6:20 PM
54	Decrease MPS membership dues	5/16/2024 5:17 PM
55	More events	5/16/2024 4:37 PM
56	increase diversity and include new voices in leadership, decrease the Baltimore-centric focus	5/16/2024 3:41 PM
57	Quarterly webinar topic presentations	5/16/2024 3:33 PM
58	Reduce membership fees?	5/16/2024 2:59 PM
59	offer discount to early career psychiatrists (maybe you already do?)	5/16/2024 2:08 PM
60	Advocate for Psychiatrists	5/16/2024 1:42 PM
61	Advertise the committees that are seeking new members	5/16/2024 1:19 PM
62	lower fees	5/16/2024 1:17 PM

2024 MPS Member Survey

63	Maybe do some more work to let people know about the committees available and also publicize how to formally create new ones if needed	5/16/2024 1:05 PM
64	Schedule interesting CME activities	5/16/2024 12:33 PM
65	By advocating for Maryland psychiatrist on issues that matters with the Maryland board of physicians	5/16/2024 12:28 PM
66	get institutions to pay dues	5/16/2024 12:15 PM
67	Not charge for additional events	5/16/2024 12:13 PM
68	No idea	5/16/2024 12:06 PM
69	Not sure.	5/16/2024 11:39 AM

Q15 What additional efforts can we make to improve diversity within the MPS?

Answered: 42 Skipped: 92

#	RESPONSES	DATE
1	unsure at this point but perception is still that of "WASP" hierarchy	8/6/2024 9:32 AM
2	Don't know.	7/6/2024 9:13 AM
3	not at all sure	7/5/2024 5:50 PM
4	Holding annual CME event focused on an aspect of diversity (racial, ethnic, gender, sexual orientation etc).	7/4/2024 7:36 PM
5	i believe significant efforts exist	6/29/2024 7:35 PM
6	Lower dues	6/29/2024 3:14 AM
7	Recruit minorities into leadership positions	6/27/2024 11:24 AM
8	out reach	6/26/2024 3:43 PM
9	don't know	6/23/2024 9:16 PM
10	give diversity members some leadership positions to have influence	6/14/2024 12:36 PM
11	more networking among private practice ? mentoring	6/14/2024 12:33 PM
12	education	6/14/2024 12:22 PM
13	continue to affirmatively explore more comprehensive perspectives on diversity	6/14/2024 12:16 PM
14	Personally going to medical schools and residencies in the area.	6/13/2024 6:31 PM
15	more in person social events with underrep. trainees by underrep. members	6/2/2024 5:13 PM
16	Lower membership fees for members of minority groups.	5/31/2024 4:13 PM
17	More networking events	5/26/2024 12:01 AM
18	involvement with medical schools and residency programs	5/23/2024 10:41 PM
19	encourage articles in Md. Psychiatrist by members of minority groups	5/23/2024 3:24 PM
20	maintain diversity in leadership positions	5/23/2024 2:38 PM
21	Reach out to training progrms that include diverse residents	5/20/2024 7:52 AM
22	We are already doing a lot.	5/19/2024 5:19 PM
23	Improve Representation of diverse group. Find ways to fetch them. Coaching mentoring or what have you. Many small focus or interest groups, instead of large meetings. Listen to their voice	5/18/2024 7:11 PM
24	Not sure	5/17/2024 6:34 PM
25	Uncertain	5/17/2024 11:23 AM
26	Hold events with focuses on diversity and having cultural considerations.	5/17/2024 10:40 AM
27	Unsure	5/17/2024 5:22 AM
28	Representation in committees	5/16/2024 11:48 PM
29	I think MPS is diverse. MPS can promote inclusion by welcoming all opinions.	5/16/2024 7:42 PM
30	Listen	5/16/2024 6:52 PM

