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FROM THE PRESIDENT

Rohn S. Friedman, MD



Lifelong Learning and Maintenance of Certification

This past year I found myself a student again, courtesy of the Maintenance of Certification (MOC) program of the American Board of Psychiatry and Neurology (ABPN). I became board-certified in 1983, before the ABPN limited the duration of board certification. Those like myself who were grandfathered into lifetime certification do not need to recertify, but can voluntarily enter the MOC program (and maintain our lifetime certification even if we do not pass the MOC); but national statistics suggest that very few of us do so. However I have subspecialty board certifications which are time-limited and were due for recertification.

The MOC is a ten-year process to document professional standing (an active unrestricted medical license), lifelong learning (CME), cognitive knowledge (a recertification exam), and quality improvement activities (PIP). The system for figuring out all of these requirements was quite arcane, with colored pathways in the ABPN manual mapping out complex phase-ins of various requirements in different years. (Going forward, these phase-in roadmaps have been eliminated, and the 10-year program is being phased out at the end of 2021 in favor of the Continuous MOC program with an annual fee and a simplified and more consistent road map).

Having documented the requirements to apply for the exam, I then tried to review the content areas over the next six months. I reviewed a couple of texts and read a cou-

ple of issues of FOCUS, the APA's journal of lifelong learning. One of the concerns critics have had about the 10-year MOC program is that most people, like me, do the bulk of their "learning" in the months before the exam. None of us who crammed for final exams in college or medical school should find that foreign.

After all that, I showed up at the local PearsonVUE exam center, emptied my pockets into a storage locker, and went through a security procedure that included giving an electronic palm print before going through a door and on the other side of the door, as if you could change identities in the doorway. I took my seat in what appeared to be a level 4 biosafety containment facility in front of a computer in a roomful of others taking everything from an engineering exam to physical therapy and gastroenterology boards, and took the exam.

Now, while I await the results, I have time to wonder: did this serve a purpose? Did I learn something that changed my practice or affected my patients? Did the cognitive exam test anything meaningful? Were my efforts at practice improvement significant? I would say that my answer is equivocal.

At this time there is a lot of debate over the MOC requirements and procedures. Some of the issues that deserve discussion include:

1. The cost of the MOC. Some have pointed out that the ABMS including

the ABPN have established a large industry in certification and recertification exams and the MOC process. While the ABMS including the ABPN does not itself market any educational materials but only approves them, the specialty societies like the APA earn an enormous amount from the educational materials and courses they market, giving them a vested interest in the system. This combination of a testing industry at the certification level and an educational products industry at the specialty society level has been referred to as the "certification industrial complex" (Kempen 2013)

2. The absence of clear evidence that certification or recertification leads to improved patient outcomes. There is some evidence that over time test scores decline (i.e. those further away from residency score lower on average on the exam) but relatively little evidence that this correlates with quality of care or patient outcomes, and performance measures in one study were no different in practitioners who had lifetime as opposed to time-limited certifications. (Ramsay et al 1991, Hayes et al 2014, Teirstein and Topol 2015)

3. Traditional passive didactic CME lectures and readings are known to be among the less effective learning modalities. Team-based point-of-care learning (learning generated by a

(continued on page 3)

INSIDE

From the President 1 Healthcare System and Finance Update.....5
Resident Fellow Member 2 MPS Classifieds8
APA - A Career-long Partnership.....4 MPS Calendar16

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Finding Professional Identity Amidst Negative Media Portrayals: Evil, Corrupt, and Incompetent Fictional Psychiatrists

Last week I was watching the murder mystery television show *Castle* – yes, I admit a weakness for crime dramas – and about 15 minutes into the 42-minute episode a psychiatrist was introduced as a character. He wasn't yet a suspect, but I said, "yeah, he did it." Indeed, after he unsuccessfully tried to frame one of his patients, the plot twisted and I was correct. The psychiatrist had been murdering women for years while wearing a black-and-white mask which he described as the depiction of his true self, rather than the mask of sanity he had to wear in his daily life. I sighed in resignation.

At this point, the psychiatrist-turned-psychopath (or, psychopath-turned-psychiatrist) is a predictable stereotype. Remember *Batman Begins*, the much-lauded 2005 reboot of our favorite chiroptophobic superhero? The villain from that movie was a criminal-rescuing psychiatrist, Dr. Jonathan Crane, who enjoyed giving people a fear-inducing hallucinogenic drug and donning a burlap mask. Evil psychiatrists can be found in many popular books, such as *The Girl with the Dragon Tattoo*, and in classic movies, most notably the brilliant and cannibalistic Hannibal Lecter from *The Silence of the Lambs*. And no article on psychiatry in the media can overlook the treatment team (evil nurse and passive doctor) in *One Flew Over the Cuckoo's Nest*, who used psychiatric assessment as a tool to lock away unconventional people without a trial, then ECT and lobotomy as final mechanisms of control.

Even fantastical family-oriented shows, such as *Once Upon A Time*, which has a generally accepting attitude towards characters with eccentric thought processes and semi-delusional beliefs, slip into anti-psychiatry sentiment. It has balanced its positive psychologist character, a humanized Jiminy Cricket, with a basement filled with dark padded rooms guarded by a silent woman in an anachronistically capped white nursing uniform, holding fairy tale characters against their will for years. This asylum basement, first introduced as the holding place for Belle from *Beauty and the Beast*, recently reappeared as the jail alternative for the Evil Queen's murderous sister, The Wicked Witch of the West.

