



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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FROM THE PRESIDENT

Rohn S. Friedman, M.D.



Identity and Teamwork

I am honored to serve as President of the Massachusetts Psychiatric Society, and I look forward to working with you all during this coming year. As President-Elect this past year, I have had the opportunity to work closely with our Immediate Past President, Janet Osterman, and with our current President, Greg Harris. I could not have had better mentors, even if theirs will be difficult shoes to fill. I have also had the opportunity to work with the other members of our Executive Committee and Council, as well as with the Chairs of Committees and with our members. Of course, none of our work would be possible without the dedicated support of our staff, Executive Director, Bev Dupuis, our Executive Office and Membership Administrator, Mayuri Patel, and our CME Coordinator, Julie Kealey, as well as our Lobbyist, Lisa Simonetti and our General Counsel, Jim Hilliard, central pillars of our Society. Working together, with 1700 members, 28 committees, representation on several statewide workgroups, and strong ties to our national organization and our community, we have a strong voice.

As I look at all of you gathered here, I ask myself “What did I get myself into?” and “How did I get here?” It has given rise in me to a certain amount of reflection on professional identity formation. In my residency I was a Falk Fellow of the APA, an opportunity as a resident to participate on an APA component and see the working of the national organization. For me,

this meant joining the APA Task Force on Emergency Psychiatric Care Issues and having the opportunity to see the working of an APA task force, to attend workshops around the country, and to co-edit a book on Emergency Psychiatry for Clinical Administrators. That was an interesting project, since I was neither an Emergency Psychiatrist nor a Clinical Administrator. By that point I had finished residency, was in psychoanalytic training, and had moved on from a first job in inpatient psychiatry to outpatient work at what was then the Harvard Community Health Plan. At about that point a colleague who knew I was interested in teaching let me know of a number of positions available at his institution, none of which fit with my interests and commitments at the time, so he said the only other thing available was working on the Consultation-Liaison Service, but he knew I wouldn't be interested in that. Actually, I had quite a lot of interest in that: in my residency I had been chief resident on the C-L service and though I had not worked formally in the area for several years, part of what had attracted me to the Harvard Community Health Plan was the opportunity to work in a setting which integrated psychiatry with medical care—what we might these days term primary care psychiatry. I spent the next 18 years doing clinical work and teaching in Psychosomatic Medicine and Emergency Psychiatry. I began to take on some administrative responsibilities in our department and medical center. I had several stints with the MPS: I was

on the nominating committee, participated in a task force on psychiatry and primary care, served as Treasurer, and served as Councilor. So in some ways I have come full circle, back to MPS, APA, Emergency Psychiatry, and Clinical Administration. As I look back now, there is a certain logic and consistency to it, though at the time, change was often chaotic, accidental, and serendipitous. But I have certainly learned the inevitability of adaptation and change.

While I am sure the details are different, I suspect that most of you could tell similar stories of how your professional identity evolved, changed, and matured. We are currently in a time of change, organizationally and professionally. Internally, we are facing the retirement of Bev Dupuis in October. Bev has worked at MPS since 2004, initially as Project Administrator, and then becoming Executive Director. Bev's impending departure has led to a thorough examination of how we can best provide an infrastructure for our Society that will serve us well in a challenging healthcare environment. We will be sharing the results of this exploration and inviting your input in the upcoming weeks. Above all, restructuring requires us to think about our identity as professionals and as an organization in the changing landscape of healthcare.

As professionals, the settings in which we practice have been changing. The number of psychiatrists practicing primarily as solo practitioners has been declining for a num-

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ber of years. 2012 figures indicate that 30.3% of psychiatrists practice in a solo practice, 35.5% in a single specialty group, and 12% in a multi-specialty practice (AMA 2013). The type of clinical work psychiatrists do has also shifted; the percentage of psychiatry office visits that included psychotherapy has declined to 28.9% while 69.33% of office visits involved medication being prescribed. (Mojtabai and Olfson 2008) At the same time new models of healthcare delivery are emerging, including accountable care organizations and patient centered medical homes which emphasize population health, quality measures, and efficiency. With these shifts psychiatrists increasingly are working as part of multidisciplinary and multispecialty teams.

Working as part of a team requires a new level of sophistication in articulating the role of a psychiatrist on a team, whether it is in a specialty mental health setting or in a general health or primary care setting. It is fundamental to well-functioning teams that each discipline has a clear and valued role on the team. Currently, advanced practice nurses are seeking independent prescribing authority and expanded scope of practice in Massachusetts. The Massachusetts Medical Society has joined MPS in opposing this, but we have also recognized that “no” is not a very effective message. Instead we are working to promote the model of a healthcare team in which roles are coordinated rather than blurred or differentiated. We need to think about the role of psychiatry in a better integrated mental health and general health workforce, think about where knowledge and skills may overlap in certain “generic” functions and define what are the unique contributions of different members of the team by virtue of conceptual orientation, training, and experience. Paul Summergrad has forcefully advocated identifying the psychiatrist as “the physician expert on mental health,” stressing our medical identity and training as physicians—not in the sense of an exclusively biological view, but in the sense of integral members of the medical workforce with a high level of training and expertise in mental health. Working effectively in teams requires a strong and well-defined sense of our own identity as psychiatrists.

As an organization, too, we work as a team, allying with other organizations in areas of parallel interest but maintaining a clear sense of our own identity. History gives an interesting lesson in how alliances shift over time. In the 19th century psychiatry was set off from the rest of medicine and “insane asylums” were separated off from medical hospitals into separate buildings and then entirely separate sites. An organization known as the Association of Medical Superintendents of American Institutions for the Insane was formed in 1844. In 1853 the members of that organization declined to join the American Medical Association because the superintendents had greater prestige as administrative physicians and didn’t want to be brought down to the level of the run-of-the-mill doctors represented

in the AMA! In 1884 the organization opened membership to non-superintendents, and in 1921 it became the American Psychiatric Association.

