Reflections on the Outer and Inner World Affecting the Practice of Psychiatry Today

Last April I imagined I would be writing to you mostly about the outer world, the political action in the nation and the state relative to health care reform, but as the year played out, I have also focused on the inner world, on the themes of burnout and engagement. Today, I will highlight the outer, and then I will touch on the inner. Indeed, it has been an amazing year, with Justice Roberts finding a way to support the constitutionality of the Affordable Care Act in August in the same month that the Massachusetts House and Senate reached consensus on sweeping health care reform bills known as Chapter 224 of the Acts of 2012. Provisions of those bills address issues that have long been of concern to psychiatrists and others practicing in the Commonwealth: parity, the location, types of services and funding for those with severe and persistent mental illnesses, and the redesign of the service delivery system as the Commonwealth considers the integration of behavioral health into primary care and models for funding care that include global payments and accountable care organizations. The AMA, after years of lobbying from the APA, agreed to reform its CPT coding schemes relative to psychiatry and announced those changes in October.

Extraordinary leaders, including past presidents, of MPS have taught us the meaning of engagement, stepping forward to represent us as we grapple with these changes: Paul Summergrad, a MPS past-president, recently elected President of the American Psychiatric Association, continues to represent us on the Behavioral Health Taskforce provisioned by Chapter 224 and chaired by DMH Commissioner Fowler. The Task Force report is due on July 1, 2013. DMH has recently sent out a request for information on 10 questions related to that report.

Ben Liptzin, an MPS past president, has represented MPS on the task force provisioned by Chapter 224 to select an independent consulting firm to evaluate the number and allocation of acute psychiatric beds in the Commonwealth. That consultation is currently underway.

Greg Harris, currently running for President Elect, has doggedly led MPS membership in the transition to the new CPT codes that for the first time allow psychiatrists in MA to bill E & M codes on a par with their other medical colleagues.

Mark Hauser, ever the Socratic gadfly to Athens of the MPS, has taken on the task of leading a study group to draft a principles paper relative to violence, guns and the mentally ill in Massachusetts.

Jim Hilliard, our MPS Counsel of thirty years, has written an Amicus Brief for MPS on confidentiality that was adopted in an important ruling by the state’s supreme court, and he has called to our attention an administrative law court magistrate’s ruling on matters that will require further attention. We will keep you posted.

Behind the scenes, day in and day out, the exceptional team of Lisa Simonetti, our MPS lobbyist of 25 years, and Gene Fierman, another past president and the Chair of our Legislative Committee, advise our Executive Committee of the opportunities and threats to the mission of MPS: the advocacy of funding and legislation to address the needs of the mentally ill, to educate the public, ourselves and our colleagues and to advance the profession of psychiatry.

Bev Sheehan Dupuis, our Executive Director, despite having overcome a life-threatening illness last March, has bounced back to anchor the administrative functioning of the MPS. From the vantage point of a volunteer President, with another more than full-time job to do, Bev has been a godsend in making my life easier than it would be without a person of her experience, wisdom and good humor. She is focused and efficient, and she has been a joy to work with. Also, please note in the slate of candidates for office, the dedicated and capable members of MPS who have

(Continued on page 3)
MEMBER IN TRAINING CORNER

Isis Burgos-Chapman, M.D.

E-Expectations

Few things in life ever remain completely unchanged. Similar to many of you, I will be graduating from residency training this year. As I have inched closer to this milestone, the decisions regarding my eventual career path have felt more significant. Like me, many of you may be contemplating several options such as starting a private practice, remaining in academics, or choosing between a private vs. public institution. Regardless of the decision our pros and cons list sways us toward, we will undoubtedly no longer practice within the confines and securities of a residency training program. As we step into our career as lone professionals, no longer under the tutelage and oversight of attendings we will need to stay current with the ever changing trends and research findings in our field.

A few months ago, a budding psychologist wrote an article for the New York Times Magazine about her struggle to establish a psychotherapy practice. She described the concessions to which she ultimately had to relent in order to make ends meet, including hiring a ‘branding’ consultant, creating a website in which she made personal disclosures to help attract patients among other things. Reading the article, I was alarmed by how far she had knowingly strayed from her core values in order to financially stay afloat.

Soon after, I consulted my supervisor for advice and posed a question for which I feared the answer. Are we as psychiatrists soon going to be answering. Are we as psychiatrists soon going to be communicating with patients through text messaging, websites and social networking sites?