When psychiatrists are not portrayed as evil, we are often corrupt or useless. In a 1964 episode of *The Dick Van Dyke Show*, Rob seeks lying-

on-the-couch style therapy for psychosomatic back pain and is cured in one session, talking himself through a rather obvious insight with the psychiatrist contributing nothing but the occasional "um-hum." In the Robin Williams 1998 movie *Patch Adams*, the titular character is admitted voluntarily to an asylum for crippling depression. He is treated by a psychiatrist who painfully makes no eye contact, checks his watch, and puts creamer in his coffee during therapy sessions, and who listens poorly enough he misses Adams making multiple crass comments. In a triumphant movie moment, a cured Adams tells the psychiatrist off with a brilliant "you suck" upon leaving the hospital. One of the more positive portrayals of a psychiatrist I've seen recently was Kevin Spacey in the 2009 movie *Shrink*. His character was actually a good, competent therapist – oddly enough, treating Robin Williams, who played a minor role as one of his patients. Of course, it then becomes known that this therapist's wife committed suicide, he uses drugs, and he demonstrates multiple boundary violations while treating a teenage patient whose mother also committed suicide. In the end, he fires another female patient so he can date her.

Why is psychiatry such a target for negative fictional portrayals? There are so many reasons, including: our history of using strange treatments (a history which we share with other medical specialties), our lack of confidence in diagnosis as demonstrated to the public with ever-changing diagnostic criteria, the misunderstanding of therapy and the popular notion that lay people can be just as good as therapists, the mystery and privacy of the therapeutic relationship, and the lack of laboratory or imaging tests for our diseases. However, I would hypothesize that an important factor underlying these negative portrayals is a fear of power. If psychiatrists have the ability to decide who is sane and who is insane, what is to stop a psychiatrist from using that ability for wrong? Becoming insane, or, worse, having others see us as insane, is terrifying.

It is tempting for us to dismiss this notion of the all-powerful, fear-inducing psychiatrist as entirely fiction. In the face of severe mental illness psychiatrists often feel powerless, and with some patients it can seem like our drugs and therapies are as effective as bailing water out of a sinking boat with teacups.

However, in the emergency department, I see myself reinforcing this stereotype of psychia-

(continued on page 3)

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clinical encounter which gives rise to a question that requires finding the best evidence-based answer to address that patient's care) is the current standard in medical education and practice, and poorly reflected by an individual exam in which there is no access to the mass of information in the outside world.

4. The performance in practice modules have come in for the most intensive criticism, including a letter on March 16, 2015, from the APA to the ABPN calling for elimination of the Part 4 PIP requirement on the basis of its being onerous and cumbersome with a very limited evidence-base. Quality improvement in an organization with resources for such work and a large database makes sense; whether a solo practitioner looking at 5 charts

or "evaluated" by 5 patients or peers can implement a reasonable quality improvement process is questionable.

So some have argued that we should do away with the MOC and recertification. It is clear, however, that many other regulatory bodies are looking at requirements for ongoing physician assessment and education, including third party payers, the federal government through CMS, and the Joint Commission. In fact the Federation of State Medical Boards (FSMB) has been working on a process for "maintenance of licensure" (akin to maintenance of certification by the ABMS) that would require ongoing documentation of competence in order to renew one's medical license. The result of eliminating MOC would likely be its replacement by even more onerous impositions by some of these other bodies

(Iglehart and Baron 2012).

So the challenge is to improve the process of MOC rather than to eliminate it. Even critics agree that lifelong learning, high-quality evidence-based treatment, and quality improvement are worthy goals. The question is how we can best achieve these goals and demonstrate to a skeptical public that as a profession, we are exercising the privilege of self-governance, including self-assessment, responsibly or we risk losing even more of our autonomy.



Rohn S. Friedman, MD
President,
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(continued from page 2) Resident Fellow Member Corner

trist-as-judge on a regular basis. Massachusetts' commitment laws are surprisingly paternalistic compared to other states. Here, it is fairly easy for a clinician to have a patient "sectioned" to an emergency room or for a psychiatrist to commit an unwilling patient to an inpatient psychiatric unit. The fact that a Section 12b can hold a patient for three *business* days means that, in reality, patients can anticipate being held for five days if, for example, they are admitted to an inpatient unit on a Friday, or six if it's a three day weekend. Not to mention, our commitment laws have a glaring hole allowing a patient to be kept in the emergency department indefinitely pending admission to a psychiatric unit, being reevaluated daily and waiting for a bed to become available. The time "boarding" in an emergency room can stretch to several days.

In a sense, keeping a patient in a safe room in the emergency department, devoid of a television or window, with a one-to-one sitter watching him at all times, bears an uncomfortable resemblance to the barren psychiatric basement portrayed on the show *Once*. To patients with little insight, the decision to admit them to a psychiatric unit involuntarily can seem illogical and punitive. On more than one occasion, college students have told me that admitting them to an inpatient psychiatric unit will ruin their lives (missing class, missing tests, worrying parents) and make them feel worse, not better. In some cases, that assessment may not be wrong, but when weighing their concerns against the risk of death by suicide, admission is the safer choice. On a particularly memorable occasion, a young woman, whose presentation clearly required admission, pressed her hands together in a prayer position and

said to me "I beg you, do not do this, doctor, I am begging." For me, that was a hard night. Assessing patients in the emergency room is a difficult and often intimidating skill to learn. Residents struggle to make good decisions balancing the values of safety, beneficence, and autonomy while working 24-hour shifts, and this is not an easy job.