As an organization, the nature of our alliance with other medical specialties is shifting again with the emergence of the trends to teamwork, bundled payments, and complex accountable systems of care. In the past we often felt we had to choose between defining ourselves as part of the specialty mental health care universe or as part of the general healthcare universe. I think it is increasingly clear that we need to fight that separation of two worlds and the stigma that comes with “carving out” mental health from healthcare and make the case for uniting medical and psychiatric care. There are surely opportunities for psychiatric leadership in bringing mental health issues back into general medical care. Consider some of the major initiatives in health care at present. Integration of mental health and substance abuse treatment with primary care is a major national initiative with a growing body of evidence of efficacy and cost-effectiveness that argues for an expansion of mental health and substance abuse services to achieve improved outcomes and lower overall healthcare costs. In Massachusetts physicians are now mandated to do CME education in end of life issues and in pain management, areas in which medical and mental health issues clearly overlap. MPS has allied with the Massachusetts emergency physicians in trying to speed the transit of psychiatric patients through emergency departments to inpatient psychiatry units and avoid the often days long tenure in Emergency Departments. At the same time, MPS has allied with the many other non-medical organizations representing other disciplines, providers, and patients to seek increased funding for mental health in the Commonwealth’s budget. As we strengthen our ties with medicine, we must also maintain our alliances with other disciplines and organizations in order to advocate for our patients and their families. As an organization, we need to think about how to define a unique and secure identity that allows us to negotiate this complex world of allies and competitors.

So I hope that this will be a year of useful conversations about how we forge a clear identity as a profession and as an organization and that from those conversations will emerge an infrastructure and new initiatives that will move us forward in our missions of promoting the highest quality care for our patients, advocating with government and payers for the funding of that treatment, educating the public and our profession, and serving the professional needs of our members.



Rohn S. Friedman, M.D.
President, Massachusetts Psychiatric Society

Keynote Speaker - Secretary Marylou Sudders Executive Office of Health and Human Services



Appointed as Secretary of the Executive Office of Health and Human Services (EOHHS) by Governor Charlie Baker in January 2015, Marylou Sudders leads the largest executive agency in state government, a \$19.4 billion state budget with 22-thousand dedicated public servants, and oversees critical services that touch almost one in six residents of the Commonwealth. Professionally trained as a social worker, Sudders has dedicated her life to public service and to some of our most vulnerable citizens. She has been a public official, provider executive, advocate and college professor.

With a long record of public service, she was the Massachusetts Commissioner of Mental Health from 1996 to 2003, helping to create the state's first children's mental health commission and championing the rights and wellbeing of children, adults and elders with mental illness and their loved ones.

For almost ten years, she headed the Massachusetts Society for the Prevention of Cruelty to Children, promoting the rights and well-being of some 24,000 children and families.

In 2012, Sudders was appointed to the state's Health Policy Commission (HPC) for her behavioral health expertise; she remains on this important Commission in her capacity as Secretary. The HPC is charged with improving health care quality while curbing costs. She also spent time as an associate professor and Chair of Health and Mental Health at Boston College's Graduate School of Social Work. Sudders has served on many charitable boards throughout her career, including the Pine Street Inn, Massachusetts Association for Mental Health and the National Alliance on Mental Illness.

Secretary Sudders' talent and dedication has been recognized multiple times. She received an Honorary Doctorate from the Massachusetts School of Professional Psychology and was named Social Worker of the Year from the Massachusetts Chapter of the National Association of Social Workers. She was also nationally recognized with the Knee-Whitman Outstanding Achievement for Health & Mental Health Policy from the National Association of Social Workers Foundation.

2015 MPS OUTSTANDING PSYCHIATRIST AWARDS

PSYCHIATRIC EDUCATION AWARD

Jonathan Alpert, MD, PhD



Dr. Jonathan E. Alpert is a dedicated teacher and innovator in psychiatric education for medical students, residents, HMS psychiatric faculty, and through CME courses, the psychiatric community at large.

Jonathan, a native New Yorker, was graduated from Yale University *summa cum laude* and from Yale School of Medicine. He then earned a PhD in behavioral pharmacology from Cambridge University (UK) where he was a Marshall Scholar. He did a pediatric residency at Boston Children's Hospital and a psychiatric residency at McLean Hospital. He is Associate Professor of Psychiatry and holds the Joyce R. Tedlow Chair in Depression Studies at MGH where he is also Associate Chief of Psychiatry for Clinical Services

and Director, Depression and Clinical Research Program.

He worked with others at HMS on the complete revision of the HMS Preclinical Psychiatry curriculum and he helped develop a highly rated Psychiatry Clerkship. He chaired the Course and Clerkship Review and Evaluation Committee and has been advisor to the Psychiatry Student Interest Group on Feedback and Evaluation. He is Warren House Master and senior advisor for third year medical students in their Principal Clinical Experience at MGH.

Nationally, Dr. Alpert has been an active member of the Assoc. of Directors of Medical Student Education in Psychiatry where he was the founding chair of the Task Force on Research and Scholarship in Education and a mentor in the ADMSEP Education Scholars Program.

His devotion to teaching and mentoring has been recognized by the APA with the Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education, the McLean's Residency Psychopharmacology Supervisor Award, the HMS Cynthia N. Kettle Award in Medical

Student Education and the MGH Dept. of Psychiatry Clinical Mentor Award.

Dr. Alpert's clinical and research interests center around the study and development of novel treatments for patients with refractory and/or medically complicated mood disorders. He has published 177 articles, 21 book chapters and one book. He serves on the Board of the National Network of Depression Centers and is a scientific reviewer for the American Foundation for Suicide Prevention.

Dr. Alpert is devoted to continuing his work on improving psychiatric education and in teaching junior faculty and trainees. The Massachusetts Psychiatric Society is pleased to Honor Dr. Jonathan E. Alpert with the 2015 Outstanding Psychiatrist Award for his work in Psychiatric Education.