Since starting residency training the technological boom that we believed had come to fruition with the new doctor through e-mail.” It seems, as the author of the Times article and Dr. Recupero point out, that we are seeing a rapid cultural change that is now permeating the medical field faster than we can keep up with.

Are we supposed to continue going along with this type of modernization? Will each of us be expected to set up websites in which we disclose our favorite movies, simply so that a patient can communicate with her or his therapist? No. As psychiatrists, we are not psychiatrists, we are doctors. As such, we must remember that medicine is a sacred art, and we must uphold the highest ethical standards in our practice. Therefore, I believe that we should only disclose information to patients through text messaging, websites and social networking sites if this is permitted, the patient emailed me to cancel her appointment and requested a new appointment. I hesitated to write back because of the potential implications, but after phone communication with her proved impossible, I relented and begrudgingly now admit that this has become the primary way she communicates with me. While this means of correspondence has worked with this particular patient, I have other patients who I fear would not know how to properly use email and would leave me feeling the need to check email even more frequently than I already do because of the urgency of what they would disclose in email messages.

Dr. Patricia Recupero wrote about specific legal considerations psychiatrists should consider when opting to communicate with patients through email. She noted that “one study found that 54 percent of patients indicated that they would switch doctors if they could communicate with the new doctor through e-mail.” It seems, as the author of the Times article and Dr. Recupero point out, that we are seeing a rapid cultural change that is now permeating the medical field faster than we can keep up with.

Are we supposed to continue going along with this type of modernization? Will each of us be expected to set up websites in which we disclose our favorite movies, simply so that a patient can feel ‘more connected’ with us? Call me sentimental but there is something rather pleasant and comforting about how medicine was practiced in the era when phones were connected to wires, messages were written in ink, they were typed, and not sent via email or text messaging.

References


stepped forward and are running for office this year.

Now, I turn to a theme that has run through many of my letters to you this year: burnout and engagement. Maslach et al defined burnout by its three elements: emotional exhaustion, feeling unreal on the job, not me, just going through the motions, and feeling a low sense of achievement while at the same time doing important work. Engagement is the opposite of burnout. How do we do the difficult work that we do, day in and day out, year after year, and find sources of energy and regenerative thought? How do we feel alive and like who we really are while we practice psychiatry, in Winnicott’s frame, our true self? How do we find meaning in this work?

When asked how to prevent burnout, palliative care doctors stressed three approaches: a deeper emotional engagement with their fellow physicians, attention to nutrition, sleep and exercise, and finding the deeper transcendent meaning in one’s daily work. So both the palliative care physicians and Southwick and Charney, whom I mentioned last month, in their book on resilience stress the importance of social support and finding something more deeply spiritual or transcendent in our work, as factors that prevent burnout. Mary O’Malley is a psychiatrist and neuroscientist in my department who is also an interfaith minister. She teaches my staff and residents that spirituality goes beyond religion, it can be a way of getting in touch with something bigger than oneself through religion, experiences in nature, yoga, meditation, physical movement, exercise, dance, music or art. Csikszentmihalyi discovered something similar as he explored the conditions that create flow states.

Let me share an excerpt from a poem given to my yoga class by my teachers, Angela Wilson and Christie Newhart who work at Kripalu’s Institute for Extraordinary Living. It will be something you can take with you to ponder at those moments when you face the trouble that inevitably comes in our work as psychiatrists and in our personal lives...as Dickens says, “as fellow passengers to the grave”.

“The bud stands for all things, even for those things that don’t flower, for everything flowers, from within, of self-blessing; though sometimes it is necessary to reteach a thing its loveliness, to put a hand on its brow of the flower and retell it in words and in touch it is lovely until it flowers again from within, of self-blessing.”

Two Sundays ago, I shared this poem with two of my residents, Neal King and Neeta Sharma. The three of us were about to begin our day as the psychiatric team that would oversee the care for the next twenty-four hours of the most acutely mentally ill people in Berkshire County. Over those twenty-four hours we actually evaluated in person and treated many acutely ill patients, and we reviewed the care of many others who had been evaluated in emergency rooms by other clinicians. The pressure was steady and relentless. Many of the people we treated were experiencing the terror that comes with the psychotic fragmentation of their psyches; many were in the throes of depression and despair, having just attempted suicide or were seriously considering it; some were very angry, accusing others of causing all the trouble in their lives and making serious threats of violence. Neil, Neeta and I went into that day’s work, knowing fully well that the day would be difficult, and we were about to encounter these “fellow passengers” who were in various states of fear, despair and blaming. We would work with our allied health professional teams, and with each other, and search for some common ground with each of our patients. Galway Kinnell’s poem could serve as our mantra, our touchstone, our battle cry as we faced the challenges of that day.

