Physician Self Care

As I reflect on this year of serving the society as your president, I think back to my first article. At that time I encouraged all of you to be involved in advancing our profession in whatever way possible - at the national, state and local community level. But all of this depends on the most important element of all, and the fundamental reason our society exists - YOU! The Psychiatrists of the Commonwealth of Massachusetts are an incredibly diverse and absolutely essential resource for the health and wellbeing of all who live in our beautiful state. We must take care of ourselves in order to provide the best possible service to others.

It is no secret that being a psychiatrist is a high risk profession. We have higher rates of mental illness, addiction, and suicide than the general population - and higher rates than other physician groups. Many of us have gotten into this business in part because of our own family experience with mental illness and addiction. So we may already have the genetic background and the lived experience that gives us wisdom, compassion, and insight - but may also make us more vulnerable to problems ourselves. In addition our very work immerses us day in and day out in the pain and suffering of our fellow human beings, at a level that most are not privileged to share. With this privilege we do our best to help as much as possible and to "first do no harm". We should be at least as compassionate with ourselves as we are with those we care for.

At the most basic level, it is essential that we attend to our own needs. I realize this may sound simplistic, but physicians in general are notorious for not taking the advice they give to others. Are we eating a balanced diet - with plenty of fruits, vegetables, fiber, that limits simple carbohydrates and fat? Are we getting 30 minutes or more of physical activity each day? Do we allow ourselves to sleep for 7-8 hours each night? Do we take time for connecting with our loved ones, and having fun? The degree to which our thinking is clearer, we are more alert, and our hearts are more open when we do these simple things is enormous. Tolerance for the slings and arrows of the upheavals in the lives of our patients and the frustrations inevitable with our teaching, research, and administrative activities is so much better when we feel alert and open.

(Continued on page 2)
In becoming a physician we sometimes have the magical belief that we are able to be in control, fix things in ways that others cannot and that we have somehow protected ourselves from illness. But life happens and we continually learn that many things are out of our control- family members are ill, our work institutions change rapidly around us, we suffer setbacks in our goals and dreams. And at times we find ourselves needing help from others, often ashamed to ask. We continue to try to figure it out for ourselves, feeling that we should be able to do that. We are the ones that our family, friends and colleagues all come to for advice. But what if we have symptoms of depression, disabling anxiety, or relying too much on a drink at the end of the day? Sadly for many of us we wait until something happens- when others around us step in and insist that we get help. But we don’t have to wait until then. We may feel we do not have time to stop and get help But if we get into personal and professional difficulty- suddenly time appears, out of necessity.

We are fortunate in Massachusetts to have the Physician Health Service, part of the Massachusetts Medical Society. Confidential services are available to any physician in Massachusetts, regardless of membership in the MMS. Our own Luis Sanchez MD- former Councilor for the MPS- has been the director for many years. Sarah Bolton MD, one of our current councilors is the assessment director. They provide a safe, compassionate, and confidential service for all physicians in Massachusetts. They provide support groups, and make referrals for ongoing care. Contact information is: 800-322-2303, ext 7404. They also have a terrific web site with lots of helpful information at www.massmed.org.

So in the words of Garrison Keillor from the Prairie Home Companion on National Public Radio: “Be well, do good work, and keep in touch”- with yourself, your loved ones, and your colleagues. Taking care of you is where everything else we strive for begins.

Marie H. Hobart, MD
President

May 9, 2011
MPS Annual Meeting
Doubletree Guest Suites, Waltham MA
Representative Ed Markey will be keynote speaker

The American Psychiatric Association will be holding its fifth annual MINDGAMES competition in Honolulu this year. For the second year in a row, the Boston University psychiatry residents’ team is among the top three residency programs to qualify for this national competition at the APA Annual Meeting. This year, 104 US psychiatry residency programs participated in the preliminary competition. The Boston University Medical Center team, consisting of residents Ana Ivkovic MD (Chair), Brie Beaudoin MD, and Mark Oldham MD qualified by taking a timed examination consisting of 150 online questions. In this preliminary qualifying round, Boston University’s team was among the three with the highest and fastest scores nationally. Cornell University and the University of Pittsburgh also qualified. Each team will receive a grant from the American Psychiatric Association to attend the national competition in May in Honolulu. Much like Jeopardy, MINDGAMES consists of a series of timed questions that tests three competing teams’ knowledge in several different thematically-related categories. Glen Gabbard, MD, will host the live competition. The competition will be held on Tuesday morning May 17th at 10 AM. Please join us to cheer on BMC Residents!

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

Contact the MPS Office. We will be glad to assist you in completing your application.
As I consider life beyond residency training, I find myself engaging in a dichotomous thinking style. It seems that to maximize my ability to provide comprehensive psychiatric care, I would pursue private practice and decline insurance. This way I could provide ongoing medication management and psychotherapy at a frequency and duration that the patient and I deem is appropriate. My quality of life would greatly improve by bypassing the need to argue with insurance companies.

However, self-pay private practice limits the scope and range of patients that I would encounter as few people can afford such treatment. Enter insurance and limited resources. It is a creative dilemma to figure out which elements of a comprehensive treatment plan would be most beneficial to a patient since the insurance company may not support the entire number or amount of services, assuming these services even exist. However, in offering only portions of a comprehensive treatment plan, my ability to provide meaningful therapeutic support to patients is hindered. And I take on responsibilities that are outside my scope of training that should be passed on to other members of the treatment team, again if they exist.