CLINICAL PSYCHIATRY Alexandra Harrison, MD



Dr. Alexandra Harrison is a graduate of Radcliffe College and Harvard Medical School, receiving her psychiatric training at Massachusetts Mental Health Center, child psychiatric training

at McLean Hospital, and her analytic training at Boston Psychoanalytic Society and Institute. Receipt of this award is in recognition of her enormous contributions to child and adult psychiatry and psychoanalysis.

Her positions include that of Training and Supervising Analyst in child, adolescent and adult psychoanalysis at BPSI. She is also an Assistant Professor of Psychiatry at Harvard Medical School. She has been active for many years at the Cambridge

Health Alliance. She has been on dozens of committees in all of the institutions she is affiliated with. She is also the recipient of the Deutsch Prize at BPSI and the Arthur Kravitz Award for Humanitarian Service, also at BPSI. She has been active throughout her career in research and teaching. And she has done all of this while maintaining an active clinical practice of psychiatry and psychoanalysis, where she is much sought after consultant and supervisor.

One area of Dr. Harrison's research has focused on aspects of play therapy and the integration of developmental knowledge and infant research to analytic and theoretical work with adults, children and families. One outcome of this has been the creation of the "Parent Consultation Model" of child mental health evaluation. This model has been extended to help professional volunteers to support caregivers in developing countries through visits and telephone and skype contact. Two of those projects are in El Salvador and India.

Other related areas of her research and clin-

ical work involve the study of therapeutic action in the treatment of the child, study of the models of change in psychoanalysis, and development of the use of videotape consultation. She has also contributed to the advent of using videotape techniques to closely analyze the subtle changes that occur within a given therapeutic session. This data is then used to develop therapeutic techniques to enhance change.

The path that Dr. Harrison has carved out for herself is both unique and profound. Her clinical wisdom is well-known, as is her energetic participation in all aspects of our profession – teaching, research, administration - but most of all, it is to be summed up by her Excellence in Clinical Psychiatry, the award with which she is being honored this year of 2015 by the Massachusetts Psychiatric Association.

2015 MPS OUTSTANDING PSYCHIATRIST AWARDS

PUBLIC SECTOR AWARD Marie Hobart, MD



Marie Hobart, M.D. recipient of the MPS Psychiatry in the Public Sector Award, is Chief Medical Officer at Community Healthlink, a central Massachusetts service organization whose mission is promoting, restoring, and maintaining physical health, mental health, and the dignity of persons who have mental illness, addiction or homelessness.

Originally coming from Michigan, Marie graduated summa cum laude from Albion College and was inducted into Phi Beta Kappa. She was AOA at Yale Medical School and did a transitional internship working with public sector patients on the Tufts Unit at Lemuel Shattuck Hospital. She did her psychiatry residency at

the Massachusetts General Hospital where she was chief resident in the Out-Patient Clinic and was the recipient of the APA Meade Johnson Fellowship for career development in public sector psychiatry. She holds the academic appointment of Clinical Associate Professor of Psychiatry at the University of Massachusetts Medical School and served as Associate Training Director in the UMass. Department of Psychiatry Residency Training Program for several years. Her teaching of medical students and psychiatry residents includes lectures on the integration of primary care and behavioral health for people coping with serious mental illness. She also supervises residents on their community psychiatry rotations.

Marie is the Principal Investigator and Program Director for two SAMHSA grants: Primary and Behavioral Health Care Integration in a Worcester Outpatient Clinic and another in the Leominster area. She is co-chair of the Wellness Academic Interest Group at the University of Massachusetts which focuses on health disparities for

those with serious mental illness and addiction. The goal is to develop and assist with implementation of the strategic plan for the department regarding wellness for psychiatric patients and staff. The major areas include nutrition, exercise, tobacco cessation, and integration with general medical care. Many of Marie's writings and presentations focus on these areas.

She has served on many committees and in elected positions at the MPS including President of the MPS from 2010-2011. During that year and subsequently, Marie has met with many legislators and has testified for the MPS—always focusing on education of the legislators in the issues affecting seriously and persistently mentally ill patients.

The MPS and her colleagues are pleased to present Marie Hobart, MD with the 2015 MPS Award for Outstanding Psychiatrist in Public Sector Psychiatry.

LIFETIME ACHIEVEMENT AWARD Anton Kris, MD



Dr. Anton Kris, the recipient of this year's Lifetime Achievement Award, was born in Vienna, Austria, and is a graduate of Yale University and Harvard Medical School. He did his psychiatric training at Massachusetts Mental Health Center and his analytic training at Boston Psychoanalytic Society and Institute. He has been the recipient of several awards and prizes throughout his career, and has been consistently active in psychiatric and psychoanalytic organizations such as the American Psychiatric Association, the International Psychoanalytic Association, Boston Psychoanalytic Society and Institute, and Harvard Medical School, where he is a Clinical

Professor of Psychiatry. To this should be added his membership on the editorial boards of numerous journals, his own impressive contributions to the literature of psychiatry and psychoanalysis, and his influential book on Free Association.

Among Dr. Kris' most notable contributions is his work on the Adolescent Service at Boston State Hospital, where his multidisciplinary innovations on treatment perspectives increased the size of that service from an initial 3 positions up to 35. Throughout his career he has remained active in the area of psychiatric teaching, to this day arriving weekly on the inpatient wards at Beth Israel Deaconess Medical Center to teach residents and students.

In the psychoanalytic world, among other activities too numerous to mention here, he was most recently the Executive Director of the Sigmund Freud Archives, where he speaks with pride of his raising funds to put all of the holographs of Freud's handwritten works on the web to make them available for students and scholars.

In addition to his multiple clinical interests, Dr. Kris' theoretical interests are chiefly in the areas of the nature of psychological conflict, and of free association. He has published numerous papers in both areas. He is also sought after widely as a speaker and consultant.