2024 MPS Member Survey

31	Is there a problem with the membership that you have?	5/16/2024 6:20 PM
32	No opinion	5/16/2024 5:17 PM
33	see #14	5/16/2024 3:41 PM
34	more diverse leadership	5/16/2024 2:08 PM
35	There should be a sliding scale fee based on income. It is difficult to afford consistent membership to APA/MPS for those who are in less lucrative public service jobs.	5/16/2024 1:19 PM
36	lower fees, free resources for board license requirements	5/16/2024 1:17 PM
37	A formal mentorship program of all trainees that opt into mentorship. Or at least an informal list of experts willing to serve as mentors and the frequency/type of connection/ work they'd want to collaborate on.	5/16/2024 1:05 PM
38	Do you reduce membership fees for new grads?	5/16/2024 12:33 PM
39	It is alright as it is currently.	5/16/2024 12:28 PM
40	continued outreach	5/16/2024 12:15 PM
41	No idea	5/16/2024 12:06 PM
42	Not sure.	5/16/2024 11:39 AM

Q16 How can the MPS better serve you now and in the future?

Answered: 49 Skipped: 85

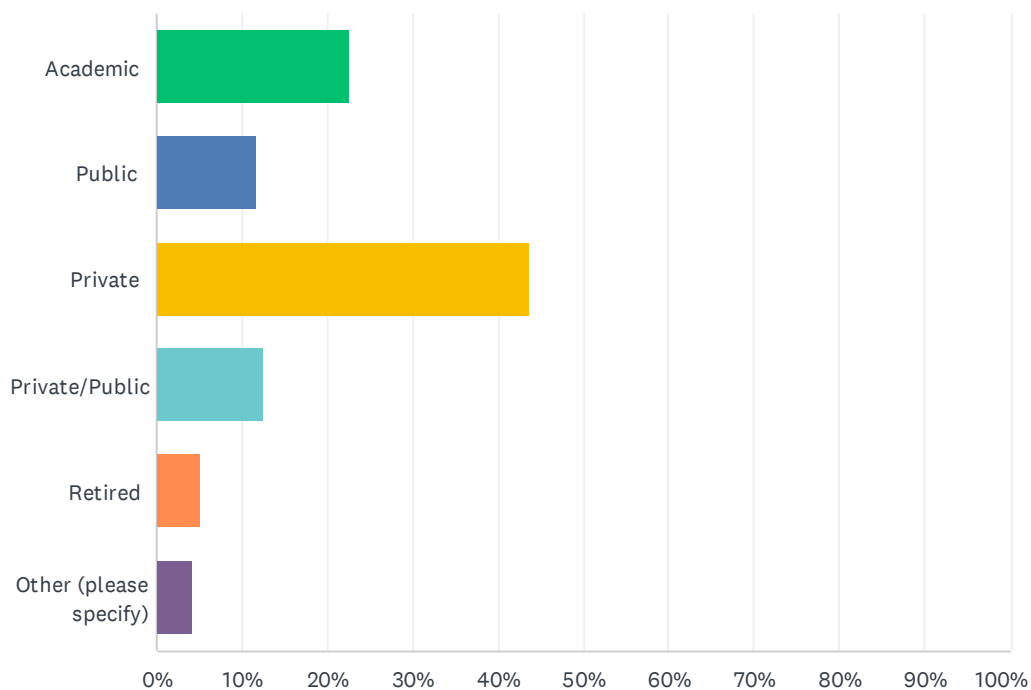
#	RESPONSES	DATE
1	changing the legislation on insurance reimbursement	7/19/2024 10:27 AM
2	help to recruit more patients	7/9/2024 11:24 AM
3	I am very interested in networking events, like the Orioles ballgame.	7/9/2024 11:05 AM
4	MPS is doing quite well for me, thank you!	7/5/2024 5:50 PM
5	Continue to offer CME activities, and/or purposeful small group events to engage members who may not normally interact with each other.	7/4/2024 7:36 PM
6	surveys like this of membership and nonmembership seem good options	6/29/2024 7:35 PM
7	Lower dues	6/29/2024 3:14 AM
8	advocate for Latinos and cultural issues at State level	6/27/2024 11:24 AM
9	keep being so wonderfully responsive and providing the many valuable benefits that you do	6/23/2024 9:16 PM
10	I would very much like to have at MPS day CME events on Sunday, or alternating Saturdays with Sundays, Jewish Sabbath observing members could take advantage of these training opportunities.	6/23/2024 3:01 PM
11	lower dues	6/14/2024 12:44 PM
12	keep up the good work in legislative	6/14/2024 12:36 PM
13	help ensure emphasis on integrative care--accessibility to such for psych patients	6/14/2024 12:33 PM
14	`1. expand MPS's leadership impact beyond psychiatrists only. 2. strengthen the engagement of younger psychiatrists. 3. strengthen MPS's presence in the global house of medicine	6/14/2024 12:16 PM
15	access to more CME	6/14/2024 12:07 PM
16	continue with the ground work	6/14/2024 11:56 AM
17	NA	6/13/2024 6:31 PM
18	I'd love some help figuring out how to advocate for re-introduction of a CPT code for prolonged psychotherapy sessions.	6/10/2024 4:55 PM
19	have more in-person meetings	6/1/2024 12:34 PM
20	I am satisfied as of now.	5/31/2024 4:13 PM
21	More regular committee meetings	5/26/2024 12:01 AM
22	listing of available specialized treatments in Maryland (esketamine, Eating disorders, ECT, TMS, Consultations for patients with refractory symptoms, etc)	5/24/2024 12:15 PM
23	Keep up the valuable work	5/23/2024 3:24 PM
24	continue legislative advocacy efforts	5/23/2024 2:38 PM
25	more focus on community and public psychiatry	5/20/2024 6:31 PM
26	it is on me to become more engaged again. MPS does great job.	5/20/2024 7:52 AM
27	You are doing great!	5/19/2024 5:19 PM
28	Annual meeting in the suburbs may be nice.	5/18/2024 7:11 PM
29	Not sure	5/17/2024 6:34 PM