The ACGME requires that our psychiatry residency training include a “systems perspective,” but residency programs may vary in their ability to provide effective training in managing our patients within the healthcare system. A realistic understanding of the psychiatrist’s role in various healthcare settings would be helpful. It seems that the field of psychiatry is engaged in a tug-of-war between what has historically been deemed as important versus treatment that is currently evidence-based and/or supported by third-party payers. This apparent dichotomy creates a complicated choice for those of us choosing careers, and maintaining the ability to create a hybrid job profile (i.e. practicing both within the insurance-based healthcare system and privately) is important for many psychiatrists’ personal satisfaction.

It is unclear how our field will change with the looming overhaul of the healthcare system in Massachusetts and nationally. Psychiatric practice may benefit from being included in a bundled payment system, particularly if mental health care is incorporated with general medical services. Furthermore, Accountable Care Organizations (ACOs) are thought to be a more coordinated medical system that would augment the treatment our patients receive. However, for those who are less optimistic, it is assumed that psychiatrists will maintain our ability to see patients privately outside the payment system of the ACO. Thus, psychiatrists likely will continue to have options for completely private or hybrid careers.

I entered the field of psychiatry because there were approximately 11 lifetime careers in mental health for which I could envision maintaining passion as the years progress. We are fortunate to be in such a dynamic field that has room for growth and meaningful contribution from its members. Maybe there’s a way to reconcile these seemingly disparate career options – I have 15 months until graduation to figure it out.

Personally I am thankful for the opportunity to contribute to the MPS newsletter over the previous 2 years. The process of researching and writing has enhanced my knowledge of the mental health system and helped clarify (or confuse!) my career decision process. I deeply appreciate the opportunity to learn about these various topics and report on my evolving understanding. Given our current practice climate, it is important for us to continue our engagement in mental health policy to maintain our ability to provide meaningful care for patients. And maybe sometime soon psychiatry residents nearing the end of training will bask in the gray, as the apparent dichotomy between treatment options within or without the insurance system dissolve, and our patients receive optimum care in any setting.
THE “RETIRING” PSYCHIATRIST—SOME PRACTICAL SUGGESTIONS

By: James T. Hilliard, Esq. CONNOR & HILLIARD, P.C. (MPS General Counsel)

So, you want to retire from the practice; move to another state, warmer climate? The following article offers some practical suggestions for those of you who are about to or are considering any of the above. In writing this article I was impressed by the lack of statutory and regulatory guidance available to physicians who are considering, for whatever reason, the voluntary cessation of his/her practice in Massachusetts. Accordingly, the practical suggestions in this article are based on my experiences in having counseled psychiatrists who have retired or otherwise voluntarily terminated their professional practice in Massachusetts.

How, When, and What to Tell Your Patients

Informing a patient of the decision to end treatment as a result of your retirement (in this article the term “retirement” will be used to encompass all voluntary cessation of a psychiatrist’s practice in the Commonwealth) can be a difficult task. Accordingly, it needs to be approached with much thought and lead time. Depending on the type of case load a psychiatrist is treating; a six-month lead time is a reasonable period in which to begin the process of the notifying your patients of treatment termination. In most cases, patients can initially be advised verbally of this decision and, in light of their responses, a written confirmation might be advisable. In cases where patients are not seen on a regular basis or have not been seen for some time but are still considered patients, notification by mail would be the preferable course. The suggested six-month lead time would afford you the opportunity to facilitate the patient’s transfer to a new treater as necessary. Based on certain boundary requirements, patients should be told of the reasons for termination without, however, revealing any more personal detail than necessary. Certainly, a psychiatrist who chooses to retire may inform his/her patients of the reasons for this decision. Often certain patients may want and/or need a more detailed explanation of your reasons for ending treatment. Under these circumstances, you should be cautious and consider the impact such additional information may have on a particular patient before providing it to them. Notations should be made in each patient’s records as to whether they were informed of the impending retirement verbally or in writing and their response thereto. In some cases, consideration should be given to provide particular patients with additional sessions to deal with the cessation of treatment and/or transfer to a new treater.

2. Arrangement for Transfer of Patients

A psychiatrist terminating treatment must be particularly sensitive to potential claims/allegations of patient abandonment where the therapeutic relationship is being ended prior to an end clinical result having been achieved. Although it is not the duty of the retiring psychiatrist to place patients with another treater, it is ethically required that information regarding available resources be given to each patient and referrals made when requested or indicated by the patient’s condition. It may be helpful to contact several psychiatrists or psychotherapists who may be both suitable and available for referrals from your practice. You could make their names available to your patients leaving the final decision, however, to them. A word of caution about referral fees is worth mentioning. It is both unethical and illegal to enter into an agreement with a psychiatrist to whom you are referring to accept a referral fee or any remuneration in exchange for a patient referral. Certain patients may require more attention and assistance from the psychiatrist in facilitating their transfer to another treater. It is important that when referral and other information is given to each patient there be documentation of the same in the patient’s file.