However, it is his warmth and kindness, generosity, common sense, clarity of thinking and wisdom that raise him above the large number of excellent teachers, clinicians and scholars in our field. He has taught, in one capacity or another over the years, hundreds of psychiatrists and psychoanalysts, while maintaining a clinical practice for more than 50 years. For all of these reasons it is with great pride that we honor Dr. Anton Kris with the Massachusetts Psychiatric Society's 2015 Award for Lifetime Achievement.

2015 MPS OUTSTANDING PSYCHIATRIST AWARDS

RESEARCH Robert McCarley, MD



Dr. Robert McCarley was born in a small town in Kentucky and has become a Harvard man all the way: summa cum laude and Phi Beta Kappa from Harvard College; medical school at HMS; medical internship at the Brigham; psychiatry residency at Massachusetts Mental Health Center; Harvard Professor of Psychiatry, and now Harvard Head of Psychiatry at the VA Boston Mental Health Service where he has established the Laboratory of Neuroscience. This laboratory has two divisions: the basic research division which studies brain control of sleep and wakefulness and the clinical research division which focuses on neuroimaging studies of schizophrenia. In addition to his excellence in research, Dr. McCarley takes special pride in the success of the 75 young scientists he has mentored in their research in his laboratory (13 of whom have become full professors). Dr. McCarley has served as President of

the US Sleep Research and Society and has received the top research prizes of the SRS (Distinguished Scientist Award), the American Academy of Sleep Medicine (Dementia Award), the American Psychiatric Association Award and the Veterans Affairs Medical Research Service (Middleton Award). He has published more than 425 peer-reviewed papers and has received consistent peer-reviewed funding from the NIH and VA Medical Research Service

This award recognizes him for his research in the areas of dreams and schizophrenia.

Originally the 1977 publication of Dr. McCarley's work with Dr. Alan Hobson on REM dream state generation caused a stir in the psychiatric community because it seemed to contradict the Freudian dictum that dreams arose from the disguise of forbidden wishes. In his more recent research Dr. McCarley has discovered that adenosine accumulates during wakefulness in the basal forebrain and that this is a major factor in the homeostatic regulation of sleep. This also explains why caffeine, an adenosine antagonist, is used widely to combat drowsiness.

Dr. McCarley has maintained an interest in schizophrenia since his residency and early on discovered a deficit in the P300

auditory novelty processing paradigm over the left temporal scalp region. This led to neuroimaging work which defined the underlying grey matter loss in the left superior temporal gyrus and demonstrated that this loss progresses in association with clinical symptoms in schizophrenic patients. More recently the use of optogenetic technology has enabled him to see translational links between the basic neuroscience of sleep and wakefulness and abnormalities in schizophrenia.

Most exciting is his very latest work which has shown that optogenetic excitation of parvalbumin neurons produces sleep spindles and optogenetic inhibition of these PV neurons completely blocks ongoing spontaneous spindles or reduces their amplitude. The role of PV neurons in the basal forebrain in promoting the cortical activation is important in wakefulness and computation and deficient in schizophrenia is described in a recent Proceedings of the National Academy of Science paper (Kim et al, 2015).

In recognition of his thorough and ground breaking research, the MPS is pleased to present Dr. Robert McCarley with the 2015 MPS Award for Excellence in Research.

ADVANCEMENT OF THE PROFESSION AWARD Frederick Stoddard Jr, MD



Dr. Frederick Stoddard is selected by his peers for recognition based on outstanding achievements as a master clinician, teacher, consultant, and leader in disaster psychiatry. After graduating from Bowdoin College and Case Western Reserve University School of Medicine, he completed his training in adult psychiatry at Massachusetts Mental Health Center/Cambridge Hospital and child psychiatry at McLean Hospital. In 1977, he joined the psychiatry faculty at Harvard Medical School, becoming a Clinical Professor of Psychiatry in 2012. His extensive career spanned early work at NIMH and Children's Hospital; service as senior attending psychiatrist at the MGH Burn Con-

sultation Service; and Chief of Psychiatry since 1977 at the Boston Shriners Hospital for Children. In 1996, Fred founded the MPS Disaster Readiness Committee, and has been recognized nationally for his expertise, scholarship and leadership in disaster psychiatry. Within organized psychiatry, Fred has served with great distinction at the state (MPS President and Secretary) and national levels (Area I APA Trustee, member of multiple councils and committees, active participant at GAP). Throughout his career, he has brought great integrity and wisdom to complex issues, and continues to be a valued consultant in Massachusetts and nationally.

We can offer no more articulate praise than the accolades from those who know him best. Fred's close colleague and fellow trainee Dr. Steven Sharfstein notes: "Fred represents the highest standards for the profession in his clinical work and his untiring advocacy---whether for better insurance coverage or the need for psychiatric leadership when disaster strikes communities. Fred and I trained together many moons ago and his relentless drive has not diminished one whit." Dr. James Scully, past medi-

cal director of the APA, comments: "I was fortunate to work with Fred on the APA Board of Trustees for several years. Fred is clearly an outstanding scholar, but what always struck me was Fred's dedication to relieving the suffering of our patients and that this is the core of our profession." Dr. Jerry Rosenbaum, MGH Chief of Psychiatry, adds: "Dr. Stoddard has been a valued longstanding member of the Division of Child Psychiatry in the MGH Department of Psychiatry and the Boston Shriners Hospital for Children for over 3 decades. He has cared for burned children, conducted research and written extensively on the very important areas of the impact of trauma and burns on children, and has been an invited speaker at many institutions throughout the country. His recent APA work on trauma is destined to become a classic."

In recognition of Dr. Stoddard's outstanding leadership and dedication to our profession, the community and the people we serve, the Massachusetts Psychiatric Society is proud to honor him with the 2015 Outstanding Psychiatrist Award for Advancement of the Profession.