We as psychiatrists may not be regularly locking people in horrifying institutions for years and feeding them hallucinogenic drugs while wearing burlap sacks, but fears and stereotypes are built on grains of truth. There is indeed some power we wield, paltry and limited as it may seem to us, which perpetuates our reputation in fiction. But, we are not alone. Other doctors are also frequently shown as all-powerful and corrupt. When I was in medical school, a family medicine doctor commented to me that he thinks all physician suspects on crime dramas ultimately turn out to be the killer. Certainly, plastic surgeons get their share of psychopathic character portrayals; recently, the show *Castle* featured a female plastic surgeon serial killer in a multiple-episode story arc, reflecting a similar villain from several years ago on *Nip/Tuck*. Nevertheless, other specialties' negative media portrayals are balanced by more positive popular shows (*Scrubs*, *Grey's Anatomy*, *ER*, *The Mindy Project*, etc.). Psychiatrists undoubtedly bear more of a burden than other specialties due to stigma and widespread misunderstanding of both the nature and treatment of mental disease.

Even more important to consider than fictional psychiatrists is the portrayal of our patients, particularly those with psychosis. In one analysis of movies between 1990 and 2010, a majority of characters with

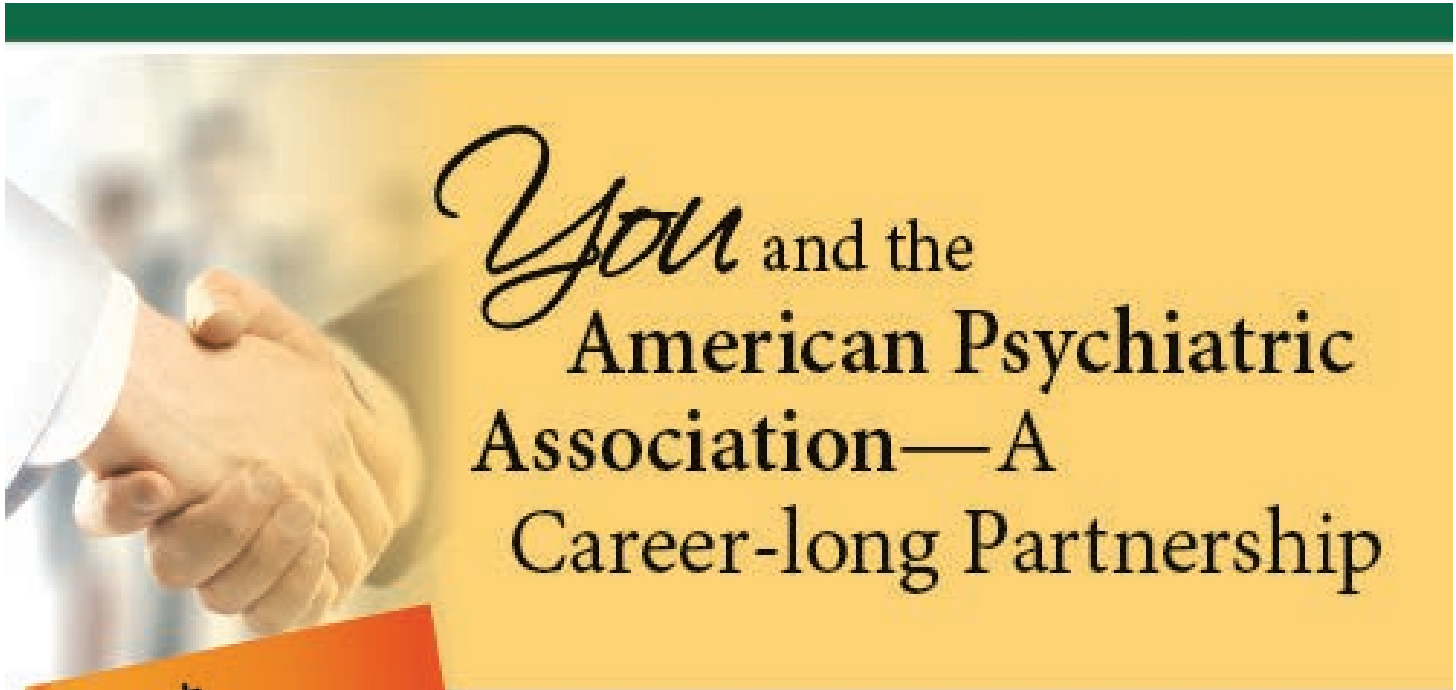
schizophrenia displayed violent behavior, and nearly one-third were homicidal (Owen, 2012). In the face of extremely negative depictions of psychiatry, it is a challenge for people suffering from mental illness to seek treatment.

For those of us still in training, to whom the decision to become a psychiatrist is still fresh, finding our professional identity while learning to cope with the very real expectations and stereotypes people have of our profession is a difficult matter. It is important to value the good experiences. As an antidote to negative media, I remember the patients who I've treated and seen get better, those who have thanked me, and even those who have told me how they have been helped by others, such as the man sitting next to me on a cross-country flight three years ago who talked for hours about how psychiatrists saved his life. It is also important to be active about advocating for our patients and our profession, writing letters to lawmakers to encourage funding for mental health, and writing to newspapers correcting misinformation. In social situations we should not be afraid or hesitant to say and describe what we do for a living. We should be real-life, professional and competent counter-examples to our negative fictional counterparts. In other words: be ourselves.

Further reading:

Owen, Patricia R. "Portrayals of Schizophrenia by Entertainment Media: A Content Analysis of Contemporary Movies." *Psychiatric Services* 2012 63:7, 655-659

Hopson, Jacqueline. "The demonisation of psychiatrists in fiction (and why real psychiatrists might want to do something about it)." *Psychiatric Bulletin* 2014 Aug; 38 (4): 175-179.