3. Transfer of Records

Patients should be informed that their records will only be transferred to a new treater with the written permission of the patient or their parent, if minors, or guardian if under guardianship. A general release can be drafted in advance of your discussion with each patient and a copy given to him or her to facilitate their transfer to a new treater. It is important to note that the records that should be released to a subsequent treater would be copies of the patient’s records and that you should retain the original in your files. Also, records containing information about HIV or alcohol and drug abuse treatment require specific reference in the release. The Board of Registration in Medicine requires that records be retained for seven (7) years from the date of the last encounter for adults or until a child patient reaches the age of nine (9). It has always been my recommendation that you should retain records for at least ten (10) years after the last encounter to provide an additional “margin of safety” against any claims where it is alleged that the regular three-year Statute of Limitations is inapplicable. As a practical matter, if a psychiatrist is planning to leave the state, arrangements must be made for the records to be accessible to patients wanting copies subsequent to the psychiatrist moving out of state. This could be accomplished by the psychiatrist contracting with a service or another professional to maintain the records and their confidentiality subject to a request and release authorization from his/her patient or to provide each patient with a copy of his/her records in advance so that they could, in turn, provide copies to their subsequent treaters. Depending upon the particular patient, the latter course of action may not be the most desirable.

4. Malpractice Insurance Issues

Retirement does not protect you against a claim for malpractice where the alleged malpractice occurred during active practice. Accordingly, maintaining malpractice insurance for a period after retirement is an important consideration to all. Massachusetts’ Statute of Limitations is three (3) years for medical malpractice claims. As a general rule, therefore, you would want to maintain insurance for at least a period of three (3) years post retirement. The type of malpractice insurance one carried during the last period of his/her practice would dictate the type of continuing coverage necessary. If
you carried a so-called “occurrence” policy, such policy would provide coverage for all claims which are based upon acts which “occurred” when the insurance was in effect, regardless of when the claim is actually made and, accordingly, no “additional insurance” would be required. If you are insured under a so-called “claims made” policy, coverage is only provided if the insurance is in place at the time the claim is filed. Accordingly, “tail” insurance would be strongly suggested to protect you from claims that could be made within the Statute of Limitations and after you’ve retired.

5. Requirements of the Board of Registration in Medicine

The Board of Registration in Medicine (“BRM”) by regulation (243 CMR 2.07[7]) requires an application be filed with it as a prerequisite to a physician’s retirement from the practice of medicine. The Board requires that it be notified of your intent to retire from practice along with a written statement, signed under the penalties of perjury, detailing your knowledge of any present or future complaints against you. It also requires that you make your patient records accessible to patients and successor physicians for a minimum of seven (7) years or until a child patient reaches the age of nine. If there are any outstanding complaints against you, the Board will not allow you to retire on the date you choose without a resolution of the complaints.

6. Some Advice on Estate Planning

If you are in the process of considering an estate plan and you are still in the active practice of medicine, you may want to consider the appointment of a special administrator with respect to your medical practice. The purpose of such a special administrator would be, in the event of your untimely death, to attend to the appropriate transfer of patients’ records and the winding up of your medical practice only. It affords you the opportunity to consider now who would be the best person to contact your patients, to make arrangements for transfer and referrals if necessary, to transfer and maintain patient records in accordance with the law, and arrange for the appropriate post-mortem insurance coverage.

Now that you have the way to retire from practice you only need to find the means.

Congratulations to New APA Distinguished Fellows and Fellows

The following members were approved for Distinguished Fellow and Fellow Status:

Distinguished Fellow:
- Fe Erlita Diolazo Festin, MD
- Brent P. Forester, MD
- Marlene Picus Freeman, MD
- Mark Joseph Goldblatt, MD
- Mark Jeffrey Hauser, MD
- Helen Hisae Kyomen, MD
- Donna M. Moores, MD
- Richard S. Schwartz, MD
- Marc Alan Whaley, MD

Fellow:
- James Steven Harburger, MD
- Linda Carol Shafer, MD
- Lawrence Herz, MD
- Lawrence Watson Raymond, MD
- Susan Rovaine Brown, MD
- Scott L. Rauch, MD
- Bruce M. Dow, MD
- Laura T. Safar, MD
- Mark N. Rudolph, MD

Congratulations to 2011 MPS Outstanding Psychiatrist Awardees

- Robert Waldinger, MD  Clinical Research
- Deborah Field, MD  Public Sector
- Arnold Modell, MD  Clinical Psychiatry
- Paul Summergrad, MD  Advancement of the Profession
- Alvin Poussaint, MD  Life Achievement
- David Osser, MD  Psychiatric Education
Forty seven years ago (1964), Barry Goldwater and Lyndon Johnson were engaged in a vitriolic campaign for the office of President of the United States. During the course of their campaign, a poll of psychiatrists, none of whom had ever examined Goldwater, commented on his mental state. APA immediately condemned the inappropriate comments and over time established ethics rules in response. (BENDHEIM 1967; BARTON 1968) The details of this event are documented in Herbert Sack’s American Psychiatric Association’s Presidential column. Since that time, psychiatrists’ public comments regarding the psychological state of the student Mr. Cho who was involved in the Virginia Tech tragedy, the deaths and shootings which occurred in 2010 in Tuscon, Arizona, and the public’s recent interest in the television personality, Mr. Charlie Sheen, have become more prominent and resurrected interests in psychiatrists’ insights regarding personality and behavior.

The 1964 “vote” by 1189 psychiatrists prompted the APA Ethics Committee to clarify and caution the psychiatric profession against the ethical breech of making professional statements about individuals who are not examined, codified in 1973. This “Goldwater Rule” so denoted by Section 7.3(2007) of APA’s The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry (1973) states:

“On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.”