MPS SECRETARY - 2014 MEMBERSHIP REPORT

As Secretary of the Massachusetts Psychiatric Society, I would like to formally thank all of our members for their continued participation and support. In 2014, membership in the society saw a slight increase in our total number of members. Our average membership age is still above 60, and as such our revenue continues to drop in the form membership dues. Our focus for the next several years should be on encouraging our resident and Early Career members to not only join, but to become active in our society. More than 110 new Resident Fellow Members joined the society. MPS continues to encourage and works with our Training programs to assist in getting each of the programs as close to the 100% Residency Program as possible. Our BU program continues to lead the way in this endeavor. I would like to encourage all the Psychiatry Chairs here tonight to consider sponsoring all your resident's membership during their residency. The first year is free!!

We added 17 new general members and 70 former members reinstated after a significant time away. There were 30 transfers to the Massachusetts district branch from across the country. Massachusetts continues to be the third largest district branches in the APA.

Transfers out from our district branch continued to be fewer than our new member or reinstated member counts.

All professional societies strive to continue to renew themselves by adding new generations of psychiatrists and ongoing recruitment of new members. This will continue to be a priority for MPS. The APA funded a grant in 2014 for the

MPS to develop a leadership program for our ECPs and RFMs. This program was well received and we will continue to work with our Resident and ECP members to encourage their involvement. I encourage all who are interested in nurturing the next generation of psychiatrists to contact the MPS office and offer your talents, experiences and encouragement to our younger members.

Our elections over the past few years have resulted with the addition of several young psychiatrists to our Council and Executive Committee. Having Resident Fellow Members as Co-Chairs has energized many of our committees. With our younger member involvement we continue to expand our use of technology. We continue to offer CME programs on our website and also link to other online CME programs as a service to our members. We have made many advances and changes to our website and continue to update it.

As a result of a member survey we continue to mail our monthly newsletter but it is also available on our website. I encourage you to check out the MPS website often for upcoming CME activities, society events and to update your profile on the website. We currently have accurate e-mail addresses for our members. Our bounce rate has dropped from over 400 to less than 50. We thank our members who either call us to update their email address or change the email on their profiles in our member directory.

A society such as ours only remains strong when its members feel that the actions of the society are relevant to its member's values, concerns and needs. The MPS strives to achieve this goal by

having an active committee structure. MPS joins with the Massachusetts Medical Society and other physician organizations to advocate for better patient care. We also keep our members abreast of changes in policies of the Board of Registration in Medicine which ultimately affects us all. MPS maintains a strong lobbying presence with the legislature in Massachusetts through our lobbyist, Lisa Simonetti, who makes known to lawmakers the effect that proposed legislation will or could have on the treatment of our patients and our practice as physicians.

All of these activities are complex and time-consuming and we are very fortunate to have many talented members who donate considerable amounts of their time to these matters. For those of you who have not been involved with these activities or committees of the society, I'd like to encourage you to join your colleagues in this rewarding work.

Finally I would like to thank you for the opportunity to serve the MPS as Secretary. Through our concerted actions as a society of physicians we can advocate for policies that are beneficial for our patients and our profession.



Laura Bajor, DO
Secretary
Massachusetts Psychiatric Society

The MPS staff

congratulates all newly elected officers and looks forward to working with the Executive Committee, Council and all our members in the coming year!

MPS TREASURER - 2014 MEMBERSHIP REPORT

The Massachusetts Psychiatric Society's accounts have been audited for 2014. Our operating income for 2014 was \$538,803. Income from membership dues increased by 2% to \$313,217. Income from meeting fees increased by \$40,000, primarily due to increased revenue from our 50th Anniversary Annual Meeting, but this was more than offset by increases in meeting expenses, primarily from our 50th Anniversary Annual Meeting. A bright spot in our financial activities was an increase in advertising revenue from our member newsletter by 23% to \$76,000. Personnel costs were unchanged from 2013, and continue to be our largest expense, comprising 39% of operating expenses. At year-end, total operating expenses were \$592,939, and we had a net operating loss of \$54,135. This was partially offset by investment income of \$28,762, leaving a net loss for the year of \$25,373.

The Society's investment funds are managed by Merrill Lynch. The value of our investments increased by 5% in 2014 and had a balance at year-end of \$635,275. Currently, approximately 61% of our portfolio is in fixed income investments, 38% in equities, and 1% in cash.

With respect to financial operations, we completed a transition of our accounting software from MYOB to QuickBooks. We were also able to aggregate data regarding financial activities and our financial position over the last ten years in order to better inform our leadership regarding long-term trends in our financial operations.

The MPS Staff, Council, and Executive Committee are committed to carefully monitoring expenses and make every effort to ensure that MPS resources are utilized in the best interest of the Society and our members.

I would like to extend thanks to the MPS Staff, Mayuri Patel and Julie Kealey, for their continued commitment to and excellent work for the Society, and particularly to our executive director, Beverly Dupuis, on the occasion of her last annual meeting, for her support and limitless patience. I would also like to thank our membership for giving me the opportunity to continue to serve the Society as your treasurer for another term. We have begun some important changes in how we manage the financial operations of the Society and I look forward to completing these changes during the next two years.

Bruce Black, MD
Treasurer

PRESIDENTIAL AWARDS

David Osser, MD, Academic of the first order and MPS Past President; "Head":

2014 marked the 25th anniversary of Dr. Osser's Psychopharmacology Update; this annual CME activity is one of the most highly attended conferences that MPS hosts and an extraordinary accomplishment on behalf of all MPS members. Thank you, Dr. Osser!

Lisa Simonetti, MPS Lobbyist; "Heart" and "Right Hand":

Meeting with legislators and regulators is at the heart of the advocacy work that MPS performs on behalf of our members and our patients and Lisa's relationships are at the heart of this work. In addition, as President, I am forever indebted to her wise counsel and sage advice.