2024 MPS Member Survey

30	Focus on public and community psychiatry	5/17/2024 12:22 PM
31	I think MPS already does a good job.	5/17/2024 11:23 AM
32	It doesn't feel accessible or relatable at the moment, as a young, early career, female who is a person of color.	5/17/2024 10:40 AM
33	More education to the community about the difference between a psychiatrist and a NP	5/17/2024 5:22 AM
34	I would really appreciate it 1/2 or full day CME programs be offered on a Sunday for those who keep the Jewish Sabbath. Perhaps one could be on a Saturday and the next on a Sunday alternating?	5/16/2024 11:06 PM
35	offer self-assessment type of CME	5/16/2024 11:05 PM
36	Continuing to make sure psychiatrists have a strong presence during the legislative process.	5/16/2024 7:42 PM
37	Be more inclusive.	5/16/2024 6:52 PM
38	Advocate on national and local issues that impact psychiatry	5/16/2024 6:20 PM
39	No opinion	5/16/2024 5:17 PM
40	Psychotherapy emphasized, more options for curb side consults, get better reimbursements for therapy	5/16/2024 4:53 PM
41	see #14	5/16/2024 3:41 PM
42	Stop pre authorization	5/16/2024 1:42 PM
43	lower fees, free resources for board license requirements	5/16/2024 1:17 PM
44	CME activities	5/16/2024 12:33 PM
45	I will like to be recommended for distinguished fellow status at the APA, I have being a fellow since 2008 and a member of the APA since 2001, I do not know the requirements.	5/16/2024 12:28 PM
46	continue frequent communication of events and initiatives	5/16/2024 12:15 PM
47	More networking that doesn't have costs, or alternative purposes	5/16/2024 12:13 PM
48	No idea	5/16/2024 12:06 PM
49	I am very satisfied with what MPS is currently doing.	5/16/2024 11:39 AM