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Healthcare Systems and Finance - The prior approval process – a reason for outrage

Dan Shaw, MD

Prior approvals for stimulants have been a constant in our lives for several years. In my experience, and others on the Health Care Systems and Finances Committee (formerly the Managed Care Committee) most approvals have been granted quickly after the initial PA is submitted. Over the past year I have been finding more and more denials with appeals having to go to the 3rd level.

There appears to be a change in the approach taken by both commercial insurance PBMs [Pharmacy Benefit Managers] and PBMs associated with Medicare part D. Rather than rely on clinical judgment they are relying on FDA guidelines and ACA (accountable Care Act) guidelines to make decisions. The result is a protracted process of appeals with letters and phone calls by both patient and psychiatrist. Even if the outcome is positive it has a deleterious impact on patient care and wellbeing.

This protracted process may be more likely with stimulants. I have not experienced having to go beyond a level 2 appeal (usually a letter) for most other PA requests that exceed quantity limitations or off label use. Furthermore many of the PBMs have written letters to the patient saying they are required by law to provide a month's supply of medication pending a PA process. This was not the case for these 3 people.

What follows are examples of the barriers that the PBMs created to final resolution. In 2 cases, which took over a month to resolve the PBM approved the dose. On the third case, which took over 3 months the PBM denied the drug. All these rulings were based on an interpretation of standards and rules that had not been in place 2 years ago.

Example 1

Mr A a 35 YO, PhD engaged in biomedical research, has ADHD and has been on methylphenidate 80 mg a day for 5 years. This dose was highly effective, lower doses were not. When he switched from one BC/BS product to another his PBM changed from Express Scripts to Caremark. Express Scripts had required a simple initial annual PA, basically asking for verification of the diagnosis. For 5 years there had not been any difficulty getting authorization for the 80 mg dose.

Caremark is a different story. The initial PA, which required a detailed rationale for the dose was rejected because the dose fell outside FDA guidelines of 40 to 60 mg a day. The PBM would only pay for 20 mg bid because of quantity limitations.

An appeal was rejected a month later because the "... claim did not involve medical judgment" as defined by the ACA (Affordable Care Act). A toll free number referred me to a group called MCHC who said they would accept a 3rd level appeal. After letters written by both my patient, and myself and after 6 weeks of waiting, the patient and I called MCMC. Finally they faxed a denial, which had been dated 2 weeks earlier. Denied because "...MCMC has determined that the request does not involve medical judgment (which is the only basis for the appeal) and the appeal is denied". Therefore they did not "... perform the requested review". Though this was clearly a clinical and medical matter. No medical judgment was involved!!! Certainly not by them.

MCMC suggested the next step is a lawsuit as "... there are no other appeals and the decision is binding". Throughout this process my patient has experienced significant distracting frustration as well as considerable expense to pay for the additional 40 mg a day the PBM would not approve.

Example 2 involves a 56 YO woman on Medicare and a part B medi-gap, with moderate to severe treatment resistant depression. Over several years we worked out a regimen of fluoxetine plus desipramine, which resulted in 50% reduction in depressive symptoms. Addition of Concerta 54 mg in the morning resulted in complete resolution of her depression in the AM but return of depressive symptoms in the PM. Addition of 15 mg of methylphenidate at 4 PM resolved this difficulty and she was depression free throughout the day. For several years this regimen required a simple PA request. It was usually granted in response to a simple form that included a brief paragraph describing the rationale for the augmentation strategy.

This year the process got more complex. Coventry Health Care, her PBM, denied the initial request saying that methylphenidate is not FDA approved for depression, and there is no accepted off label use in "...one of the recognized drug compendia for treating major depressive disorder".

An appeal was duly filed. While awaiting a response to the appeal Ms B had to pay out of pocket for her PM Ritalin. She could not afford this and became depressed and anxious every afternoon. Her functional and cognitive capacity declined. Her shaky self esteem crumbled. Several phone calls to Coventry to ask them for interim coverage were met courteous rejections because

they don't provide interim coverage.

After 3 weeks of waiting the medication was approved. In the approval letter the PBM stated that they would have reimbursed my patient for out of pocket expense for methylphenidate during this process. Had she but known that she might have been able to find some resources to help her pay for medication to tide her over.

Example 3 involves a 63 YO man with severe disabling depression. For years he has been on a complex regimen of bupropion and methylphenidate 120 mg a day. He had not been able to tolerate all other classes of antidepressants mood stabilizers and other augmentation strategies. On this regimen he has a 30% reduction in symptoms. He is still in the severe range but is able to function and socialize to a modest degree. The initial PA rejection was based on the same reasoning in example 2. The PBM was Medicare AARP Plans. They were a bit more transparent. Medicare only allows a drug to be covered if it is for a medically accepted indication. That is a use approved by the FDA or a use that is listed in Drugdex or the American Hospital Formulary Service-Drug Information. The appeals process took a toll in increased anxiety and in effort and time spent writing letters (a difficult task for anyone with severe depression). The letters also had involved detailed clinical material and literature citations. Finally after a month of letters and phone calls and a third level appeal the medication was approved. Because my patient had used a mail away service he had 3 months of medication on hand he did not have to go through the experience of the patient in example 2.