Elaine Kirshenbaum, MMS Vice President; "Hand" and "Left Hook":

This year in particular, MPS was involved with issues of implementation of Chapter 224, an expansion of the state parity laws that affects so much clinical practice. Elaine gave the Society as a whole, and me in particular, as your advocate, needed strength in these negotiations.

LIST OF MPS PRESIDENTS

Northern New England Psychiatric Society

Philip Solomon, MD (1964-65)

Paul E. Emery, MD (1965-66)

James W. Dykens, MD (1966-67)

Jacob Swartz, MD (1967-68)

Martin A. Berezin, MD (1968-69)

John C. Nemiah, MD (1969-70)

Miles F. Shore, MD (1970-71)

Fred H. Frankel, MD (1971-72)

William E. Stone, MD (1972-73)

A. Louis McGarry, MD (1973-74)

Massachusetts Psychiatric Society

Donald S. Gair, MD (1974-1975)

Carol Nadelson, MD (1975-1976)

Henry G. Altman, MD (1976-1977)

Lee B. Macht, MD (1977-1978)

Alvin Becker, MD (1978-1979)

Richard Shader, MD (1979-1980)

Malkah Notman, MD (1980-1981)

Lenore A. Boling, MD (1981-1982)

Jon E. Gudeman, MD (1982-1983)

Carl Salzman, MD (1983-1984)

Bernard A. Katz, MD (1984-1985)

Edward Mason, MD (1985-1986)

Benjamin Liptzin, MD (1986-1987)

Steven M. Mirin, MD (1987-1988)

Gary Jacobson, MD (1988-1989)

Myron L. Belfer, MD (1989-1990)

Lloyd I. Sederer, MD (1990-1991)

Donald S. Gair, MD (1991-1992)

Paul S. Appelbaum, MD (1992-1993)

Eileen B. Kahan, MD (1993-1994)

Peter B. Randolph, MD (1994-1995)

Kathleen M. Mogul, MD (1995-1996)

Don R. Lipsitt, MD (1996-1997)

Andrew Brotman, MD (1997-1998)

Paul Summergrad, MD (1998-1999)

Jerome H. Rogoff, MD (1999-2000)

Frederick J. Stoddard, MD (2000-2001)

David Osser, MD (2001-2002)

Elizabeth Childs, MD (2002-2003)

James M. Ellison, MD, MPH (2003-2004)

Michael I. Bennett, MD (2004-2005)

Mary Anne Badaracco, MD (2005-2006)

Robert L. Pyles, MD (2006-2007)

Eugene Joseph Fierman, MD (2007-2008)

Todd F. Holzman, MD (2008-2009)

Theo C. Manchreck, MD (2009-2010)

Marie H. Hobart, MD (2010-2011)

Donald B. Condie, MD (2011-2012)

Alex N. Sabo, MD (2012-2013)

Janet E. Osterman, MD (2013-2014)

Gregory G. Harris, MD, MPH (2014-2015)

Rohn S. Friedman, MD (2015-2016)

Congratulations to the following MPS members who have achieved Life Status

Advancement to Life Member

- Valery Abramovich, M.D.
- Juan Manuel Avila, M.D.
- Mary Elizabeth Barkalow, M.D.
- Ruth A. Barron, M.D.
- Ward E. Bein, M.D.
- Robert Dix Buckland, M.D.
- Ronnie Marion Fuchs, M.D.
- James Irvin Hudson, M.D.
- Monte Irvin Kaufman, M.D.
- Pamela P. Kellogg, M.D.
- Paul Selby Laffer, M.D.
- John Allen Miner, M.D.
- Michael Jon Mufson, M.D.
- Robert D Patterson, M.D.
- Elliot Mark Pittel, M.D.
- Susan Bechtel Shelton, M.D.
- Dean Solomon, M.D.
- Letitia Graydon Upton, M.D.
- Paul Irving Weiss, M.D.
- Barbara P. Wissner, M.D.
- Susan Marie Witkie, M.D.
- Patricia D. Wright, M.D.

Advancement to Distinguished Life Fellow

- Charles Elliot Adler, M.D.
- Donald Bryant Condie, M.D.
- James Michael Ellison, M.D.
- Marshall Forstein, M.D.
- Rohn Samuel Friedman, M.D.
- Paul Summergrad, M.D.

Advancement to Life Fellow

- Susan Rovaine Brown, M.D.
- Lawrence R. Herz, M.D.
- Laurie Watson Raymond, M.D.

MPS extends its appreciation to our
departing Executive Committee Officer:

Immediate Past President
Janet E. Osterman, MD., MS

Sr. APA Representative
Manuel Pacheco, MD

And thanks the following Council
members for their service:

MPS Councilors
M. Cornelia Cremens, MD, MPH
John Palmieri, MD

Resident Fellow Members
Auralyd Padilla, MD

Congratulations to our 50 Year Members

- Arthur Z. Berg, M.D.
- Richard C. Evans, M.D.
- Fred H. Frankel, M.D.
- Alan R. Gurwitt, M.D.
- John T. Maltzberger, M.D.
- Alexandra K. Rolde, M.D.

MASSACHUSETTS PSYCHIATRIC SOCIETY ELECTION 2015/16 RESULTS



I certify that the following have been successful in the recent MPS election for Officers and Committee positions as noted below. Ballots closed as of 04/17/15.

President-Elect: Mark J. Hauser, MD

Treasurer: Bruce C. Black, MD

Council: Siu Ping Chin Feman, MD
Eran D. Metzger, MD

Nominating Committee: Sheldon Benjamin, MD
Mark A. Schechter, MD

Resident Fellow Member: Rebecca Mae Allen, MD, MPH

Respectfully Submitted,

Laura Bajor, DO
Secretary
Massachusetts Psychiatric Society

APA 2015 DISTINGUISHED FELLOWS

Steven V. Fischel, MD, PhD



I am honored to be selected as a Distinguished Fellow of the American Psychiatric Association, and deeply appreciate my colleagues in the Massachusetts Psychiatric Society who supported my nomination. I am especially grateful to my mentors, colleagues, and friends who have guided and supported

me throughout my career; my residents and students whose excitement in learning psychiatry inspires and energizes me; and my patients who remind me daily of the importance of the work we do.