Q17 Please describe your practice

Answered: 119 Skipped: 15

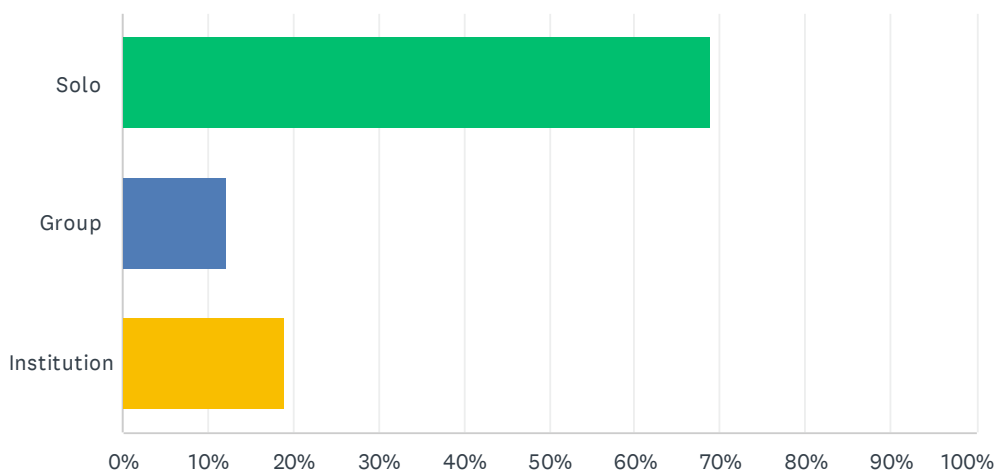


ANSWER CHOICES	RESPONSES
Academic	22.69% 27
Public	11.76% 14
Private	43.70% 52
Private/Public	12.61% 15
Retired	5.04% 6
Other (please specify)	4.20% 5
TOTAL	119

#	OTHER (PLEASE SPECIFY)	DATE
1	Mental health rehab and SUD rehab primarily for first responders	6/29/2024 7:38 PM
2	Community hospital based.	6/10/2024 6:46 PM
3	Administrative	5/20/2024 7:52 AM
4	Government	5/16/2024 6:21 PM
5	research government	5/16/2024 1:21 PM

Q18 If you are in private practice, is it

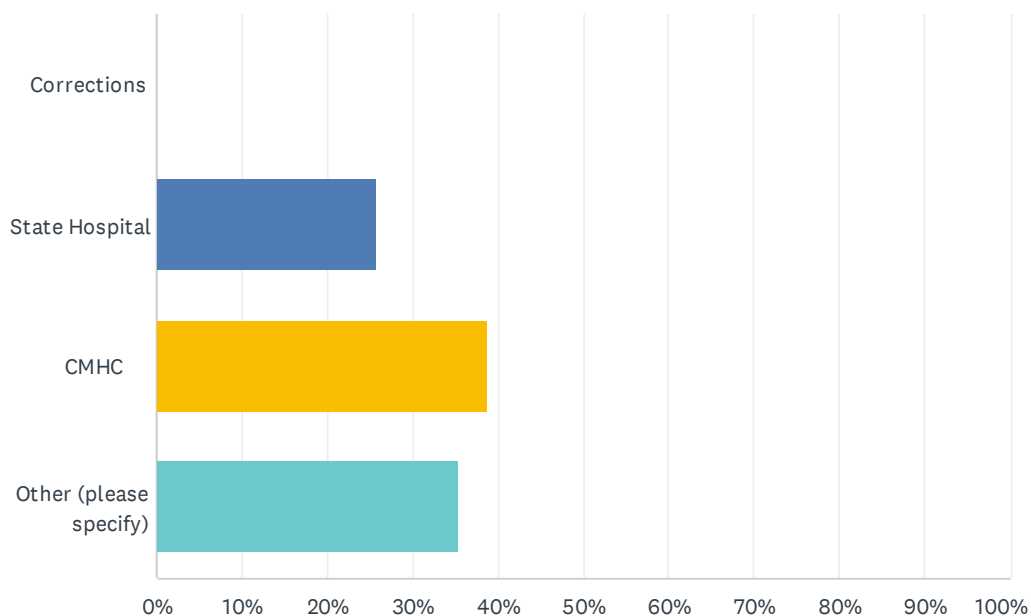
Answered: 74 Skipped: 60



ANSWER CHOICES	RESPONSES	
Solo	68.92%	51
Group	12.16%	9
Institution	18.92%	14
TOTAL		74