At the beginning of the day, Neeta wrote me a note: “Good morning, Dr. Sabo and thanks for starting our morning with a smile and hope :)...Wonderful poem.” Neeta and Neil did clinically skillful and compassionate work that day, and though it was difficult and tiring, I took great pleasure in doing it with them, knowing that they would be carrying on the work of psychiatry when I am long gone from it. Neil remarked the next day in a note to me: “Good teamwork. It was as fun as a day like that can be…. It doesn’t get much better than this. As Havens once asked, “Could there be better work to do in this world?”

Thank you for your commitment to your work as psychiatrists and to the MPS, and I wish you and your loved ones some warm days now and then in this transition from winter to spring.

Respectfully,

Alex N. Sabo, President
Massachusetts Psychiatric Society


SAVE THE DATE!!!

2013 Risk Avoidance & Risk Management Update
Saturday, April 27, 2013
8:30am – 3:30pm
Massachusetts Medical Society
860 Winter Street
Waltham Woods Corporate Center
Waltham, MA 02451
A detailed program brochure and registration info will be available on the MPS website soon.
The APA Area 1 Council is pleased to offer to all members in Area 1 (All of New England and Eastern Canada) a free training on April 12th at the Chatham Bars Inn in Chatham, Massachusetts. The Program “Advocating for our Patients and our Profession using Grassroots Advocacy and the Media” will run from 9 AM to 3 PM. A buffet breakfast and a box lunch will be provided. You can register on the MPS website (www.psychiatry-mps.org) by going to the calendar for April and clicking on the link for April 12th.

The Morning Session presented by Kate McAllister the State Legislative Field Rep from the APA Government Relations Office will focus on some grassroots 101 information, issues affecting the State/Federal legislation relating to psychiatry and psychiatric patients, the importance of coalition building, and showcasing available advocacy resources for APA members. She will focus on grass roots advocacy including several current Federal/State topics such as: Gun Control, Scope of Practice, etc. She will share with us talking points for several issues and we will also do some mock legislative interviews.

Objectives: At the end of this presentation, participants will be able to:

- Define best practices on advocating for physician issues
- Describe the key APA advocacy resources available
- Analyze how psychiatry will be affected by current federal and state legislation

In the afternoon, James Tyll, Deputy Director of the APA Communications department will be presenting Understanding the Press and Working with the Media: On the Record Strategies for Psychiatrists.

Objectives: At the end of this presentation, participants will:

- Have a clear understanding of the media including their goals, methods and myths and understand what they can expect when being interviewed
- Will be able to develop a clear message with key points and sound bites.
- Know how to avoid leading questions and put your message out without being misquoted.

He will present on Pre-Interview Preparation, Creating Your Message, Working with the Press, Interview Strategies and Practice and Drills. In the pre-interview preparation we help members better understand the different types of outlets (Newspapers vs. Television vs. Academic Journals etc...) and different types of interviewers (investigative vs. General interest vs. Scientific vs. etc...) and how each effects how we approach the interview and messaging material. In the creating your message section we walk members through how to create a concise, cogent and compelling message without saying too much or giving the reporter additional avenues to explore. In the working with the press unit we look at some of the myths and preconceived notions surrounding the press like “being off the record” and some of the specific challenges Psychiatrists face when doing interviews. In the interview section we go over some of the basic strategies and tactics one can use to keep an interview on topic and ensure you main point gets across. Finally, we conclude by performing mock interviews on subjects the member is familiar with to give them some first-hand experience on how to use their new skills.

The Chatham Bars Inn has given us an exceptional rate of $199/night plus taxes. Why not make this a long weekend! The cape is beautiful at this time of year before the summer rush starts. To entice you to stay longer we have planned a couple of “extra” events: The Area 1 Council will host a Dessert Reception on Thursday Evening at 7:30 PM. Please note your attendance on the registration so that we can get an accurate number for attendees. In addition, on Friday, after the Training, the Area 1 Council will begin its Spring meeting. For those of you who might be staying longer than the afternoon on Friday, you are welcomed to join the Area 1 Council for dinner. The charge is $75/person which includes the reception and dinner. Please note your attendance at the dinner on the registration form.

