Message from the President—
Massachusetts Finds A Champion

Have you heard the one about the psychologist, the obstetrician, and the dentist who walked into a congressional mark-up hearing, and voted against the ethics codes of their professional associations?

This actually occurred on Capitol Hill on June 14, at a meeting of the House Energy and Commerce Committee. This meeting was remarkable for its contentiousness, the utter cynicism of party politics, and a remarkably courageous performance by our own Congressman, Ed Markey (D-7th-MA). The outcome of the hearing may well have a direct impact on members in our own state, as the legislation under consideration could result in federal regulatory override of our own stronger state privacy laws.

Under consideration were two different versions, problematic in different ways, of an electronic health information bill (H.R. 4157). The Ways and Means version contains authority for the Secretary of Health and Human Services to develop national health information privacy standards that will preempt state privacy laws and may modify the privacy standards under HIPAA. The Energy and Commerce Committee bill does not contain that authority, but relies on the “floor” of privacy protections in the HIPAA Amended Rule for privacy protection in a national electronic health information system.

The action and the drama occurred as a result of an amendment introduced by Congressman Markey that required privacy standards adopted by the Secretary of HHS to include a series of basic privacy protections drawn directly from our professional ethics codes, such as the right of patient consent. I wish all members of our MPS could have seen the passion and knowledge with which the Congressman spoke. It was the most eloquent address I have heard in many years, and made me proud that he was representing Massachusetts.

Representative Markey presented his amendment stating that failing to include privacy protections “would be a privacy catastrophe for tens of millions of Americans.” He said there were 84 million reasons to adopt the amendment because that was the number of Americans whose personal privacy had been compromised by electronic information systems since February of last year. He pointed out that consent for the disclosure of health information is required by the laws of Massachusetts, California, Texas, and many other states, and that 23 states have adopted privacy breach notice statutes. He noted...
that he had received numerous letters of support for his amendment from groups such as veterans associations and liberal as well as conservative groups.

The Republican response was weak, the logic almost nonexistent. Handicapped by the fact that he apparently hadn’t read the amendment, Congressman Deal (R-10th-GA), chairman of the Committee’s Health Subcommittee, said that providing for written consent for the disclosure of health information would be too cumbersome. He read from a letter submitted during the comment period on the proposed Amended HIPAA Privacy Rule that complained that requiring consent would make it difficult to fill prescriptions or arrange in advance for surgical suites in hospitals. Congressman Markey responded that his amendment provides for consent to be obtained electronically and allows for consent to be inferred in a commonsense manner to fill prescriptions, arrange for surgical suites, or in the case of emergencies. Congressman Deal appeared to have no further response.

The Congressman also read a number of quotes from President Bush to the effect that the President believes that he and all Americans should have their right to health information privacy protected. (This led Democratic Congressman Gonzalez of Texas to suggest dryly that the amendment be renamed the “Bush/Markey amendment.” The Republican side did not appear to be amused.)

Congressman Markey then introduced into the record a “report card” issued by the House Government Reform Committee that showed that the Department of Health and Human Services (upon which H. R. 4157 relied for privacy protection) had received an “F” for its record of protecting the security of personal information. This was the same failing grade received by the Department of Veterans Affairs that recently had the largest theft of personal information from any federal agency.

Congressman Markey also introduced into the record a list of privacy principles from the ethics standards from many medical and professional associations, including the American Psychiatric Association, the American Medical Association, the American Psychoanalytic Association, the American Psychological Association, and the American Dental Association. In closing, he pointed out that, in voting for HB 4157 without the privacy safeguards contained in his amendment, the Committee would be voting directly against the ethics codes of all the major health care professional associations, and would be “mandating that health care professionals violate their professional codes of ethics.”

This last statement enraged at least one of the health care professionals on the Republican side. Norwood (R-9th), from Georgia, a dentist, rose to pronounce Markey’s statement “the biggest bunch of malarkey I have heard in this chamber,” and went on to say he had lived by his association’s code of ethics for 35 years. Markey retorted that perhaps he ought to vote by them. Markey’s comment was so sharp that I had an immediate association to the 1856 canning of Charles Sumner on the floor of the Senate. The chair, Joe Barton (R-6th-TX), had to intervene.