Though these are only a few cases I fear they are the tip of the iceberg. I think they illustrate a change in the PBM approach to PAs, particularly for stimulants. This appears to be driven in part by Medicare limitations on coverage. It marks a change from quasi-clinical decisions of the past to rule defined decisions. The battle here may be with Medicare rather than the PBMs, though the PBMs appear to have flexibility. They were able to cover the drug after 3 levels of appeal and weeks of waiting.

The fact that stimulant augmentation for TRD is not FDA approved, nor in an approved drug compendium of off label uses should not be a reason for denial. The fact that the doses exceed the FDA dose range is absurd. To get an FDA indication requires billions of dollars for clinical trials. Since stimulants are all generic that is unlikely to happen. As psychiatrists we use off label

(continued on page 6)

(continued from page 5)

doses and off label indications for a variety of problems such as treating ADHD, or PTSD, or for depression augmentation strategies.

I fear we are facing an increasing problem. There is increased risk of prolonged appeals processes and increased denials. This results in a time burden for us but a much worse psychological, financial, organizational and time burden on our patients. [Just try negotiating the PBM phone tree when you are depressed, can't concentrate and feel hopeless].

It amazes me that PBMs, which are presumably run by pharmacists could be so dense as to base clinical decisions on a limited set of rules, which are not transparent, or accessible. [Good luck googling the ACA definition of medical judgment]. The whole PA process seems more flawed than ever. Pharmacists play an important role in ensuring safe prescribing, patient education and appropriate medication use. I have had many thoughtful discussions with local pharmacist around these concerns. I have never had a thoughtful discussion with anyone at the end of a PBM phone.

I wonder if PBMs are really interested in

these issues. Quantity limitations seem arbitrary and designed to save money. Why do we have to justify doses of methylphenidate above 40 to 60mg to treat adult ADHD? Why do we have to justify sertraline doses above the FDA limit of 200 mg for anxiety or depression. [That maximum dose was arrived at because the original Zoloft clinical trials were capped at 200 mg]. I can understand a PBM questioning 3 different antipsychotics. But why do we have to justify olanzapine plus haldol. Sometimes polypharmacy is really good care. Sometimes it is not. Is the current PBM process [a form + 2 levels of appeal letters] a good way to decide this? Do the phone calls make any difference?

I don't see a good way out of this. I have discussed these cases with the Samantha Hawkins at the APA committee on Health Care Systems and Financing. (You can reach her at SHawkins@psych.org). She is very responsive and has offered some good ideas about how to write appeal letters. She has brought these cases to the committee and members will be discussing this with contacts at Caremark and CMS. This may help for future cases.

Dealing with this will involve a lot of work and lobbying. The heart of this effort will

be compiling case after case after case of examples such as these. We need to document the harm to patients by the current PBM approach.

In order to mount an effective lobbying effort we need many more examples. I hope this column provokes you to contact me, at dshaw@bu.edu, about your experiences Or contact Phil Burke, MD at pburke93@hotmail.com, he is the Health Care Systems and Finances committee contact for managed care and PBM issues. And be sure to let the APA know about what you and your patients have been through.

Remember, all are welcome at the Health-care Systems and Finance Committee Meetings, which generally occur on the third Tuesday of the month (from 7-9 PM; dinner served!) at the MPS offices in Wellesley. Check the MPS website for details or contact Michael Bennett at: ibennett@ix.netcom.com. Please confirm the meeting time and date prior to attending as we do have some variability of meeting times.

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Laura B. Fixman, MD September 26, 1960 – April 1, 2015

Dr. Laura B. Fixman, 54, of Barrington RI died Wednesday, April 1, 2015, at home. She was the beloved wife of Dr. Kenath J. Shamir for 20 years. Born in Pittsburgh, PA, a devoted daughter of Marshall Fixman of Ft. Collins, CO and the late Marian (Beatman) Fixman, she had lived in Barrington for 19 years, previously residing in Providence. Laura was a psychiatrist with Family Associates of Warwick and Angell Street Psychiatry of Providence for many years.

She was a graduate of Brandeis University, Class of '82 and Tufts University Medical School, Class of '88. Laura was a former Captain in the U.S. Army Reserve, a member of the Rhode Island Psychiatric Society and a member of Temple Beth-El. Dear sister of Andrew Fixman of Sammamish, WA and Susan Fixman of Greenwood Village, CO. Loving aunt of Janelle, Ryan, Elise, Marisa and Benjamin.

Dr. Fixman was a member of the Rhode Island Psychiatric Society but was a regular and active participant in MPS CME activities.

Sheila Nemser, MD January 30, 1946 - May 9, 2015

Sheila Beryl Nemser, M.D. Of Needham, on May 9, 2015. Beloved partner of Arthur Walitt. Devoted mother of Jodi Nemser Abrahams. Loving sister of Louis Nemser and Sara Deborah Tolchin.

She was graduate from Barnard College and New York University Medical School, completed her residency in internal medicine at Beth Israel Hospital in New York and in psychiatry at the University of Massachusetts Medical Center in Worcester. Dr. Nemser have been board certified in internal medicine and psychiatry. Before joining Needham Psychotherapy Associates, was in the practice of psychiatry in Chelmsford, MA.

Dr. Nemser was a member of the Massachusetts Psychiatric Society.

Psychiatrist Full-Time Northeastern University Health and Counseling Services (UHCS)

Position Summary:

Reporting to the Director of Behavioral Health, serves as a primary behavioral health provider to perform psychiatric evaluations, triage emergencies and share in the responsibilities as a liaison with University departments needing psychiatric consultation. Provides psycho-pharmacological evaluation and management, including prescription of psychotropic medications under established protocol guidelines. Provides clinical supervision to UHCS Psychiatric Clinical Nurse Specialists, and other staff as designated by the Director of Behavioral Health, in accordance with General Laws. Demonstrate and teach appropriate and current psychiatric diagnostic and treatment guidelines and practice Serves as a clinical resource for the primary care and counseling staff.