Q19 If you work in the public sector, is it

Answered: 31 Skipped: 103

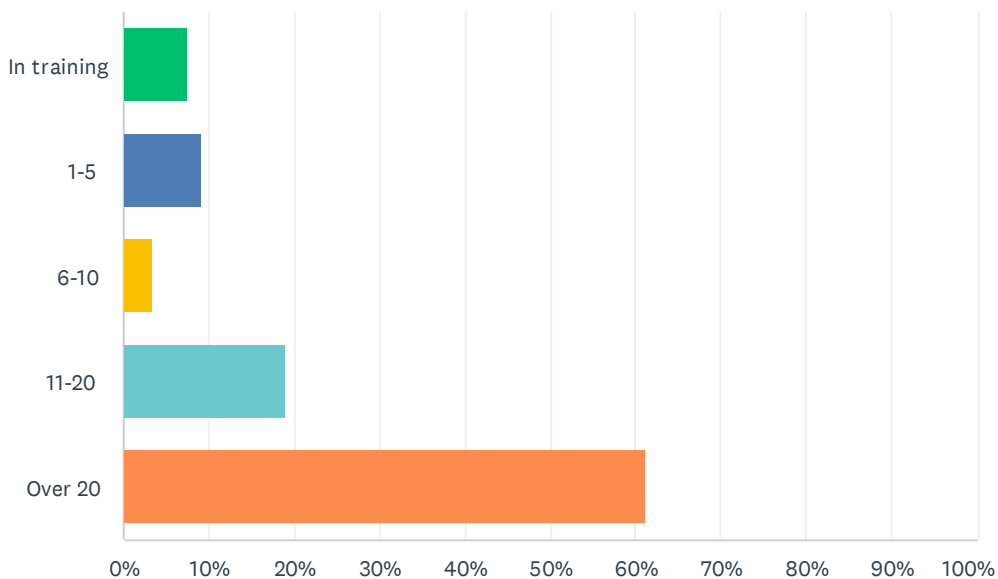


ANSWER CHOICES	RESPONSES
Corrections	0.00% 0
State Hospital	25.81% 8
CMHC	38.71% 12
Other (please specify)	35.48% 11
TOTAL	31

#	OTHER (PLEASE SPECIFY)	DATE
1	Hospital NFP	8/6/2024 9:33 AM
2	state administration	6/26/2024 3:44 PM
3	FQHC	6/14/2024 12:28 PM
4	Community hospital which is probably a public/private partnership between county/private entity	6/10/2024 6:46 PM
5	NIH/HHS	5/31/2024 11:55 AM
6	occasional forensic work	5/26/2024 12:02 AM
7	large mental health clinic	5/24/2024 12:16 PM
8	VA	5/23/2024 11:52 AM
9	administrative	5/16/2024 2:35 PM
10	University of Maryland School of Medicine	5/16/2024 1:23 PM
11	federal government	5/16/2024 1:21 PM

Q20 How long have you been in practice?