Barton then went on to make the remarkable statement that he liked Markey’s amendment very much and would like to vote for it, but to do so “would be unfair to my colleagues.” He went on to pledge his support to a separate privacy bill. This statement was so unusual that it was highlighted in the Congressional newspapers.

Nonetheless, I found Barton’s statement a bald acknowledgment of party line voting. And, indeed, knowing they had the majority of seats (by four), many of the Republicans were not in the room for the debate, and would only file in to vote against the Democratic amendments. This was most notable in the case of Mary Bono (R-45th-CA). Clearly in the presence of bloc voting, only the interests of the party are served, rather than the interests of the people.

Predictably, in votes entirely along party lines, the Markey amendment did not pass, and two different versions of H.R. 4157 were approved. One will go to the House floor for enactment, and eventual reconciliation with the Senate version. What the Markey amendment achieved was to force the Republicans to take a public position in opposition to privacy, and to greatly raise the profile of the issue.

In a related development, the American Psychoanalytic Association, in conjunction with the National Association of Social Workers, held a briefing in the Capitol on June 14, the morning that the two bills were considered by the committee. The briefing commemorated the 10-year anniversary of the Supreme Court decision in Jaffee v. Redmond (this crucial case established that there is a therapist-patient privilege, which is protected by law), and discussed the potential threat to health privacy posed by the health IT (information technology) bills. Panellists at the briefing included Karen Beyer, the social worker who defended the privacy of her client’s mental health records in Jaffee, Dr. Harold Eist, the psychiatrist who defended the privacy of his patients’ mental health records in litigation in Maryland, and me. MPS participated in the Eist case as one of the amici.

For some time, I have worked with Congressman Markey’s staff on privacy and other issues. During a break at the hearing, I was able to talk with him directly. I spoke to him about MPS and the enormous source of energy and knowledge we have in our members. He and his staff are eager to work with us, and we are perfectly positioned to set up a close working relationship with his office. MPS is fortunate to have such a champion for medical ethics and privacy in our home state. It gives us the opportunity to contribute to an IT bill which actually serves our patients, while protecting their privacy.

---

The MPS Newsletter Wants You

The MPS newsletter wants to hear from members. The MPS is a member-driven society, and we value your input. Please submit your ideas for articles (or already written articles) to Kim Neuhauer, MPS Communications Manager, at kimpyles@hotmail.com or call 781-237-8100, ext. 210. All articles are subject to MPS editorial review.
Managed Care Update

Meds or Therapy (Part II)

Last month’s column suggested that the current system of describing and billing for the tasks of outpatient and consultation services by medical psychiatrists, meds (90862) or therapy, is inadequate. As part of a possible solution, the MPS Managed Committee has met with local insurers to advocate the use of Evaluation and Management (E&M) codes by psychiatrists. This month’s column will introduce these codes, discuss the pros and cons of their use, and provide links and references for those interested in exploring further.

All physicians provide services that involve the management of disease as well as services that are unique to their specialty. For psychiatrists, psychotherapy and management of ECT are examples of the latter. E&M codes apply to the former. Medicare allows the use of these codes for all specialists, but most commercial insurers do not allow psychiatrists to bill under these codes. The outpatient codes are 99201-05 for new patients and 99211-15 for established patients. The outpatient office consultation codes are 99241-5. The specific level of service is determined by the complexity of the history and examination and the level of decision making involved in the delivery of the service. History and examination are described as problem focused, expanded problem focused, detailed and comprehensive. Complexity of decision making depends on number of diagnoses or problems, records that need to be reviewed and the degree of risk of complications. Billing under E&M codes allows for reimbursement that reflects the actual work involved in delivering a service rather than simply the time. Of critical importance in the use of these codes is proper documentation. These requirements are far from ideal and would involve a learning curve for the psychiatrist who uses them, but they are ones our colleagues in other branches of medicine deal with every day. Medicare standards are likely to be influential in determining future national standards for documentation and determination of reimbursement. Medicare determines fees based on a system of Relative Value Units (RVUs), a system which quantifies the work, practice expense and professional liability involved in delivering a procedure, which is then multiplied by an annually determined dollar conversion factor.