Currently, we note a resurgence of psychiatrists on television and in the print media relating their professional views of the mental states of high profile individuals. As a result, many of our members as well as many patients question our professionalism and the ethical appropriateness of such comments. To answer the question originally posed, yes, there still is a Goldwater Rule. The APA’s Ethics Committee considers that a violation of this rule is a breech of ethical conduct. This column is a reminder that all physicians (Friedman 2008) must remain vigilant regarding our professionalism in the face of wanting to help educate the public and to be alert to the seduction and lure of the spotlight of media attention.


The current mental health system is strained and there are insufficient resources to meet the needs of our most vulnerable citizens. Every year the budget for mental health services decreases. Last year was no different. Overall Department of Mental Health funding was $40.3 million less than in 2009.\footnote{The Department of Public Health also suffered a $3 million cut from substance abuse programs, including a program that was to provide case management and treatment for young adults with addiction.} The Department of Public Health also suffered a $3 million cut from substance abuse programs, including a program that was to provide case management and treatment for young adults with addiction. These numbers are staggering for a system that is already struggling to keep people out of the hospitals and in the community. Short term savings will cost much more in the long term; furthermore, these numbers fail to convey the human tragedy and suffering.

STATE HOSPITALS

There are currently about 600 states psychiatric beds a 25% decrease from 800 in 2008.\footnote{Deinstitutionalization promised to integrate mental health care into community settings. To the contrary, the result is an under-subsidized and irregularly structured system of care that is unable to meet the multifaceted needs of those it seeks to serve.} Deinstitutionalization has failed for many who cannot live without a more structured environment. This then strains emergency rooms and the acute inpatient system. Emergency rooms across the state are holding individuals for days awaiting placement, with little or no psychiatric support. On the acute inpatient units at any given time there is a 30 day wait for admission to Department of Mental Health (DMH) continuing care beds. These beds run at 97% capacity currently. Between 30-50 adults on any given day are referred from an acute care inpatient setting to a continuing care bed.\footnote{While state psychiatric beds are decreasing, so is funding for residential and outpatient services in the community.} The number of inmates taking antipsychotic medication. Suicide rates are 4 times the national average. The question must be raised, are we really saving money closing state psychiatric hospital beds or rather shifting costs to law enforcement, courts and the cost to house inmates? The cost for one inmate per year is $45,000 which is double the national average.\footnote{Most recent data reports that 25% of inmates are being treated for some type of mental illness (it was 15% in 1998). Additionally there is a 50% increase in the number of inmates taking antipsychotic medication. Suicide rates are 4 times the national average. The question must be raised, are we really saving money closing state psychiatric hospital beds or rather shifting costs to law enforcement, courts and the cost to house inmates?}

JAILS AND PRISONS

Many individuals with primary problems of mental illness and addiction are entering the criminal justice system in increasing numbers. The Department of Corrections Strategic Plan for 2010-2015 specifically states that the inmate census is continuing to increase as well as the number of inmates with chronic diseases, including mental health disorders.\footnote{It also reports that as the level and scope of public support services provided in the community decreases with fiscal constraints, they will see more acute medical and mental health needs. Reasons for this include: lack of acute psychiatric beds, lack of access to adequate treatment in the community, and the interactions between persons with mental illness and the legal system. The lack of environmental stability, poverty, and the stigma, fear and misunderstanding regarding mental illness, all underlie the fact that the mentally ill have a higher risk of being arrested than the general population. Between 1980 and 1992 the Massachusetts prison population tripled which coincides with inpatient psychiatric beds decreasing. Most recent data reports that 25% of inmates are being treated for some type of mental illness (it was 15% in 1998). Additionally there is a 50% increase in the number of inmates taking antipsychotic medication. Suicide rates are 4 times the national average. The question must be raised, are we really saving money closing state psychiatric hospital beds or rather shifting costs to law enforcement, courts and the cost to house inmates? The cost for one inmate per year is $45,000 which is double the national average.} Reasons for this include: lack of acute psychiatric beds, lack of access to adequate treatment in the community, and the interactions between persons with mental illness and the legal system. The lack of environmental stability, poverty, and the stigma, fear and misunderstanding regarding mental illness, all underlie the fact that the mentally ill have a higher risk of being arrested than the general population. Between 1980 and 1992 the Massachusetts prison population tripled which coincides with inpatient psychiatric beds decreasing. Most recent data reports that 25% of inmates are being treated for some type of mental illness (it was 15% in 1998). Additionally there is a 50% increase in the number of inmates taking antipsychotic medication. Suicide rates are 4 times the national average. The question must be raised, are we really saving money closing state psychiatric hospital beds or rather shifting costs to law enforcement, courts and the cost to house inmates? The cost for one inmate per year is $45,000 which is double the national average.