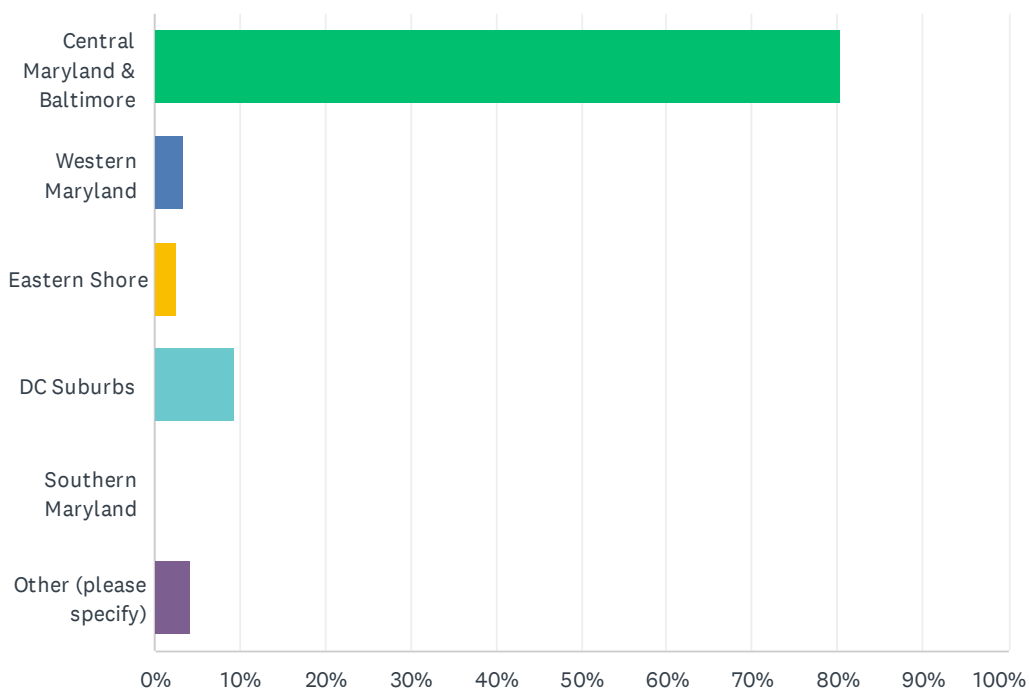
Answered: 121 Skipped: 13



ANSWER CHOICES	RESPONSES	
In training	7.44%	9
1-5	9.09%	11
6-10	3.31%	4
11-20	19.01%	23
Over 20	61.16%	74
TOTAL		121

Q21 Where is your primary place of practice?

Answered: 117 Skipped: 17



ANSWER CHOICES	RESPONSES
Central Maryland & Baltimore	80.34% 94
Western Maryland	3.42% 4
Eastern Shore	2.56% 3
DC Suburbs	9.40% 11
Southern Maryland	0.00% 0
Other (please specify)	4.27% 5
TOTAL	117

#	OTHER (PLEASE SPECIFY)	DATE
1	Havre de Grace	6/29/2024 7:38 PM
2	Frederick county	6/21/2024 2:40 PM
3	national	6/14/2024 12:39 PM
4	telehealth, MD, DC	6/14/2024 12:12 PM
5	Baltimore County	6/14/2024 11:56 AM

Q22 Name (optional, but required to be eligible for incentive)

Answered: 81 Skipped: 53

#	RESPONSES	DATE
1	Renz Juaneza	8/6/2024 9:33 AM
2	Gayle Jordan-Randolph	7/25/2024 9:44 AM
3	Munachim Uyanwune	7/19/2024 10:28 AM
4	Jeanne Serafin	7/9/2024 11:24 AM
5	Melissa Lavoie (I have just completed training, which was not an option in reply to question #20 about number of years in practice)	7/9/2024 11:05 AM
6	John Daken	7/9/2024 10:53 AM
7	Zofia Kozak	7/9/2024 10:48 AM
8	Susan Boyd, MD	7/6/2024 9:14 AM
9	Jill Joyce, MD	7/5/2024 5:50 PM
10	Tyler Hightower	7/4/2024 7:36 PM
11	Brian Lerner	6/29/2024 7:38 PM
12	Marissa Flaherty	6/29/2024 3:15 AM
13	Patricia Sullivan	6/27/2024 1:26 PM
14	Kathryn Watt	6/27/2024 1:21 PM
15	Victor Ferrans	6/27/2024 11:35 AM
16	Enrique B. Olivares, M.D.	6/27/2024 11:24 AM
17	Mercedes Rizo	6/27/2024 11:21 AM
18	Lisa Hovermale	6/26/2024 3:44 PM
19	Jeff Soulen	6/23/2024 9:16 PM
20	Stuart R Varon.	6/23/2024 3:01 PM
21	Mary James	6/21/2024 2:40 PM
22	Laura Ackerman	6/21/2024 1:42 PM
23	Lee C. Park	6/14/2024 12:45 PM
24	Elizabeth Stuller	6/14/2024 12:44 PM
25	Ashley Bone	6/14/2024 12:41 PM
26	Jess Merkel-Keller	6/14/2024 12:37 PM
27	Kim Hogan Pesaniello	6/14/2024 12:33 PM
28	Jeffrey Lafferman	6/14/2024 12:22 PM
29	Elias K. Shaya	6/14/2024 12:16 PM
30	Artin Mahdanian	6/14/2024 12:12 PM
31	Lindsay Standeven	6/14/2024 12:10 PM
32	John Buckley	6/14/2024 12:00 PM