Our goal is to provide expanded flexibility in billing for psychiatrists delivering medical psychiatric care and to include the Membership in this discussion. To be clear, these codes would not replace psychotherapy codes. Members with psychotherapy practices would continue to bill under existing, time based, psychotherapy codes. Some of the advantages of expanded billing under insurance are: more accurate description of and reimbursement for modern psychiatric service; alignment with our colleagues in other branches of medicine, potentially freeing ourselves from the constraints of “behavioral health” carveouts (BCBSMA still gives us contracts as “Ancillary Providers”) and, hopefully, adding incentives to seeing patients with more serious psychiatric illness. Some of the disadvantages include adapting to more complex documentation coding requirements, less predictable scheduling of patients to reflect service delivery that is based on complexity rather than time, and adapting income projections to these different variables. While recognizing that any solution will carry with it a set of problems, the Managed Care Committee has been inclined to try to expand our options by adopting the framework that our fellow physicians use in the management of disease.

Naturally, this column can only introduce this very complex subject. We are anxious to hear from the Membership on these and other managed care issues, either through the MPS office or to the committee co-chairs Gene Fierman, efierman@massmed.org or Greg Harris gregorygharris@sprynet.com. Below are further references and links for those interested in additional information.


Submitted by,
Gene Fierman, MD President Elect
Co-chair, Managed Care Committee

MPS Says “NO” to Pharmaceutical Unrestricted Educational Grants

The Council of the Massachusetts Psychiatric Society voted at its June 13, 2006 meeting no longer to solicit or accept pharmaceutical company support, including unrestricted educational grants. Previously the Council had voted not to allow drug companies to exhibit at any of our programs. After a lengthy discussion at the most recent meeting, the Council decided that the MPS should take an unambiguous position of independence from drug company money to avoid any appearance of compromising the integrity of positions the Society might take.

Because the MPS has become less and less dependent on pharmaceutical company support over the past two years, the Council was able to make this decision without raising dues at this time. In the future CME programs will need to cover their costs without relying on drug company funding. The MPS will do everything it can to continue to contain costs for these programs and to keep fees low.
Partnerships For Transition: Creating Effective Systems to Serve Youth Transitioning into Adulthood

On March 29 and 30, 2006, more than 250 interested parties gathered for this first annual Youth-in-Transition Training at the Massasoit Community Conference Center in Brockton. Sponsored by the Massachusetts Department of Mental Health, it was intended to kick off the first of DMH’s system transformation initiatives, serving the “developmental needs” of 16-25 year olds with serious mental illness as they moved from adolescence to young adulthood...with all the struggles and opportunities that this transition presents to us all. The goals and objectives of the day were to:

1. Increase knowledge and skills in delivering transition age services to youth and their families;
2. Identify outcomes of success for transitioning youth and their families;
3. Develop collaborative, interagency transition teams across DMH Areas;
4. Create a strategic plan that will outline indicators and measurements needed to achieve identified outcomes.

The featured speakers were “Rusty” Clark, Ph.D., of the University of Southern Florida, the developer of the Transition to Independence Process (TIP) System; Maryann Davis, Ph.D., of the Center for Mental Health Research, UMass. Medical school, who has done extensive research in his area; and a panel of young adult consumers who shared their personal experiences of growing up. There was an enthusiastic “community of interest” who left the event, eager to participate in making this initiative a success.

This conference was a milestone in the work of the DMH Youth Development Committee (YDC). Constituted nearly three years before, its members—young adults, family members, interested DMH staff from both Child/Adolescent and Adult Services, providers, representatives of other state agencies, and consultants—devoted themselves to studying the needs of this population, most importantly, listening to the youth voice as leader in policy, program, and service considerations. (Of note: the YDC was co-chaired by young adults...and they played many roles at the training, from greeters, to panelists, to paper responders...which has made this whole experience so lively...and so real!) As the work progressed, information and ideas were circulated through DMH, so that when recommendations were made they fell on fertile ground for interest in implementation. Indeed, a number of recommendations—such as Area Youth Advisory Councils, Specialist Transitional Age Case Managers, adaptations of adult employment and residential services—could begin to be implemented without additional funds. And, when the Legislature authorized $3 million in expansion dollars to support services to young people transitioning into adulthood, the additional money provided the opportunity to take the next step in transforming the way services have been conceptualized, planned, and offered by recognizing the potential for recovery, even those seriously disabled by their disorders.