The Area 1 council will meet on Saturday from 8:30 AM to 3:30 PM on Saturday. For those interested, we will offer a Lobster Bake for $85 on Saturday night at 6:30 PM. Again, please note your interest on the registration form. In addition to these evening events there are opportunities to scope out beautiful downtown Chatham. There is shuttle bus available or you can walk the short distance (5–10 minute walk) to downtown Chatham and its lovely and unusual shops. There is also a Spa available at the Chatham Bars Inn that offers many options for pampering yourself!!

We hope that you will join us for what promises to be a GREAT training and a wonderful weekend on the Cape.
Thanks to all who have contributed over the past two months in reporting problems regarding the new 2013 CPT coding scheme. There have clearly been many bumps along the way and we are using the data you have provided (and hopefully will continue to provide) for advocacy. To review, MPS, APA and AMA are asking that members report problems with payment, authorization other processes regarding the new codes. You can send comments to MPS at managed-carecommittee@psychiatry-mps.org; please include as many specifics as possible and we will use this to advocate on our collective behalf. In addition, we ask that you report the same issues to APA: http://www.psychiatry.org/cptcodingchanges and AMA: http://capitolconnect.com/pmalerts/content.aspx?page=payers_accepting_2013_cpt

We are meeting with all the major local insurers and coordinating closely with APA as well.

Some the trends in the data you have reported so far include the following:

1. Most of the insurers had a generalized problem of delays in all or most payments well into February. Our sense is that while inexcusable, this is a problem that at this point has been corrected. If you continue to experience generalized non-payment, please let us know.

2. Most insurers have released their fee schedules and lists of covered services. There is a high level of variability in how different insurers are approaching the new codes. Some insurers are allowing most of the new codes, with fees roughly matching the CMS RVUs. Of greatest concern at this point are the limits that some insurers are putting on which E&M services are covered (for instance particular usurers (for instance particular employer contracts. Please let us know what you are seeing.

3. Some insurers appear to be grossly under-paying E&M codes relative to the CMS RVUs’ this seems to be tracking with problem #2 and we will be looking for ways to address both.

4. Most insurers are paying less for psychotherapy services; this is by design in the new scheme and is due to the decrease in RVUs for psychotherapy. However, this is an issue we will be looking at over time and likely joining forces with our colleagues in other organizations.

5. Some insurers are paying for 30 min and 45 min psychotherapy services, but not 60 min psychotherapy, or are simply downcoding 60 min codes to 45 min codes. This tracks with their prior exclusion of the 75 minute therapy codes; double check your agreements.

6. We are seeing a variety of copayment issues from some insurers; some have increased patient copayment (from “primary care” to “specialist” for example); we feel that patients should be encouraged to address this with their plans. Of greater concern is charging two copayments for one date of service (for E&M and for psychotherapy add-on). This is something we want to systematically address with insurers, but appears NOT to be generalized and may be only some contracts within particular insurers (for instance particular employer contracts. Please let us know what you are seeing.

7. Authorization processes are a major issue of concern; please let us know what you are seeing here as well. Some insurers appear to be using prior procedures unchanged, but others are requiring seemingly different processes for the E&M services and psychotherapy services. Different procedures are potentially allowed under parity, but the insurers should be transparent about their procedures and we need to clarify what the processes are.

8. Medicare “reversal” of payments for 90791 and 90792 codes; this has been previously noted, but many of the insurers are either paying both at the same rate or are only allowing the 90791 code. This problem relates back to the fact that CMS accepted the code changes on an interim nature for 2013 and used different calculations for the “non-medical” and “medical” portions of these codes. CMS will be “surveying” the codes over the year prior to accepting final RVUs for 2014. APA is actively addressing this problem, which will unfortunately need to wait until 2014 for resolution.

The CPT & EHR Update CME Program from March 9, 2013 was recorded for those unable to attend, and will be available for purchase shortly (with supporting documentation and CME credits!) at http://www.psychiatry-mps.org.