TRANSITION AGE YOUTH

Adolescence can be a difficult time for many, but even more so for someone with mental illness. “Transition age youth” are commonly defined as individuals between the ages of 16 and 25 years. They have unique service challenges because they are too old for child services but are often not ready or eligible for adult services. Recent data shows only about 35% of those adolescence with mental illness graduate from high school.\footnote{Youth transitioning from out-of-home placements, such as foster care, experience high rates of involvement in the criminal justice system. At present we have no system in place to ensure that those that are unfortunate enough to be developing these illnesses are identified and brought into treatment and support early on. By the time a young adult becomes “DMH eligible” for services they already have a long history that can be difficult to surmount. For those that are receiving services for troubled youth, who do not go on to develop more severe and persistent mental illness, there are also limited services for helping those transition aged young people when they have “aged out” of the child mental health system. Many of these young people need housing and help with employment, but the current system lacks housing opportunities therefore they end up homeless, abusing substance, in jail or a combination of all three.} Youth transitioning from out-of-home placements, such as foster care, experience high rates of involvement in the criminal justice system. At present we have no system in place to ensure that those that are unfortunate enough to be developing these illnesses are identified and brought into treatment and support early on. By the time a young adult becomes “DMH eligible” for services they already have a long history that can be difficult to surmount. For those that are receiving services for troubled youth, who do not go on to develop more severe and persistent mental illness, there are also limited services for helping those transition aged young people when they have “aged out” of the child mental health system. Many of these young people need housing and help with employment, but the current system lacks housing opportunities therefore they end up homeless, abusing substance, in jail or a combination of all three.

RESIDENTIAL AND REHABILITATION SERVICES FOR ADULTS

The funding for group homes, supported apartments and general community support beyond outpatient care, has been decreased, reorganized, and redistributed among many vendor agencies throughout the Commonwealth. At the same time DMH...
Case Management Services have been dramatically reduced. In 2009, administrative and personnel costs were reduced, including laying off more than 100 case managers, approximately one-quarter of the case management department. These budget cuts eliminated or reduced most community-based behavioral health services. A total of 2,600 individuals with severe mental illness lost all DMH day services, while 3,600 people experienced a reduction in their DMH services. We have seen many individuals make dramatic improvements, only to lose ground when services are reduced to a critical point. Now that almost no one has a case manager that sticks with them over time, those that drop out of care with a particular vendor may be completely lost to follow up—until they appear in some more urgent or emergency setting or until they land in jail.

**CLUB HOUSES**

Though the Club Houses remain, day programs and vocational/educational programs have been largely shuttered across the state for more than a year. Some will point to the growth of the consumer recovery movement as perhaps an alternative to these programs. We remain very supportive of consumer lead efforts, but they must be in addition to adequate community services for individuals. We are concerned that though we support consumer choice, empowerment, rehabilitation and recovery—that in fact these words have little meaning. Many individuals have very limited housing options, often in substandard buildings, very limited vocational and educational options given the lack of services and the intrinsic difficulties with motivation that often accompany major mental illness. There are a large percentage of individuals who are simply not part of consumer run services. A well-established Clubhouse with an active membership of 200 and an average daily attendance of 100 members should have a budget of $400,000 to $500,000 to operate adequately. Most Clubhouses in this country are underfunded. In 1991, over 50 percent of Clubhouses had budgets of less than $30,000 per annum.

**OUTPATIENT SERVICES**

Given current reimbursement rates and the complexity of working with seriously ill individuals, clinics throughout the state are finding it more and more difficult to provide basic assessment, counseling, and psychopharmacologic services. Without additional support, the complex collateral work with medical providers, other social service agencies, families, schools, employers, can be daunting at best and impossible to provide in many cases. Paperwork alone—disability forms, prior authorizations, forms for residential providers, transportation authorizations, in addition to documentation needed for providing services is very challenging to manage. More clinics are shutting their doors and many of the traditional providers of outpatient services for those with more severe illnesses are scaling back, or eliminating this work altogether. Providers with little experience may step in for the short term, but do not have the infrastructure to stick with more severely ill populations over the long run.

9. Department of Mental Health. DMH Special Education Data “Graduation rate data: special education students with emotional disability 2007-2008.”
Mass Medical Society Doctors’ Day!

The Massachusetts Medical Society is organizing Doctor’s Day at the State House, and they are inviting all physicians in the state to attend. You do not have to be a member of the Mass Medical Society to join in. They will be organizing some transportation and sending further information to those that sign up.

The Massachusetts Medical Society is fighting for physicians on many fronts. This is your opportunity to meet with your local legislators and speak to them on such important issues as:

- Payment Reform
- Professional Liability Reform
- Accountable Care Organizations
- Rate Regulation
- Scope of Practice

**Agenda** (times and events are preliminary and approximate)

- Approx. 8:00 to 9:00 a.m. Buses leave for the State House from MMS districts
- 9:30 a.m. to 10:00 a.m. Participant Check-in and Continental Breakfast available
- 10:00 a.m. – 11:00 a.m. Speaking program: Great Hall, State House
- 11:15 a.m. to 1:00 p.m. Meetings with local legislators
- Noon to 1:30 p.m. Box lunches available
- 1:30 p.m. Buses depart State House

**How To Meet Your Local Legislators**

After you register, we will e-mail you information about how and where to schedule your meetings with your legislators. You will also receive background information on the major issues pending at the Legislature.

**Transportation**

MMS will arrange for buses, free of charge, to transport physicians from various locations throughout the state. You are also welcome to use your own transportation at your own expense and we suggest parking in the Boston Common parking garage.

**How to Register**

Visit [www.massmed.org/doctorsday](http://www.massmed.org/doctorsday) and use the simple online registration form.