Clearly, this is a work in progress, and we hope to keep you informed as it goes forward. For more information, please contact Ann Capoccia at DMH Child/Adolescent Service at 617-626-8225 or ann.capoccia@dmh.state.ma.us.

—Dennis J. McCrory, M.D.

Remembering Dr. Joseph Schildkraut

MPS member Dr. Joseph J. Schildkraut, age 72, of Brookline, MA, passed away June 26, 2006. A highly valued member of the psychiatric community, Dr. Schildkraut was an inspiration and role model for a generation of neuro-psychopharmacology researchers. At the MPS Annual Meeting in May he was awarded the 2006 Award for Research. Dr. Schildkraut’s seminal paper, The Catecholamine Hypothesis of Affective Disorders, published in 1965, set the agenda for biological research on depression for the next 25 years. This paper, which crystallized a new way of thinking about mood disorders and pushed forward a paradigmatic shift in the understanding of their pathophysiology and putative etiology, is the most frequently cited of all articles ever published in The American Journal of Psychiatry and one of the most cited papers in all of psychiatry.

Dr. Schildkraut leaves his wife Betsy and sons Peter of Chevy Chase, MD, and Michael of Chicago, IL. Remembrances may be made to The Joseph Schildkraut Massachusetts Mental Health Center Fund at Beth Israel Deaconess Medical Center, c/o BIDMC Psychiatry, 185 Pilgrim Road, Boston, MA 02215.
MPS Member-In-Training Corner

In one week, I will be attending my graduation from residency and by the time this is printed, I will be starting my life as a Fellow. As I near the end of my adult training, I am thinking over the different aspects of termination. One aspect involves the most obvious of learning about termination with your patients. All residents should be sure to obtain supervision on this and to utilize process notes in understanding this part of therapy with their supervisors.

However, in addition to ending therapeutic relationships, there is also the termination one must do with colleagues, supervisors, and attendings. There is never an easy way to say goodbye to the people with whom you have shared four years and with whom you can laugh and vent about the strange workings of residency. Despite this, there are a few things I am learning to consider; it is important to take the time to appreciate your classmates and your supervisors and to take the opportunity to learn as much as you can from those around you.

I urge all residents to take the time to appreciate the uniqueness of this time in their training, to take a deep breath and relax every once in a while, and to take advantage of any and all opportunities to further your professional growth while it is so readily available. Before you know it, you will be graduating, and time does fly. Best of luck to the graduating class of 2006!

—Saori Murakami, MD

MPS is Pleased to Welcome the Following New Members:

**Members in Training:**
- Cristina Cusin, MD
- James F. Hammel, MD
- James V. Rosjenquist, MD

**General Members:**
- Gyula Bokor, MD
- Cynthia J. Telingator, MD
- Steven C. Schlozman, MD

**Advancement from Member in Training to General Member:**
- Karleyton C. Evans, MD
- Jacob J. Venter, MD
- Marina Radisic-Basovic, MD
- Kit Yue Wong, MD

**Transfers from Other District Branches:**
- Juan Condemarin, MD
- Evgeniy E. Filin, MD
- Jack M. Gorman, MD
- Omayra Nieves, MD
APA News & Information

APA Applauds AMA Actions Benefiting Patient Care and Information

Arlington, Va.—The American Psychiatric Association (APA) praises the American Medical Association’s (AMA) House of Delegates for supporting key mental health resolutions that were put before the delegation’s closing session on Wednesday.

Temporary Moratorium On Direct-To-Consumer Advertising (DTC) of New Prescription Drugs: This new AMA policy includes recommending a temporary moratorium on the advertising of newly approved drugs, some of which are for psychiatric conditions, as well as increased monitoring and review of all DTC ads by the Food and Drug Administration.