I am sincerely grateful to have found a fulfilling career in Psychiatry, especially since my path was not a direct one. Initially, I completed a PhD in Biological Chemistry at the University of Michigan studying opiate receptor binding. Although I enjoyed the science, the solitary nature of the work was not the best fit for me. Thanks to the encouragement of colleagues during my post-doctoral fellowship at Children's Hospital in Boston, I applied to medical school and was fortunate to be accepted at UMass Medical

School which welcomed nontraditional students like me. Clinical medicine resonated with me in a way that research had not, and an elective in Consultation Psychiatry at the Massachusetts General Hospital impressed upon me how one could focus on psychiatric issues within the medical setting. I subsequently completed my residency training at MGH where I focused on Consultation Psychiatry as chief resident under Ted Stern, and learned the importance of psychodynamic understanding and therapies by working with Anne Alonso in the Psychodynamic Psychotherapy Fellowship. The importance of addressing both psychological and biological aspects of our patients' problems has remained with me throughout my career. Learning from so many wonderful clinician educators also inspired me to include teaching as an integral part of my career.

After residency, I joined Lew Cohen on the Psychiatry Consultation Service at Baystate Medical Center where I have practiced and taught for 20 years, eventually becoming Medical Director of the Psychiatry Consultation Service and Associate Professor of Psychiatry at Tufts University School of Medicine. I am especially indebted to our chairman Ben Liptzin who has fostered my career as an educator. He first encouraged me to become the clerkship site director for Tufts medical students, and in 2007, gave me the greatest professional opportunity of my career -- to become the inaugural Program Director of our new Psychiatry Residency

Program. Working with him and our colleagues at Baystate to develop the program from scratch, to mentor our residents and to see them grow into thoughtful, knowledgeable, empathic, and skilled psychiatrists has been fulfilling beyond words. As we prepare to graduate our third residency class, I am deeply grateful to my colleagues at Baystate, AADPRT, and Tufts for their support and for contributing to the success of our program.

Over the years, I have seen how APA, MPS, and our local Western Mass Psychiatric Society brings us together professionally to learn from and support each other, to learn from leaders in our field, and to advocate for our patients, our students and trainees, and the field. Serving on the APA Council for Medical Education and Life-Long Learning this year has enhanced this awareness for me. I have personally been grateful for the support of MPS for this fellowship and for the Education Award in 2013.

Over the past 20 years, we have fortunately resisted the pressure to become simply prescribers. Seeing how the biological, psychological, and social aspects of our patients' experiences jointly contribute to their suffering, and addressing this using the multiple therapeutic approaches available to us, makes us uniquely qualified to help our patients. I encourage early career psychiatrists to continue this integrated approach of addressing our patients' psychiatric issues.

David L. Mintz, MD



Psychiatrists, according to the evidence-base, are more idealistic, sensitive, people-oriented, creative, and rebellious than our counterparts in other fields. Perhaps then, it is not surprising that many of us, myself included, find circuitous

routes into psychiatry. My path began in philosophy, at the intersection of postmodernism, hermeneutics and psychoanalysis. A detour through clinical psychology brought me finally to medicine. The Department of Psychiatry seemed so desperate to establish the scientific credentials of psychiatry that it singularly emphasized biological psychiatry. Still, I was not dissuaded from my interest in how developmental processes and psychological adaptations shape the course of psychiatric illness.

That interest brought me to the Austen Riggs Center for a Fellowship in Psychoanalytic Psychotherapy. At Riggs, I worked (and work) intensely with complex, multiply comorbid patients who had typically been failed by a wide range of

mainstream treatments, usually including myriad medications. I had come to Riggs for the unrivaled training in psychotherapy and rich intellectual environment. However, I quickly found myself challenged to become a sophisticated pharmacotherapist, as I had to find ways to improve on complex regimens that had often been shaped by master psychopharmacologists.

My interest in the psychosocial dimension of prescribing began to take shape during my Fellowship. I think, ultimately, it was that focus which distinguishes me as a psychiatrist, and to which I can credit my recognition as a Distinguished Fellow. That interest was shaped by several factors. On an intellectual level, I was concerned by the increasing divergence of psychodynamics and mainstream psychiatry. I was looking for ways to bridge the widening gap and maximize the relevance of my learning.

More importantly, that interest was shaped by clinical necessity, as my patients taught me the limits of rational pharmacotherapy. These patients often had disturbed relationships to medications, or caregiving, or even to health itself. Many had developed attachments to illness or suffering that were not immediately apparent. Others had deeply rooted negative expectations of caregiving, which compelled them (often unconsciously) to resist treatment.

Early in my Fellowship, one particular patient taught me the futility of prescribing in

the face of such massive resistance. Suffering from multiple "chemical sensitivities," he had been unable to tolerate any rational medication regimen prior to coming to Riggs. Indeed, all of my efforts as his pharmacotherapist met the same fate. I consulted with a New York psychopharmacology guru, a very smart man who suggested that, with the patient's consent, I prescribe a placebo which would, eventually, contain active drug. The patient, however, was smarter still, and immediately became allergic to the methylcellulose in the placebo capsule! It became clear that, when pharmacologic treatment resistance derives from the level of meaning, it is best addressed at that level.

Seeing the clinical benefits of a deeply integrative approach, I have come to feel that the apparent limitations of psychopharmacology stem, in part, from our collective neglect of demonstrated psychosocial factors in the prescribing process. I have tried my best to share the lessons that such patients have taught me about the central importance of meaning, relationship and patient authority in pharmacotherapy, and to draw attention to the evidence base connecting meaning and medication. I am gratified by the changes I see in psychiatry. The pendulum has begun to swing back towards the middle. With a growing recognition of the biology and benefits of psychosocial treatments, psychiatry is poised to reestablish its expertise as a truly biopsychosocial endeavor.