**Registration Deadline: April 25, 2011**

**Questions? Please contact:**

- **Michele Jussaume**, Northeast Regional Office (800) 944-5562
- **Sheila Kozlowski**, Southeast Regional Office (800) 322-3301
- **Lori DiChiara**, Government Relations (800) 322-2303
- **Virginia Dulong**, Specialty Society Relations (800) 322-2303
- **Linda Howard**, Northeast Regional Office (800) 944-5562
- **Cathy Salas**, West Central Regional Office (800) 522-3112

External links to websites and e-mail addresses are provided to give readers an opportunity to access additional information. The MMS is not responsible for content in these external sources.

**TO SUBSCRIBE:**

APA RESOURCE: MARKETING YOUR PRACTICE EFFECTIVELY
Successful business leaders will often tell you it’s easier to keep old customers than to attract new ones. The same can be said for running a successful medical practice. That’s why it’s important to make sure the word gets out about what you are doing, and who you could be helping.

The American Psychiatric Association has a valuable resource document on its website titled Marketing Your Practice. The document offers strategies to help you set goals while assessing your strengths.

Marketing may not be first and foremost on your mind, but if you take a closer look at the needs of the region and community you are serving, you may find you have some important skills that would fill a void. Do you have specialized training, foreign language skills, or is your office in a convenient location for public transportation? Information like this is valuable when you are trying to attract new patients or gain referrals.

Take a look at Marketing Your Practice under the Quick Practice Info Section of the APA website.

ACTRESS LORRAINE BRACCO IS SPECIAL GUEST AT ANNUAL MEETING EVENT
Actress Lorraine Bracco will share her story of depression and mental health recovery at Conversations, The American Psychiatric Foundation’s feature event held during the Annual Meeting. The APF created Conversations 10 years ago to present well-known personalities who are candid about their mental illnesses and how mental health treatment works for them.

Bracco is probably most famous for playing the role of psychiatrist Dr. Jennifer Melfi on the HBO television series The Sopranos. She was diagnosed with depression and, in 2006, made the decision to open up to the public through her memoir On the Couch.

Free to all APA Annual Meeting attendees, Conversations will be held on Tuesday, May 17 from 3 to 4 p.m. in the Kalakuna Ballroom, Level 4, Hawaii Convention Center.

NEW WEB SITE TO HELP GUIDE MEMBERS AND PATIENTS THROUGH MENTAL HEALTH PARITY REGULATIONS
The Mental Health Parity Act (Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008) has been in effect since January 1, 2010, and the regulations for administration of the act were recently published. In part because of the complexity of the legislation and regulations, the APA's Office of Healthcare Systems & Financing has created a website, www.mentalhealthparitywatch.org, to help mental health professionals and patients better understand the law, its regulations, and its impact on health care benefits. The federal agencies monitoring the new law have asked the APA and its members to identify health plans not in compliance with the Act. APA members can help by visiting the site to learn more and report any concerns.

SELF-ASSESSMENT TOOL
APA has developed an online self-assessment activity for psychiatrists to help them make the most of the learning opportunities at the APA's 2011 Annual Meeting. The self-assessment activity, which consists of 100 questions, is free for Annual Meeting Registrants.*

After answering the self-assessment questions prior to the meeting, participants will get feedback about areas of strength and weakness in their medical knowledge and can use that information to help select relevant Annual Meeting sessions.

The APA Annual Meeting Self-Assessment in Psychiatry is designed to help psychiatrists assess their level of knowledge regarding current psychiatric practice and is approved by the American Board of Psychiatry and Neurology for MOC Part 2. This assessment

• Provides CME credit
• Provides a score and peer comparison
• Identifies areas needing improvement
• Fulfills a self-assessment component of Maintenance of Certification
• Assists psychiatrists in organizing a learning program at APA's annual meeting

Through May 16, annual meeting registrants will be able to enroll in this self-assessment activity at no cost at APA's online education site.

ABPN MOC PROGRAM STATEMENT: The American Board of Psychiatry and Neurology has reviewed the 2011 American Psychiatric Association Annual Meeting Self-Assessment in Psychiatry and has approved this program as a part of a comprehensive self-assessment program, which is mandated by the ABMS as a necessary component of Maintenance of Certification.

*For those not registered for the meeting, fee is $100 for APA members and $200 for non-members.
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Southeastern Psychiatric Associates, a respected, thriving South Shore outpatient practice of psychiatrists and therapists is looking for a full or part time physician to help with the excess of referrals we currently have to turn away! We maintain the highest standards but also try to keep a pleasant and relaxed atmosphere. Our excellent support staff works hard to ensure that providers can spend maximum time with their patients. Offices are located in Randolph, at Carney Hospital and in Central Square, Cambridge. Cambridge hours are limited. Compensation is highly competitive.

Contact Leonard Marcus, MD.
617-696-7727 phone, 617-696-8387 fax or leonardmarcus@comcast.net.

ADVOCATES, INC., CHILD AND CORRECTIONS PSYCHIATRIST POSITIONS. Full and part-time positions are available for PSYCHIATRISTS at our sites throughout the Metro West area. Advocates Inc. is a full-service, non-profit system serving individuals with psychiatric and developmental disabilities and other challenges in a strength-based, person-centered and multi-disciplinary setting. Excellent physicians are honored, and we offer a warm, friendly practice environment. Compensation is highly competitive and benefits are available for 20 hours +.

Contact in confidence Chris Gordon, MD, Medical Director at 508.628.6652 or at Chrisgordon@advocatesinc.org.