In collaboration with other medical groups, the APA, the American Academy of Child and Adolescent Psychiatry (AACAP), and the American Academy of Psychiatry and the Law (AAPL) requested that the AMA review the experience to date with direct-to-consumer advertising of pharmaceutical products and prepare a report on the issue, which led to the recommended policy guidelines. In addition to the moratorium on newly approved drugs, the AMA adopted additional guidelines, saying, in part, that DTC ads should:

... Provide objective information about drug benefits that reflect the true efficacy of the drug, as determined by clinical trials;

... Show fair balance between the benefits and risks of the advertised drugs by providing comparable time or space and cognitive accessibility, and by presenting warnings, precautions and potential adverse reactions in a clear and understandable way without distraction of content; clearly indicate that the ad is for a prescription drug and refer patients to their physician for more information and appropriate treatment;

... Be targeted for age-appropriate audiences; and

... Receive pre-approval from the FDA.

The AMA also called for additional research into the effects of DTC advertising on the patient-physician relationship, overall health outcomes and health care costs.

The Development Of A Comprehensive Report Regarding The Effects Of SSRI Use During Pregnancy: The AMA resolved to work with the APA and the American College of Obstetricians and Gynecologists (ACOG) to prepare a summary of the research on the use of SSRI antidepressants during pregnancy and to further work with pertinent specialty societies to develop and disseminate appropriate guidelines concerning the detection and treatment of depression during pregnancy to physicians and medical care providers.

The original resolution was introduced by the APA, AACAP, AAPL and the American Academy of Pediatrics (AAP). To view these policies, please visit the AMA Web site at www.ama-assn.org.

APA Continues Relationship with Professional Risk Management Services (PRMS)

The APA is pleased to announce we will continue our relationship with Professional Risk Management Services (PRMS) to provide APA members a comprehensive professional liability insurance product. The Psychiatrists’ Program (The Program) has provided professional liability protection to APA members for over 20 years and we will now extend this benefit to our potential members.

This year non-members can participate in The Program for a limited time (two years) prior to becoming a member of APA. This policy change will allow potential members an opportunity to experience what our members have known for many years.

If you do not already have coverage through The Program, APA invites you to take advantage of a comprehensive professional liability insurance program designed specifically for psychiatrists. You may contact PRMS to learn more about this member benefit at (800) 245-3333, ext.389 or visit the website at www.psychprogram.com. You can also email at theprogram@prms.com.

APA Issues Draft Practice Guidelines for Alzheimer’s Disease for Comment

If you are interested in reviewing the practice guidelines, please contact the MPS. The MPS can forward you a .PDF file of the document for your review. You can either make your request by telephone (781-237-8100) or by email(mps@psychiatry-mps.org).

MPS Members Receive Awards at 2006 APA Annual Meeting

Congratulations to the following MPS members, who received awards at the APA’s Annual Meeting held in Toronto in May:

... Rakesh Karmacharya, MD, PhD—Two Awards:
  — APIRE/KEMPF Fund Award for Research Development in Psychobiological Psychiatry
  — APA/Pfizer Minority Psychiatric Research Fellowship

... Ned H. Cassem, MD—APA Oskar Pfister Award

... Leon Eisenberg, MD—APA Benjamin Rush Award

... Karletton C. Evans, MD—APA/Merck & Co., Inc. Early Academic Career Research Award
MPS Bulletin—July/August 2006

Save the Dates!

Fall CME Programs

September 16, 2006
Risk Management Program
Cape Cod

October 14, 2006
Psychopharmacology Program
at Bentley College

November 4, 2006
Fall Conference including
Geriatric Psychiatry
at Mass Medical Society

MPS Member Appreciation Night

With APA President-Elect, Dr. Carolyn Robinowitz

September 12, 2006

To thank our members for their participation and membership, MPS will host a dinner on September 12th at 6:30 at Ken’s Steak House in Framingham, MA. Members will have their choice of dinner: Petite Filet, Jumbo Baked Shrimp, Chicken Marsala, or Penne Pasta Primiviera. This is free for members. If you would like to bring a guest, the cost is $35.