APA 2015 DISTINGUISHED FELLOWS

Marilyn Price, MD, CM



I am honored and grateful to be recognized as a Distinguished Fellow by the Massachusetts Psychiatric Society and the American Psychiatric Association. I would like to thank my colleagues who wrote

letters of support on my behalf and I wish to thank members of my own department of Psychiatry at Massachusetts General Hospital for their ongoing encouragement and guidance.

I was inspired to seek a career in medicine by my own pediatrician who was a man of incredible warmth and compassion. He encouraged me to pursue my interest in science and medicine. He advised me to secure a position as a research assistant at McGill Medical School as soon as I was admitted to McGill as an undergraduate student. A year later, the Department of Health and Welfare of Canada was awarding grants to undergraduate university students for projects concerning the non-

medical use of drugs. The principal investigators in the lab urged me to apply. I was fortunate to receive one of these grants. This research fueled my interest in neuroscience and psychiatry.

During medical school, I did consider other specialties. I decided to enter the field of psychiatry because I was so impressed with my supervisors during my psychiatry rotation. They were committed to helping those persons with chronic and persistent mental illness. Early in my psychiatric residency at Boston University, I had considered becoming a child psychiatrist. However, Dr. Kenneth Kaplan asked me to work with him on an article about the clinician's role in competency evaluations. I became intrigued with forensic psychiatry, which is at the intersection of psychiatry and the law. I later completed a fellowship in forensic psychiatry. Over the years I have worked as a general psychiatrist, a forensic psychiatrist, a correctional psychiatrist and a clinical risk manager. I also maintained my interest in addiction psychiatry and for 15 years, was a consultant to a methadone maintenance clinic.

Organizations such as the Massachusetts Psychiatric Society, the American Psychiatric Association and the American Academy of Psychiatry and the Law play critical roles in promoting ethical psychiatric practice. They arrange educational

programs and direct the development of practice guidelines. They have advanced mental health parity and worked to decrease the stigma associated with mental illness. I have been very active in these organizations since my fellowship and have had the privilege of serving in a variety of capacities.

I would encourage early career psychiatrists to become active in MPS, APA and their subspecialty organizations. You will find that you will be warmly welcomed, your contributions will be valued and you will grow professionally by having a network of colleagues who can mentor and support you. You are necessary to the long-term success of these organizations and to our profession.

As a forensic psychiatrist, I feel compelled to share with early career psychiatrists, the best risk management advice I have ever received. My fellowship director, Tom Gutheil told me, "Never worry alone." I have "never worried alone" when I have had concerns about a client and I have "never worried alone" when I have been at a crossroads in my career. Most importantly make sure you balance career and family. I am truly indebted to my husband Michael, our children and grandchildren for their love and inspiration. In my later career, I have added spoiling of grandchildren as a necessary "duty".

Mary Anna Sullivan, MD



Thank you to my colleagues and the MPS for this honor! I am indebted to so many of you, as I look back over my 35 years in the field and as a member of the Society. Thanks first to my friends

and mentors who wrote letters on my behalf, and to my colleagues at Lahey and beyond, to whom I will always turn for advice, support, and a helping hand. Thanks, too, to my patients, from whom I continue to learn, and to my family (have I mentioned that I just became a grandmother?)

Despite the very real and present dangers to the profession around every corner, I

consider myself a very lucky woman to have chosen our field. I am as interested and as intrigued with the way our minds work today as I was when I graduated medical school. And I have lived long enough to start to see the world accept what we have known all along—that the mind and the body are one, and that good medical care means good care of the whole person (it doesn't hurt that the guys in the green eye shades have figured out that good psychiatric care actually might even lower total medical expense). The move toward really integrated care is an exciting one, and I am immersed in helping my health system achieve this goal.

I chose psychiatry because it felt like the right place for an English major who loved hearing a good story. I arrived in Boston in 1980—when the field was in the throes of "you are an analyst or a psychopharmacologist", which sent me running for the field of CL, where such siloes didn't exist. I think we have come a long way as a profession since then—I see us attracting ter-

rific students to the specialty that best marries the art and the science of medicine. I think the single most important development in recent years is the understanding of the importance of the role of the mind in overall wellbeing—and psychiatry will move front and center as the primary care "specialty".

My advice to those starting out? Remember and believe in our place at the center of good medical care. Stay close to where our patients get the rest of their care. Become an advisor to some primary care practices; give the OBGYN's in your neighborhood easy access for any new mother they are worried about; stay active in your local hospital, never stop teaching, especially our colleagues in other specialties who really do want to know how to understand personalities and the vagaries of human behavior. We are the experts and can help all of our colleagues to engage more fully with their patients and increase well-being for all. Thank you!

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Waltham, MA

Saturday, October 3, 2015

26th Annual Psychopharmacology Update, MMS,
Waltham, MA



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ADDRESS SERVICE REQUESTED

MPS Calendar of Events		
SEMPS	May 6, 2015 at 6:30 PM at Daniel Webster Inn, Sandwich	bdupuis@psychiatry-mps.org
Integrated Care Discussion Group	May 7, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
APA Annual Meeting	May 16-20, 2015 , Toronto, Canada	apa@psych.org
WMPS -Eating Disorders w/Brandon Erdos, MD	May 20, 2015 at 6:00 PM at Delaney House, Holyoke	bdupuis@psychiatry-mps.org
Executive Committee	May 26, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Committee for Women	May 28, 2015 at 7:00 PM at MPS	jkealey@psychiatry-mps.org
2015 Risk Avoidance and Risk Management Update	June 13, 2015 from 8:30 AM to 3:30 PM at MMS	jkealey@psychiatry-mps.org
Healthcare Systems and Finance	June 16, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org