BROCKTON, MA. 40-hr position for BC/BE* psychiatrist in Joint Commission accredited CMHC with comprehensive outpatient, PACT, case management, CBFS, and 24-hour on-site emergency services. CMHC is part of MA DMH Southeastern Area. Active medical staff and Harvard-affiliated psychiatry residency training program. Responsibilities include outpatient psychiatric evaluations, psychopharm. mgmt., treatment planning, consultation to treatment teams. Compet. salary, benefits, daytime, flex schedule, no nightcall. Available 3/10. Board certification required (*can accept BE only if plan in place for board cert exams). Transitional age youth or forensic experience, and/or Spanish speaking desirable.

Send CVs to Terri Harpold, MD Brockton Multi-Services Center 165 Quincy St., Brockton, MA 02302 or email to theresa.harpold@state.ma.

Exeter, NH Established multi-disciplinary private practice group in Exeter, NH seeks a adult/adolescent psychiatrist to assume active part-time practice of retiring physician. Great opportunity to expand to full time if desired. For more information call Paul Belliveau, MD at 603-778-0505 or email our office manager michele@coastalcounseling.com

THE DEADLINE FOR THE JUNE 2011 MPS NEWSLETTER IS MAY 18, 2011. FOR ADDITIONAL ADVERTISING INFORMATION, PLEASE CONTACT THE MPS OFFICE AT (781) 237-8100 OR MPS@PSYCHIATRY-MPS.ORG.
Unique Career / Financial Opportunity

The Figman Psychiatric Group is a multidiscipline, for profit, outpatient clinic in the Raynham Woods Medical Center (near Rts 24, 95, 495) with over 2,000 active patients and, on average, fifteen to twenty new referrals each week. I seek a highly qualified, energetic psychiatrist with entrepreneurial skills and a long term vision to become a partner and within ten years, as I retire, owner of the practice.

Contact Robert Figman, M.D. at nfigman@gmail.com or 617-201-8935 to learn of a very lucrative, creative financing plan resulting in ownership. This is not an offer to sell the practice.

Norwood Hospital Department of Psychiatry is seeking a board certified or eligible psychiatrist for weekend coverage. Lucrative income potential. Contact: Norman Tabroff, MD 781-278-6512.

WORCESTER, The University of Massachusetts Medical School, Division of Public Sector Psychiatry is seeking a psychiatrist with a career interest in Public Sector Psychiatry for a position at Worcester State Hospital. Worcester State Hospital is a short walk from the Medical School so research and teaching opportunities are easy to accommodate and actively encouraged. Faculty appointment at appropriate rank, competitive salary and excellent benefits.

Send letter of interest and C.V. to Jeffrey Geller, MD, MPH Director, Public Sector Psychiatry, UUMS 55 Lake Avenue North, Worcester, MA 01655 email Jeffrey.Geller@umassmed.edu, or fax 508-856-3270

UMMS is an affirmative action, equal opportunity employer.

The Department of Psychiatry at the University of Massachusetts Medical School/UMass Memorial Medical Center is seeking a BC/BE Psychiatrist for its University Hospital Outpatient Clinic. Candidates should have an interest in available academic opportunities in either training or research. Academic rank commensurate with experience.

Interested applicants send CV to Alan P. Brown, M.D. Vice Chairman for Clinical Services, Department of Psychiatry UMass Memorial Medical Center 55 Lake Avenue North, Worcester, MA 01655 or email BrownA01@ummhc.org AA/EOE

Psychiatrist for the Cambridge Eating Disorder Center (CEDC):

Cambridge Eating Disorder Center (CEDC) is seeking licensed Psychiatrists for full-time, part-time, and fee-for-service positions. CEDC is a growing specialty center with Residential, Partial, Intensive Outpatient, and Outpatient programs for individuals struggling with eating disorders. Please email resume with cover letter to: Seda@cedcmail.com, or mail to: Cambridge Eating Disorder Center, 3 Bow Street, Cambridge, MA 02138

CHIEF OF PSYCHIATRY - Tewksbury Hospital

Northeast Psychiatric Group, PC seeks Chief of Psychiatry for Tewksbury Hospital, a Joint Commission certified public sector facility. The primary responsibility is leadership of a well-respected 9 person group practice providing continuing psychiatric inpatient care to DMH-eligible patients transferred from acute psychiatric units, and also to a smaller number of forensic patients. The Chief will oversee the clinical care of all psychiatric patients, and will share responsibility for risk management, quality management, utilization review, clinical improvement, and policies and protocols with the leadership of Tewksbury Hospital and the DMH Northeast Suburban Area. The Chief will also be involved with the hiring, credentialing, scheduling and supervision of staff psychiatrists and psychologists, and will also assure timely medical documentation and accurate billing records. Provision of direct care will occupy a small percentage of time. Applicants must be board-certified in psychiatry, and have both clinical and administrative experience. Visit www.polarishealthcare.com for more info.

Please email CV and letter of interest to Sheila Schwab at sheschw@attglobal.net or mail to Polaris Healthcare Services, Inc. 262 Beacon St., 5th Floor, Boston, MA 02116.

Referrals needed for a Research Study

“Biological Predictors of Psychosis Susceptibility among Adolescent Cannabis Users”

Harvard Medical School

People who have been diagnosed with schizophrenia or a related psychosis over the past 5 years and are between the ages of 18-35 years old are needed to participate in a research study.