APA President-Elect Dr. Carolyn Robinowitz will also be joining us and after the dinner we will have a question and answer discussion with her. She is pleased to have the opportunity to meet with MPS members. If you have a specific question that you would like Dr. Robinowitz to address, you may either email it to MPS at mps@psychiatry-mps.org or leave it by telephone at the time you register.

Advance reservations required. Please register by September 1, 2006 by contacting mpatel@psychiatry-mps.org or calling 781-237-8100, ext. 210.

MPS Establishes Elections Task Force Committee

During recent months, the MPS has established an Elections Task Force Committee, chaired by Kathleen Mogul, MD, to review future MPS election processes and procedures. The last known review was in 1993. Significant technological changes have occurred since that time, and there have been some concerns with the last two MPS elections. The first year, there were problems with the mailing procedures. In the second year, there was a violation of the written election guidelines.

Because of these issues, the MPS Executive Committee determined that there was a need to establish a time-limited task force to review these procedures. The areas to be addressed by the Task Force include:

1. Election Guidelines regarding email, telephone, and mailings, including conformity with APA’s guidelines
2. Development of an election process that will maximize the participation of MPS members
3. Election oversight mechanism and body
4. Consequences and process for resolving election violations
5. Review of ballot mailing process
6. Review of vote counting process
7. Implementation of online voting as soon as possible
8. Need for ongoing election oversight committee
9. Need for MPS Bylaw revisions concerning the election process

Future issues of the MPS newsletter will report on the progress of the Task Force.

APA Passes Position Statement on Interrogation

In May, the APA passed a position statement that prohibits psychiatric participation in the interrogation of U.S. detainees. For more information, please refer to: www.psych.org/news_room/press_releases/06-36PositionStatementonInterrogation.pdf
OFFICE SPACE
AVAILABLE/WANTED


Boston - Financial District. Furnished office space (currently occupied by clinical psychologist) available for psychiatrist interested in practicing psychopharmacology in this area at least a couple of hours/week. Please contact Mary Louise Mesquita, PhD @ 617-281-4103

BUSINESS SERVICES

SPECIALIZED BILLING SERVICES
PSYCHIATRIC BILLING SPECIALISTS

EXCELLENT COLLECTION RATES
UNDERSTANDABLE REPORTING AND MANAGEMENT TOOLS
STATE-OF-THE ART BILLING SOFTWARE
BANKING SERVICES
CREDENTIALING CONSULTATION AND ASSISTANCE
CUSTOMER SERVICE, CUSTOMER SERVICE, CUSTOMER SERVICE!!

Practice Medicine and We’ll Do the Rest.

Call us for more information at (617)244-3322
Ask about our discount program
WWW.SPECIALIZEDBILLINGSERVICES.COM

Medical Billing
For Private Practitioners

Precise, reliable, professional service
Detailed report generation.
Proficient with the IBM, Mac, and legacy systems.
Other office management services available
Over 15 years experience.

Noelle M. Cappella
Voicemail: (617) 875-8717
Email: noellecapp@juno.com

PSYCHIATRISTS

Arbour Health System Hospitals at Jamaica Plain, Brookline, Westwood and Pembroke are seeking night and weekend duty doctors. These positions are extremely well compensated and shifts can be scheduled frequently or occasionally. Board certification is not required and senior residents and fellows may apply. For further information please contact Anthony Raynes, M.D. @ 617-390-1204 or by email: Anthony.Raynes@uhsinc.com

DOC - Arbour-Fuller Hospital. a free-standing 82 bed behavioral health facility located in South Attleboro is recruiting for night and weekend duty doctors. These positions can be scheduled frequently or occasionally.
Board certification not required. Senior residents and fellows may apply.
Contact Jill Shrader, COO at 508-838-2284 or jill.shrader@uhsinc.com