2024 MPS Member Survey

33	Brian Zimnitsky	6/14/2024 11:59 AM
34	Richard Silver	6/14/2024 11:50 AM
35	Joan Bielefeld	6/14/2024 11:44 AM
36	Elizabeth Ryznar	6/11/2024 10:41 PM
37	Archana Leon-Guerrero	6/10/2024 6:46 PM
38	Amy Huberman	6/10/2024 4:56 PM
39	Stefanie Alexander	6/8/2024 6:00 PM
40	Christina Bowman MD	6/3/2024 10:22 AM
41	janet karanja	6/2/2024 5:13 PM
42	bruce hershfield	6/1/2024 12:35 PM
43	Monica Chawla	5/31/2024 12:10 PM
44	Mark Kvarata	5/31/2024 11:55 AM
45	Barry Bryant	5/26/2024 12:02 AM
46	George C James	5/24/2024 12:16 PM
47	Phyllis Heffner, MD	5/23/2024 10:41 PM
48	Jodi Bond	5/23/2024 2:39 PM
49	Jennifer Palmer	5/21/2024 11:01 PM
50	Paulo Negro	5/20/2024 3:01 PM
51	Anita Everett	5/20/2024 7:52 AM
52	Sue E Kim	5/18/2024 7:11 PM
53	Sally Waddington	5/18/2024 8:31 AM
54	Elizabeth Tomar	5/17/2024 12:23 PM
55	Michael Fulop, M.D.	5/17/2024 11:23 AM
56	James Aluri	5/17/2024 11:05 AM
57	Kelly Pham, MD	5/17/2024 10:40 AM
58	Isabelle Seto	5/17/2024 7:30 AM
59	Gillian Schweitzer	5/17/2024 5:23 AM
60	Adegboyega Oyemade, MD	5/16/2024 11:49 PM
61	Stuart R Varon	5/16/2024 11:07 PM
62	Donna Ticknor, MD	5/16/2024 8:59 PM
63	Carol Vidal	5/16/2024 7:42 PM
64	Marcelo Batkis	5/16/2024 6:53 PM
65	Zachary Cordner	5/16/2024 6:32 PM
66	Margaret Adams	5/16/2024 4:53 PM
67	Ronald Lee	5/16/2024 4:38 PM
68	Katherine Jou	5/16/2024 3:42 PM
69	Mahmood Jahromi	5/16/2024 3:34 PM
70	Arthur hildreth	5/16/2024 3:31 PM

2024 MPS Member Survey

71	Mercedes Rizo	5/16/2024 1:42 PM
72	David Gorelick, MD	5/16/2024 1:23 PM
73	Nancy Diazgranados	5/16/2024 1:21 PM
74	Anne E. Ruble MD	5/16/2024 1:19 PM
75	Brandon Newsome	5/16/2024 1:07 PM
76	Nancy Wheeler	5/16/2024 12:34 PM
77	Olayinka Johnson, MD	5/16/2024 12:30 PM
78	Michael Young	5/16/2024 12:16 PM
79	Ilana Cohen	5/16/2024 12:14 PM
80	Paul Nestadt	5/16/2024 11:52 AM
81	Enrique Oviedo	5/16/2024 11:39 AM