This is a 35 hours/week benefits-eligible position. Work schedule to be determined, but will include rotating on-call responsibility with phone availability, as well as weekly evening and occasional Saturday hours.

Qualifications:

- Doctor of Medicine or Doctor of Osteopathy degree,
- Current Commonwealth of Massachusetts licensure as Physician with completion of a post-graduate training program in Adult or Child and Adolescent Psychiatry, accredited by the Accreditation Council for Graduate Medical Education (ACGME).
- DEA and Massachusetts controlled substance certification
- Certification or eligibility for certification in Psychiatry or Child and Adolescent Psychiatry, with the American Board of Psychiatry and Neurology. "Board-eligible" applicants will be expected to complete Board certification within one calendar year as a condition of continued employment.

Additional Information:

A criminal background check is required for this position.

To be considered for this position please visit our web site and apply on line at the following link: <https://neu.peopleadmin.com/posting/34430>

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CPA is a dynamic, mission-driven behavioral health center dedicated to providing exceptional service and state of the art psychological healthcare to help our clients live happier and healthier lives. We are committed to excellence in all we do – for our clients, staff and community.

In addition, CPA has been honored for its accomplishments as a woman-led organization and for its award-winning workplace culture, having been named both a ‘Top 100 Women-led Business’ and one of the ‘Top Places to Work’ in Massachusetts by the *Boston Globe*.

Responsibilities

- Provide valuation & treatment services for our high functioning clientele
- Participate in supervision of our talented APRN staff as needed
- Participate in weekly Psychopharmacology clinical meeting
- Participate in weekly multi-disciplinary clinical team meeting with Psychology staff
- Assist in continued development of Psychiatry programs at CPA
- Participate in CPA training programs and meetings as needed
- Contribute to fun, collaborative and professional culture of CPA

We offer

- An award-winning workplace culture
- Flexible daytime hours, no evenings or weekends
- High functioning clientele, very few emergencies
- Outstanding administrative support
- Excellent Compensation, plus 401k with profit sharing
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To Apply

Please forward a cover letter and resume to **Andrea Piatt, Ph.D.**



Arbour Health System is recruiting full-time attending psychiatrists to work weekdays with no call or weekend work required.

Inpatient and Partial Hospitalization Opportunities

Arbour Hospital, 49 Robinwood Avenue, Boston, MA
Arbour-Fuller Hospital, 200 May Street, South Attleboro, MA
Arbour-HRI Hospital, 227 Babcock Street, Brookline, MA
Lowell Treatment Center, 391 Varnum Avenue, Lowell, MA
Pembroke Hospital, 199 Oak Street, Pembroke, MA
The Quincy Center, 460 Quincy Avenue, Quincy, MA
Westwood Lodge, 45 Clapboardtree Street, Westwood, MA

The compensation is highly competitive with a generous benefits package.

Moonlighting Opportunities

On-Call Physicians of all specialties including psychiatry, internal medicine, hospitalist and family medicine are also needed to provide week-night and weekend coverage. The positions offer competitive compensation salary with flexible scheduling -- all candidates are welcome to apply.

Arbour Health System is the largest private mental health system in Massachusetts. In addition to the hospitals listed above, Arbour Health System includes

Arbour Counseling Services with locations throughout eastern Massachusetts, and Arbour SeniorCare.

For psychiatrists interested in outpatient opportunities, there are current openings in select Arbour Counseling Services outpatient centers.

Arbour Health System provides a continuum of care that includes evaluation, crisis stabilization and treatment for children, adolescents and adults with mental illness, dual diagnosis and/or addiction disorders. All hospitals are accredited by The Joint Commission and licensed by the Department of Mental Health. Outpatient programs are accredited by the Commission on Accreditation of Rehabilitation Facilities and licensed by the Department of Public Health.

**For more information on these positions, please contact Andree Paige e-mail: andree.paige@uhsinc.com
 In-house Physician Recruiter - (w) 617-390-1437 (c) 617-429-4240**

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Andrew L. Hyams, Esq.

Mr. Hyams, former General Counsel to the Bd. of Reg. in Medicine, and Mr. Kerstein provide legal services to psychiatrists and other health professionals in the following areas:

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OFFICE SPACE

Cambridge, MA: Charming psychotherapy office in renovated three office suite on 11th floor in desirable Harvard Square location. Beautiful view, shared waiting room/restroom, accessible by T/Bus. \$1150/month. Contact Dr. Donald Meyer: 617.491.6868 or donaIdmeyer@earthlink.net.

Newton Center: Bright, sunny corner office with waiting room, A/c, utilities, cleaning included Near mbta, route 9, 128 and mass pike Please contact Ellen at 617-974-9954 or eslawsby@aol.com

Office for Rent: Newton Centre, MA
Freshly painted and carpeted 12.5 ft x 10.5 ft office w/natural light. A friendly, collegial, and supportive work environment w/child & adult clinicians. Waiting area, hippa room, fax, wifi, copier, and small refrigerator. Phone service is available for each office. Walking distance to the Greenline D train and bus service. Handicap accessible. Please contact Lucinda at 617-469-4664 or lucindadd@verizon.net.