MEDICAL DIRECTOR

Medical Director
Arbour-Fuller Hospital. a free-standing behavioral health facility located in South Attleboro is currently recruiting for a Medical Director. Responsibilities include management of medical staff including DOC, daily inpatient case load, administrative meetings and program development/enhancement. Board certification required. Previous experience as Medical Director desired. For more information contact: Gary Gilberti, Regional VP/CEO, Arbour-Fuller Hospital, 200 May St, South Attleboro, MA 02703 or gary.gilberti@uhsinc.com or 508-838-2212 or fax 508-838-2200
Child & Adult Psychiatrists

Great Rates & Flexible Hours

South Bay Mental Health Center is currently seeking BC/BE child and adult psychiatrists to conduct evaluations, psychopharmacology and treatment planning at our expanding outpatient clinics on the South Shore of Massachusetts. Flexible positions are available with excellent compensation. EOE. Please send your CV and cover letter, referencing Job Code MPMC:0701, to:

D. Snyder, SBMHC
37 Belmont Street
Brockton, MA 02301
Fax: (508) 580-5162
E-mail: jobs@southbaymentalhealth.com

Boston University School of Medicine / Boston Medical Center, Department of Psychiatry, is seeking board-certified psychiatrists for the following positions:

Adult Psychiatrist to provide direct patient care our consultation/ liaison and outpatient adult psychiatry services. Position includes teaching and supervision of medical students and residents.

Child/Adolescent Psychiatrist to provide direct patient care in our outpatient/urgent care and consultation/liaison child/adolescent psychiatry services. Special interest and experience in neuropsychological conditions preferred. This position involves program leadership, direct patient care and supervision of medical students and residents.

Academic/Clinical specialties of the Department of Psychiatry include psychological trauma, medical psychiatry, consultation-liaison, emergency psychiatry and community mental health.

Boston Medical Center, a teaching hospital for the Boston University School of Medicine, is a busy community hospital in Boston which serves a diverse, multicultural patient population.

Academic appointment commensurate with experience. Competitive salary base with incentive and full benefits. All interested applicants should send CV and cover letter to Marice Nichols, 85 East Newton Street, Suite 802, Boston, MA 02118 or fax to (617) 414-1975. Boston University School of Medicine/Boston Medical Center is an equal opportunity/affirmative action employer.

The Beth Israel Deaconess Medical Center

Department of Psychiatry is seeking BC/BE psychiatrists for positions in its ambulatory services and in an affiliated neighborhood clinic. Responsibilities include clinical care of patients and medical student and psychiatry residency teaching. Expertise in psychopharmacology and/or substance abuse is highly desirable. Underrepresented minorities, especially those who speak Spanish, are encouraged to apply. A Harvard Medical School appointment is available.

Please contact:

Dr. Mary Anne Badaracco
Chief of Psychiatry
185 Pilgrim Road
Boston, MA 02215
Tel 617-632-0907
Fax 617-632-7990
email mbadarac@bidmc.harvard.edu.
SALARIED ON-CALL

Pembroke Hospital is seeking a psychiatrist to work as a Doctor On Call certain week nights and weekends. A salaried position with benefits can be obtained if the work average 20 hours or more per week (for example, 2 nights/week). Ideal for a physician who requires an income with ample time during the week for research, clinical work, or other activities.

FOR this opportunity or for an opportunity with less of a time commitment,

Contact:
Darlene Twiss, DOC Coordinator
Westwood and Pembroke Hospitals
781-762-7764, X106
or Darlene.Twiss@uhsinc.com

THE NEXT CLASSIFIEDS LISTING DEADLINE IS FRIDAY AUGUST 25, 2006 FOR THE SEPTEMBER 2006 ISSUE. FOR ADDITIONAL ADVERTISING INFORMATION, PLEASE CONTACT THE MPS OFFICE AT: (781) 237-8100 OR E-MAIL US AT MPS@PSYCHIATRY-MPS.ORG

Vinfen Corporation has several part-time openings:

... Community Psychiatrist, 4-8 hrs/wk, to work with outreach team to severely ill clients in Dorchester. Consultation/advocacy with medical care are key elements.

... Community Psychiatrist (c.12 hrs/wk) to work with new, intensive outreach team in Plymouth, serving about 80 individuals, half of whom are transitional age, 18-22. Team to have some elements of assertive community treatment, an evidence-based practice.