Remember, that all are welcome at the Managed Care Committee Meetings, which occur on the third Tuesday of the month (from 7-9 PM; dinner served!) at the MPS offices in Wellesley. Check the MPS website for details or contact me at gregorygharris@sprynet.com

Denials of Service Concerns from APA OHCSF:

APA’s Office of Healthcare Systems and Financing is constantly dealing with insurance companies concerning coverage denials and advocates with HHS/CMS, private and public payors to expand their grasp of the parity rules in order close the loopholes upon which insurers rely to deny coverage. In doing so it is helpful to have specific examples of situations where patients clearly in need of a service have been denied the service by the insurer. We constantly hear that “nobody has complained so there is no problem.” While APA can raise your complaints with the agencies and insurance companies, it is much more effective if you make the complaint first and we follow up on it.

It would be most helpful if you would make a formal written complaint whenever there is an insurer who has denied psychotherapy for a patient and provide a copy of that complaint to APA through the email below so that we can follow up with the regulators and the insurance company. Filing a complaint with DOL is easy. The process for filing a complaint against an ERISA plan is located at http://www.dol.gov/ebsa/aboutbsa/main.html under “consumer complaints”.

If you do not file a formal complaint, please provide APA with any examples you have.

(Continued on page 6)
where an insurer has denied coverage for psychotherapy for a patient and include in it:

1. The patient’s diagnosis
2. The recommended psychotherapy
3. The insurance company name
4. The employer through which the coverage is provided (if known)
5. The insurance company’s reason for denial if one is provided. You can substitute a copy of the denial letter with the patient’s name and identifying information redacted if that is easier.
6. If no reason is given for the denial, please indicate that as well.
7. Other things that would be of interest include whether the company puts numeric caps on the number of visits permitted, pulls a file for review after a given number of sessions is reached, or has refused to pay psychiatrists for the psychotherapy add on in the new CPT codes.

This information should be sent to: APAMemberparityviolations@psych.org.

Please do not share with us personally identifying information of the patient.

Thank you,

Office of Healthcare Systems and Financing

Review of 2013 CPT changes for Psychiatry

To review; AMA and CPT eliminated nearly all Psychiatric Procedure codes and replaced them with new codes, that represent a major conceptual change; it is important to understand that in this framework we need to think first about the “nature of the presenting problem” (how sick the patient is) and the level of medical complexity and disability for general Psychiatry; time is now a secondary consideration, except for the provision of the Psychiatric Procedure of Psychotherapy, which is always a timed service.


Here is a summary of the changes:

1. “Psychopharmacology” is NOT a separately code-able service in the new CPT; psychopharmacological services are now described as “medical services” or “evaluation & management” services and therefore are described by the 99xxx series of codes. This is a major shift the CMS already allows, but that the commercial insurers show major variability.

2. “Counseling and Coordination of Care” is part of the E&M 99xxx code set and is distinct from “Psychotherapy” services; Education falls under either.

3. “Psychotherapy” services are time-based and can either be billed separately (without medical services) OR as an “add-on code”, or second billable code on a HCFA-1500 form ONLY WITH a 99xxx series dose. This latter concept replaces the old “Psychotherapy With E&M”. General Psychiatrists who also perform traditional psychotherapy should more properly be thinking of “E&M services with or without Psychotherapy”.

4. There is a “psychopharmacology” code in the new scheme, but this can ONLY be used as an “add-on” code to a Psychotherapy code; this code should NOT be used by Psychiatrists (use 99xxx).

5. “Crisis Psychotherapy” can be coded; this is a time-based, potentially discontinuous visit, specifically targeted at concretely addressing a crisis.

6. “Interactive complexity” is now conceived as an “add-on” code that can be combined with many other codes when indicated.

7. New patients can be coded either through the 99xxx E&M series of codes or through one of two Psychiatric procedure codes (one “without medical services, the other “with medical services”)

8. Family psychotherapy (90846, 90847) are the only codes that survived this transition process; ALL OTHER commonly-used 2012 codes SHOULD NOT BE USED after December 31, 2012.