Harvard Square (Cambridge): Furnished part-time psychotherapy office sublet available in Victorian house with great community of clinicians. Shared waiting area/ bathrooms /kitchen. Referral opportunities. \$176/month per 4-hour/week block. 617-230-3002 / harvardsquarealliance@gmail.com

Back Bay (Boston): Furnished part-time psychotherapy office with amazing view of Boston available. Full-time office may possibly become available. Shared waiting area/ bathroom/ kitchenette. Referral opportunities. 4-hour weekly block sublets @ \$12+/hour. Parking available for additional fee. 617-230-3002 / backbayalliance@gmail.com

Brookline - Beacon Street, oldest psychoanalytical building with old world charm: office rooms with double doors;all utilities including cleaning; shared waiting rooms; receptionist. Contact Dr. Leo Arnfeld: (617) 731-2296 or larnfeld@aol.com

PSYCHIATRIST

Cambridge Psychiatric Services
PSYCHIATRISTS: Interested in flexible hours, competitive pay rates, and a schedule that fits your needs?
Qualified psychiatrists needed to provide overnight, weekend, and holiday moonlighting coverage at area hospitals, clinics, and other psychiatric facilities. For more information please call Jessica D'Angio at (617)864-7452 or at jdangio@northcharles.org

STAFF PSYCHIATRIST POSITIONS. Full and part-time positions are available for ADULT PSYCHIATRISTS in our outpatient clinics in Framingham, Marlboro and satellites. Advocates Inc is a full-service, non-profit system serving individuals with psychiatric and developmental disabilities and other challenges in a strength-based, person-centered and multi-disciplinary setting. Excellent physicians are honored, and we offer a warm, friendly practice environment. Compensation is competitive and benefits are available for 20 hours +. Contact in confidence Chris Gordon, MD, Medical Director at 508.628.6652 or at chrisgordon@advocatesinc.org.

Universal Health Services is recruiting Psychiatrists for Staff and Leadership Positions at our Boston area facilities. Clinical duties include admission evaluations, treatment team leadership and daily care of patients in inpatient and partial programs. Leadership position responsibilities additionally include medical and clinical staff supervision, program development, quality improvement initiatives and utilization management of services. All patient care is provided in a multidisciplinary treatment setting. Candidates must be board certified or board eligible in Psychiatry. No Mandatory CALL required. Salary and Benefits will be offered. For more information please contact Universal Health Services In-house Physician Recruiter, Will DeCuyper at will.decuyper@uhsinc.com or 866-227-5415 ext 229.

**BROCKTON MULTI-SERVICE CENTER (BMSC)
BROCKTON, MA
STAFF PSYCHIATRIST – 35 HOURS PER WEEK**

Hospital Practice Psychiatry seeks BC/BE Psychiatrist. BMSC is a JCAHO facility operated by the MA DMH and offers comprehensive outpatient, PACT, case management, residential services, and 24-hour on-site emergency services. Active medical staff and Harvard-affiliated psychiatry residency training program. Responsibilities include outpatient psychiatric evaluations, psychopharmacology management, treatment planning and consultation to treatment teams. Transitional age youth or forensic experience, and/or Spanish speaking desirable. Resident teaching and Harvard appointment available for qualified applicant if interested. Competitive compensation package and no required night call. Please send CV's to William Pariseau @ bill@polarishealthcare.com.

**DR. JOHN C. CORRIGAN MENTAL HEALTH CENTER
(JCCMHC) FALL RIVER, MA 02720
INPATIENT MEDICAL DIRECTOR - 40 HOURS PER WEEK**

Hospital Practice Psychiatry seeks BC/BE Psychiatrist for acute 16 bed inpatient unit. This is a JCAHO CMHC with comprehensive outpatient programs, assertive community treatment, crisis stabilization unit, case management, residential sites and 24 hour emergency and mobile services. JCCMHC is part of the MA DMH and is affiliated with the Harvard psychiatry residency training program. Responsibilities to include: admission/discharge review, psychiatric evaluations, psychopharm management, treatment planning and consultation to treatment team/leadership. Competitive compensation package and no required night call. Resident teaching, research opportunities, and Harvard appointment possible for qualified applicants. Please send CV's to William Pariseau at bill@polarishealthcare.com

ATTENDING PSYCHIATRIST

Tewksbury Hospital is a Joint Commission accredited Department of Public Health hospital located about 23 miles north of Boston, MA near the intersection of Interstates 495 and 93.

Two Life Style Choices

1. Salary: \$210,000 base for board certified psychiatrist with 1-2

overnight call shifts per month. Recent salary increases, generous signing bonus, excellent fringe benefits, generous allowance for license and board certification fees, CME fees and 6 weeks leave time for full or part time psychiatrists. You will work on a DMH intermediate care unit where you can treat people with chronic persistent mental illness with both therapy as well as medication due to the median 200 days LOS. Work with an excellent and personable group of psychiatrists.

2. Salary: \$185,350 same as above with no overnight/weekend on call.

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

**TAUNTON STATE HOSPITAL (TSH), TAUNTON, MA
ATTENDING PSYCHIATRIST - 40 HOURS PER WEEK**

Hospital Practice Psychiatry seeks a BC/BE Psychiatrist for a position in a general adult continuing care psychiatric unit. Candidates should have a commitment to a recovery-based model and community first. TSH is a JCAHO hospital operated by the MA DMH and is a 45 bed continuing care facility, providing inpatient services to adults and geriatrics. No managed care with a caseload of approximately 15 patients. The psychiatrist is the leader of a multidisciplinary team, and a wide range of treatment modalities are valued, including psychopharmacology, group therapy emphasizing skill-building, insight-oriented and cognitive behavioral psychotherapy, family interventions, and Dialectical Behavior Therapy. Competitive compensation package and no required night call. Please send CV's to William Pariseau @ bill@polarishealthcare.com.