The purpose is to compare the genetic histories of people who either have or have not used marijuana in their teens prior to becoming ill. Involvement includes a 2-3 hour visit that consists of completing an interview and a blood draw. There is also a brief family member interview. All participants and family members are compensated for their time.

Contact Lynn E. DeLisi, MD; Email: genetics.research.ma@gmail.com, Phone: 845-981-9514
### Cambridge Health Alliance

**Psychosomatic Medicine Fellowship**  
Cambridge Health Alliance, Cambridge, MA  
Harvard Medical School  

**positions, available July 2011.**

The Fellowship is a 1-year ACGME approved program for a PGY V psychiatrist providing training in the delivery of psychiatric consultation in a community general hospital as well as to a culturally diverse array of patients in primary care clinics.

Specialty training in Women’s Health, Addictions and Behavioral Medicine is also available. Cambridge Health Alliance’s unique blend of community and academic resources offers exceptional opportunities for professional growth. Responsibilities: direct patient care; supervision of psychiatry and primary care residents and medical students; developing an academic project.

Contact Robert Joseph, MD, Director, Consultation-Liaison Psychiatry, 617-665-1544, email Robert_joseph@hms.harvard.edu, fax 617-665-2521.

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### Community Psychiatrists Wanted

Looking for part time and full time Adult Psychiatrists to work at North Suffolk Mental Health Association. Job entails performance of Psychopharmacologic Evaluations and ongoing medication management. Psychiatrist will participate in multi-disciplinary treatment teams at full-service, public sector Outpatient clinics located throughout the Greater Boston, MA area. Additional duties include leadership role at multidisciplinary staff meetings, consultation to the Substance Abuse Team and/or other Agency Teams, may include supervision of a prescribing Clinical Nurse Specialist, and supervision of a PGYIII Resident on Community Rotation possible, which would provide eligibility for an MGH/Harvard appointment.

Pay commensurate with credentials and experience and includes sign on bonus. NSMHA offers a comprehensive benefits package including competitive salaries, medical / dental insurance and generous paid time off – Benefits available at 20 hours.

Interested candidates should send cover letter and C.V. to North Suffolk Mental Health Association, Attn: Recruiter, 301 Broadway, Chelsea, MA 02150; Fax 617-889-4635, Email gethired@northsuffolk.org. We are an equal opportunity employer.

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### Psychiatrist, Concord, Massachusetts

Full-time psychiatry salaried position for growing general hospital department of Psychiatry. Position includes inpatient responsibility for patients on our 31-bed inpatient unit, consultation and liaison services to the medical units, and shared on-call responsibilities as a member of the department of Psychiatry. Emerson Hospital is a recognized provider of high quality mental health and substance abuse services. We provide a stimulating and collegial atmosphere for the career-minded psychiatrist. Competitive salary and benefit package. Additional compensation available for added call responsibilities. The Concord area is an excellent environment to develop a vibrant supplemental private practice. Please contact Robert Stern, MD, chair, department of Psychiatry, 978-287-3512 or by email at rstern@emersonhosp.org. Geriatric expertise and ECT experience a plus.

**Weekend coverage** – Also seeking moonlighters to cover the inpatient service one weekend per month. Includes rounding on all inpatients and phone coverage from home. Please contact Robert Stern, MD, chair, department of Psychiatry, 978-287-3512 or by email at rstern@emersonhosp.org.
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*Please contact our office at (877) 740-1777 to obtain rates, forms, and complete program enhancements or visit our website

www.apamalpractice.com
and select the link for the American Psychiatric Association members.
FULL OR PART-TIME PSYCHIATRIST / COMMUNITY HOSPITAL / SOUTH CENTRAL MA
Harrington Hospital is a 114 bed acute care community hospital located in South Central Massachusetts with an extensive Behavioral Health System that includes a 14 bed inpatient psychiatry unit, extensive outpatient psychiatry and mental health services, and outpatient substance abuse services.

Offering excellent working conditions and a supportive staff, we are seeking a full- or part-time Outpatient Adult Psychiatrist to join our psychiatric team for Suboxone and Dual Diagnosis patient treatment. Harrington Hospital has a major teaching affiliation with the University of Massachusetts Medical School.

This position reports to the Chief of Service and Vice President of Behavioral Health.

Requirements: MA license or license eligible; experience with outpatient services and Suboxone certified.

Contact: Tom Trask, Ex. Director Physician Services, 508-764-2424, or at ttrask@harringtonhospital.org

<table>
<thead>
<tr>
<th>MPS Calendar of Events</th>
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<tbody>
<tr>
<td><strong>Risk Avoidance &amp; Risk Management Update</strong></td>
<td>April 2nd at 8:30AM at Mass Medical Society [<a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Council</strong></td>
<td>April 12th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Comm, Media</strong></td>
<td>April 14th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Managed Care Committee</strong></td>
<td>April 19th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Public Sector Committee</strong></td>
<td>April 21st at 6:30PM at 25 Queen Street, 5th Floor, Worcester [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Executive Committee</strong></td>
<td>April 26th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Consultation/Liaison Interest Group</strong></td>
<td>April 28th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>Psychopharmacologic Treatment of Complex Medical Patients</strong></td>
<td>April 28th at 7:00PM at MPS [<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>]</td>
</tr>
<tr>
<td><strong>MPS Annual Meeting</strong></td>
<td>May 9th at 5:30PM at Doubletree Guest Suites, Waltham, MA [<a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a>]</td>
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