Outpatient E&M (99xxx) Coding

Information may be found at APA and CMS:

MPS is pleased to welcome the following new members

General Member:
- Michael Posternak, MD
- Laurie P. Hammer, MD
- Stephanie Davidoff, MD
- David Geltman, MD
- David Gitlin, MD
- Gary Jacobson, MD
- John Bernard Roseman, MD
- Maureen Sayres Van Niel, MD

Member-In-Training:
- Sivan Mauer, MD
- Austin Lin, MD
- Aaron Bobb, MD
- Kristen Jonelle Reid, MD
- Kathryn J. Tompkins, MD
- Anthony Sossong, MD
- Jane Cyrena Viner, MD
- Michael M. Halassa, MD
- Louis Ostrowsky, MD
- Edwin Raffi, MD

Transfer In:
- Sparsha Reddy, MD
- John S. Hopkins, MD
- Cynthia Yang, MD
- Kerry-Ann Williams, MD

LEGAL ADVICE
FOR PSYCHIATRISTS
Milton L. Kerstein, Esq.
Andrew L. Hyams, Esq.

Mr. Hyams, former General Counsel to the Bd. of Reg. in Medicine, and Mr. Kerstein provide legal services to psychologists and other health professionals in the following areas:
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- Patient Confidentiality
- Provider and Employer Contracts
- Civil/Criminal Litigation

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REGISTER FOR THE 2013 APA ANNUAL MEETING!

166TH Annual Meeting
May 18-22, 2013
San-Francisco, CA

The 2013 APA Annual Meeting focuses on the theme “Pursuing Wellness Across the Lifespan” using science and education to improve patient care.

Visit www.psychiatry.org to obtain more information and to register.

OFFICE SPACE

Brookline—Weekday, Saturday & Evening Hours • Coolidge Corner/Beacon Street office space available for rent in 4, 8 or 12 hour slots. Saturdays also available. High speed internet/ wifi and printer included. T and handicap accessible. On street parking. Call or e-mail: Gregory G. Harris, MD, MPH 617-983-007; gregorygharris@sprynet.com

Belmont—Full-time and /or Part-time psychotherapy office rental in attractive Colonial home converted for mental health professionals. On bus line with convenient parking: Call 617-484-8378

Newton—Wanted: office in Newton for part-time use. Call 617-244-1267

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- Delegate some or all of the accounting procedures
- 20 years’ experience, resume, references upon request

FOR ADVERTISING ONLY
Below is the slate of officers for the 2013/14 Election. I want to thank the MPS members who nominated candidates, and to the candidates who have agreed to run for office. I would also like to thank the Nominating Committee (Chair Person: Don Condie, Committee members: Patrick Aquino, Wendy Cohen, Matt McGonagall, and Rebecca Brendel) for their work on the Committee.

According to the Massachusetts Psychiatric Society Bylaws, additional nominations to those listed on the attached may be made by a petition signed by twenty-five (25) or more members eligible to vote. The nominating petitions must be filed with the Secretary before a designated date, not earlier than twenty-one (21) days after announcing the nominations of the Nominating Committee. This year, the petitions must be filed no later than the close of Business on March 22, 2013.

Members will be voting online beginning April 1, 2013 and will have 2 weeks to vote until April 15th. The candidate information will be available online with the ballot. Members will be able to log onto the MPS Member’s Only page and select the link for the 2013 Ballot. If you do not have access to a computer, please contact the MPS office and we will make arrangements for you to cast your vote by paper ballot. By doing the online voting, we are able to save more than $5,000.

President: (1 Position)
• Gregory G. Harris, MD, MPH

Treasurer: (1 Position)
• Bruce Black, MD

APA Representatives: (2 Positions)
• Gary Chinman, MD
• Manny Pacheco, MD

Council: (2 Positions)
• Gwyn Cattell, MD
• Arthur Papas, MD

Nominating Committee: (2 Positions)
• Alan Nineberg, MD
• Liang Yuan, MD

Member-in-Training: (1 Position)
• Rebecca Allen, MD
• Alena Balasanova, MD
• Auraly Padilla, MD
• Anna (Ania) Terajewicz, MD

The keynote address by President Bill Clinton has been changed to Sunday, May 19, from 5:30 p.m. to 6:30 p.m. (The original date was Monday.) The Opening Session and APA Presidential Address have been moved to Saturday, May 18, from 4:30 p.m. to 5:30 p.m.; it will be followed by a special conversation about recovery by APA President Dilip Jeste, M.D., and Elyn Saks, J.D. Also, please make note that the Convocation is being held on Monday, May 20, 2013 from 5:30 p.m. to 6:30 p.m.

Thank you to the nearly 300 members who took time to answer our quick survey on the MPS Newsletter. The results were evenly split between those who preferred the hard copy and the email version. We will continue with the newsletter as a hard copy.