... part-time “fellowship” for psychiatric care of developmentally disabled/mentally retarded individuals. Tutorial mentoring from Ed Mikkelsen, MD and Ken Duckworth, MD. Dr. Mikkelsen is known for his work providing psychiatric services to persons with mental retardation. Dr. Duckworth is Vinfen’s Medical Director. This 8-16 hs/wk fellowship is ideal for early career psychiatrist interested in multi-disciplinary teamwork, medical advocacy and system collaboration.

For further information and/or to submit your resume, contact Dr. Duckworth, Vinfen, 617/441-1773, 950 Cambridge Street, Cambridge, MA 02141; e-mail duckworthk@vinfen.org; or fax 617/577-7127

Opportunity with McLean Hospital -

PSYCHIATRIST IN CHARGE

McLean Hospital is inviting applications for a 0.70 FTE position of Psychiatrist in Charge in our Schizophrenia and Bipolar Disorder Program. Duties will include the provision of care for seven patients on the inpatient unit of the Schizophrenia and Bipolar Disorder Program. In addition, the individual selected will participate in the educational activities of the program. There are coverage opportunities available to increase this commitment.

Applicants must have an MD and be licensed in the Commonwealth of MA. The ideal candidate should have knowledge and expertise on psychiatric disorders and a background or interest in teaching. Qualified women and minority candidates are encouraged to apply.

Salary, recruitment package, and academic rank will be commensurate with qualifications and experience. Applicants should submit a curriculum vitae along with names and addresses of three references to the search committee chair:
James Lhu, MD
Chief of Hospital Clinical Services
McLean Hospital
115 Mill Street
Belmont, MA 02478

Review of applications will begin immediately and continue until the position is filled.
The MPS Executive Committee, Council and Staff, wish all of you a very safe and happy summer!!

See you in September!!

Reminder: The MPS office is closed on Friday for the months of July and August
<table>
<thead>
<tr>
<th>MPS Event</th>
<th>Date/Time/Location</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council</td>
<td>July 11 at 6:45 pm at MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Ethics Committee</td>
<td>September 6 at 7:15 at MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Public Sector Interest Group</td>
<td>September 7 at 7 PM At MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Member Appreciation Night</td>
<td>September 12 at 6:30 PM at Ken’s Steak House, Framingham, MA</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Committee on Women</td>
<td>September 15 at 12 PM at MPS—Dr. Joan Wheelis</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Risk Management Program</td>
<td>September 16 at 8 AM to 3 PM at Four Points, Hyannis, MA</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Geriatric Interest Group</td>
<td>September 20 at 7:30 PM at MPS</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>September 26 at 6:45 PM at MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Psychopharmacology Conference</td>
<td>October 14 at Bentley College</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Council</td>
<td>October 17 at 6:45 PM at MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>October 24 at 6:45 PM at MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>MPS Fall Program</td>
<td>November 4 at Mass Medical Society</td>
<td><a href="mailto:mpatel@psychiatry-mps.org">mpatel@psychiatry-mps.org</a> 781-237-8100 X 210</td>
</tr>
<tr>
<td>Council</td>
<td>November 14 at 6:45 PM MPS</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
<tr>
<td>Committee on Women</td>
<td>November 17 at 12 PM at MPS—Dr. Roberta Apfel</td>
<td><a href="mailto:bsheehan@psychiatry-mps.org">bsheehan@psychiatry-mps.org</a> 781-237-8100 X 211</td>
</tr>
</tbody>
</table>

---

**Social Relatedness Symposium**  
Saturday, October 14, 2006  
8:30 a.m. – 5:00 p.m.  

Science Center, Lecture Hall C  
Harvard University, 1 Oxford Street  
Cambridge, MA 02138  

The event will be free and open to the public, but advance registration is suggested as space is limited. Contact for information and to RSVP: Dow Wieman, Research Coordinator, Cambridge Health Alliance, dowie-man@cha.harvard.edu. Additional information is available online at www.cha.harvard.edu/symposium.