Some of the suggestions that you made were great!! I would love to have a column that was just member thoughts and ideas. The title that was suggested in the survey was “What’s on your Mind?” Any members who would like to write in for the April newsletter, please feel free to do so. We would love to have greater involvement from our members. We will also be doing additional quick surveys with Survey Monkey to ask members their opinion on various issues and topics and reporting to our membership. This was another idea suggested by a member. If you have an idea you would like us to consider, please forward it to the MPS office. We will also be having updates on our committee activities in our newsletter. If any member is interested in joining a committee, you can either contact the MPS office or contact the Committee Chair. Watch your email for our next survey!!

**SAVE THE DATE**

**MAY 2, 2013**

**MPS ANNUAL MEETING**

**Embassy Suites**

**Waltham, Massachusetts**

**Reception - 5:30 PM**

**Dinner - 7:00 PM**

More details to follow!
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Send CVs to Terri Harpold, MD, Brockton Multi-Service Center, 165 Quincy St., Brockton, MA 02302 or email to theresa.harpold@state.ma.us

PSYCHOPHARMACOLOGIST
Southeastern Psychiatric Associates has been a respected multidisciplinary mental health practice serving the Boston area for almost 30 years.

We have a part time position open for a psychiatrist who is interested in working in the private practice model. We maintain the highest clinical standards while also trying to keep a pleasant and relaxed atmosphere. Our excellent support staff works hard to free up our providers to spend more time with their patients. Hours are flexible and compensation is highly competitive. Offices are located in Randolph, Steward Carney Hospital and in Central Square, Cambridge. Cambridge hours are limited. Contact Leonard Marcus, MD, 617-696-7727 phone, 617-696-8387 fax, or leonardmarcus@comcast.net.

Tewksbury Hospital is looking for a full time inpatient psychiatrist. The position is on a DMH intermediate care unit working with a wide variety of patients with severe and persistent mental illness. No managed care or after-hours on-call. Median LOS about 200 days. Competitive compensation. Work with an excellent and personalizable group of psychiatrists.

For information contact Anthony Vagnucci, MD, Chief of Psychiatry Tewksbury Hospital, 978-851-7321 x2863 anthony.vagnucci@state.ma.us.

Cambridge Psychiatric Services

Interested in flexible hours, competitive pay rates, and a schedule that fits your needs?

Qualified psychiatrists needed to provide overnight, weekend, and holiday moonlighting coverage at area hospitals, clinics, and other psychiatric facilities. For more information please call Jessica D’Angio at 617-864-7452 or at jdangio@northcharles.org

The Department of Psychiatry at Mount Auburn Hospital, affiliated with Harvard Medical School, is recruiting for a position in our Outpatient Psychiatry Service. Responsibilities include evaluation and treatment of adult patients with a variety of psychiatric disorders, including dual diagnosis patients, and coordination of care with other psychiactric clinicians and with primary care and specialty physicians. The department continues to develop programs integrating psychiatry with primary care. Position includes participation in the teaching activities of the Department. Academic appointment to the clinical faculty at Harvard Medical School is anticipated. Please send letter of interest and cv to: Joseph P. D’Afflitti, M.D.
Chair, Department of Psychiatry, Mount Auburn Hospital 330 Mount Auburn Street, Cambridge, MA 02138; tel: 617 499-5665, ext 4212; email: jdafllit@mah.harvard.edu

Psychiatrist, Concord, Mass.

Unique opportunity for board certified/eligible psychiatrist or psychiatric RNCS to join strong psychiatric service at Emerson Hospital. Provide moonlighter coverage between 4 pm Friday and 5 pm Sunday. In-hospital time varies based on number of admissions and consultation requests. Overnight call is home-call only, except for rare emergency visits to the hospital for seclusion/restraint. Continuous back up support provided by full-time psychiatrists who round on existing patients. Compensation is $108K/year without benefits. Position may be split between two qualified applicants who each agree to work two weekends per month. Start as soon as possible.

Please contact Robert Stern MD, chair, department of Psychiatry, 978-287-3512 or rstern@emersonhosp.org

Psychiatrists
CharterCARE Health Partners - Our Lady of Fatima Hospital
North Providence, Rhode Island
CharterCARE Health Partners is seeking a full- and a part-time Board Eligible/Certified Psychiatrist to join the Behavioral Health Team at our North Providence location, Our Lady of Fatima Hospital. Our Lady of Fatima Hospital offers a comprehensive hospital-based inpatient and outpatient Behavioral Health Program known for its progressive and compassionate care. An interest in Geriatric Psychiatry would be a plus.

CharterCARE Health Partners, created through the affiliation of Roger Williams Medical Center and St. Joseph Health Services of Rhode Island.

Interested candidates should send a current CV, cover letter and 3 professional references to:
Elaine K. Greene
Director of Provider Recruitment & Relations
CharterCARE Health Partners
E-mail: elaine.greene@chartercare.org
Phone: 401-456-4820
EOE

Norwood Hospital
Department of Psychiatry is seeking a board certified or eligible psychiatrist for weekend coverage. Lucrative income potential.

Contact: Norman Tabroff, MD at 781-278-6512 or Norman.Tabroff@steward.org

Are you eligible and interested in applying for Fellow or Distinguished Fellow Status?

Contact the MPS Office.

We would be glad to assist you in completing your application.
Arbour Health System (AHS) is recruiting Full-Time Attending Psychiatrists
Monday through Friday. No call or weekend work required
2013 Residents, Fellows, and H1B Visa Candidates Welcome to Apply

Current positions are available at:
Arbour Hospital, Boston (Jamaica Plain), MA – General Adult and Substance Abuse Specialist
Arbour-Fuller Hospital, South Attleboro, MA – General Adult
Arbour-HRI Hospital, Brookline, MA – General Adult
Pembroke Hospital, Pembroke, MA – General Adult
Lowell Treatment Center, Lowell, MA – General Adult
Westwood Lodge, Westwood, MA – General Adult, Child and Adolescent

The compensation is highly competitive with a generous benefits package and flexible work schedule.

On-Call Physicians of all specialties are also needed to provide weeknight and weekend psychiatric and medical coverage at all AHS locations including those noted above and The Quincy Center, Quincy MA.

AHS is the largest private mental health system in Massachusetts. In addition to the hospitals listed above, AHS consists of Arbour Counseling Services, with 11 locations throughout eastern MA, The Boston Center, and Arbour SeniorCare. AHS provides a continuum of care including crisis evaluations, inpatient, PHP, and IOP for children, adolescents and adults with mental illness, dual diagnosis and/or addiction disorders. Hospitals are licensed by the Department of Mental Health and accredited by The Joint Commission.

For more information on these positions, please contact: Andree Paige, In-house Physician Recruiter, (w) 617-390-1437, (c) 617-429-4240, e-mail: andree.paige@uhsinc.com.
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>Time</th>
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<th>Contact Email</th>
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<td>Council</td>
<td>March 12, 2013</td>
<td>7:00 PM</td>
<td>MPS</td>
<td><a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a></td>
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<td>Public Sector</td>
<td>March 14, 2013</td>
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<td>March 19, 2013</td>
<td>7:00 PM</td>
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<td><a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a></td>
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<td>Committee for Women—Case Studies—Psychotherapy and Coding/Billing Issues</td>
<td>March 22, 2013</td>
<td>12:00 NoON</td>
<td>MPS</td>
<td><a href="mailto:jkealey@psychiatry-mps.org">jkealey@psychiatry-mps.org</a></td>
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<td>Executive Committee</td>
<td>March 26, 2013</td>
<td>7:00 PM</td>
<td>MPS</td>
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<td>March 27, 2013</td>
<td>8:00 PM</td>
<td>MPS</td>
<td><a href="mailto:jkealey@psychiatry-mps.org">jkealey@psychiatry-mps.org</a></td>
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<td>College Health—ADHD and the College Student</td>
<td>March 28, 2013</td>
<td>7:00 PM</td>
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<td>April 9, 2013</td>
<td>7:00 PM</td>
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<td><a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a></td>
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<td>Area 1 Training—Advocacy and the Media</td>
<td>April 11-14, 2013</td>
<td>12:00 NoON</td>
<td>Chatham Bars Inn</td>
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<td>7:00 PM</td>
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<td>2013 Risk Avoidance &amp; Risk Management Update</td>
<td>April 27, 2013</td>
<td>8:30 AM – 3:30 PM</td>
<td>Massachusetts Medical Society</td>
<td><a href="mailto:jkealey@psychiatry-mps.org">jkealey@psychiatry-mps.org</a></td>
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<td>May 2, 2013</td>
<td>5:30 PM</td>
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