Outpatient Psychiatrist

BRIGHAM AND WOMEN'S HOSPITAL



Brigham Psychiatric Specialties, the outpatient service of the vibrant BWH Department of Psychiatry, is expanding its Chestnut Hill practice. We need an excellent clinical psychiatrist to join us. Successful candidates will be exceptionally skilled at complex diagnostic assessment, psychopharmacologic management, focused psychotherapy and collaboration with other medical and behavioral health providers. The department has numerous specialty programs, including Women's Mental Health and Neuropsychiatry, and provides care to a diverse population with high medical co-morbidity. We are a major training site for the Harvard Longwood Residency Training Program. There will be opportunities to participate in teaching and clinical research.

Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

If interested, please send CV to: Jay Baer, MD, Director of Outpatient Services, Department of Psychiatry, Brigham and Women's Hospital, 221 Longwood Ave., 4th floor, Boston, MA 02115; jbaer1@partners.org

Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.



Employment Opportunities: Young Adult Treatment Program
ServiceNet is recruiting a clinical team for a new innovative therapeutic milieu program for young adults experiencing early psychosis. Excellent training, supervision, and teamwork will support intensive group, individual, and family treatment. We will be implementing evidence-based best practices mentored by expert consultants in partnership with UMass Medical School and DMH. Excellent training resources to develop and maintain expertise in treating First Episode Psychosis. We are seeking candidates who have a sense of humor, are flexible and open-minded, think systemically, and are continuously learning. Help us make a difference!

Program Director/Team Leader: Ph. D. psychologist or LICSW with five years' clinical experience working with major mental illness,

two years' supervision, and one year of program management. Responsibilities include: contract management, community networking and marketing, recruiting staff and participants, clinical services, quality and utilization management, and ensuring that all program objectives are met. Must have demonstrated experience balancing administrative, systems, and clinical work.

Licensed Clinical Psychologist: Ph.D. or Psy. D., 32 to 40 hours per week to provide comprehensive assessment, treatment, and intern supervision. Experience with CBT and a range of assessment instruments to measure outcomes and progress. The psychologist will play an important role with intake, assessment, and treatment planning and be a key provider of individual, group, and family therapy.

To apply: Please download an application from our current openings page at servicenet.org. Send completed application with resume and cover letter citing Search #187MPS and the position you are applying for in the subject line to jobs@servicenet.org

•ServiceNet is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or veteran status. We are proud to be a tobacco free employer.



Middlebury, VT - Psychiatrist

Seeking psychiatrist to join innovative community health practice. Our multi-disciplinary psychiatry team provides services to adults, children, and families in a collaborative, team-oriented environment. The psychiatrist will provide direct services to clients, oversight and supervision to clinicians, and consultation to a wide range of agency staff and community partners. On call coverage is shared within the psych team. CSAC is located in beautiful Middlebury, Vermont, near Lake Champlain. Excellent schools and outstanding recreational opportunities. The position is full-time, with generous benefits. Prior experience in community mental health setting is preferred. To learn more, visit our website at www.csac-vt.org.

To apply, please submit cover letter and resume to Alexa Euler, Director of Human Resources at apply@csac-vt.org or mail to 89 Main Street, Middlebury,



BAY COVE Human Services, Inc in Boston is looking for a Community Psychiatrist. The **Community Psychiatrist** will serve a diverse population of individuals in various community settings including the Michael J. Gill Mental Health and Wellness Clinic, the Kit Clark Senior Center, Center House Day Treatment, and the Community Flexible Support (CBFS) system of care which serves Department of Mental Health (DMH) clients with serious mental illness. Qualified applicants may become Tufts faculty for the teaching of PGY III Tufts residents who rotate through Bay Cove for their Community Psychiatry rotation. 15-20 hours; no call. For more information about this job opening, visit Baycove.org.

LAWRENCE, MASSACHUSETTS - - The Greater Lawrence Family Health Center (a federally qualified health center), 30 minutes north of Boston, has a position available for full-time adult psychiatrist. GLFHC provides innovative and comprehensive care to primarily low-income patients, and is home to a top-ranked Family Medicine residency program (this is a four year residency). The position involves direct patient care, consultation to staff as well as teaching responsibilities to residents. The psychiatrist will be part of the behavioral health department which includes psychiatry and psychology staff. The goal is to move toward collaborative or integrated care so as to enhance the overall well being of our patients.

Responsibilities:

- Prescribe psychotropic medications and conduct regular assessments of the therapeutic responses and side effects of medications to patients.
- Provide on-going education to patients, family members and team members on psychiatric illnesses and medications.
- Engage with clinical teams, faculty and residents to ensure quality service delivery to all patients and families.
- Provide education and training to family medicine residents.

Requirements:

- Must be licensed to practice medicine in Massachusetts, board certified or board eligible in psychiatry.
- Must have strong clinical skills.
- Must be conversant in Spanish

Please send CV and cover letter to Samantha Baril or SamanthaBaril@glfhc.org or call us at 978-689-6625.

Child Psychopharmacologist for Private Group Practice

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- Stay busy from the start
- Excellent reimbursement rates
- Health plan, 401k available
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- High quality office space
- Clinical, administrative & Clerical support

*Practice information at: www.psyicare.info. Send CV with letter of interest to:
Michael F. Jacques, Ph.D., Director, at: mjacques@psyicare.info.*



**NORTH SHORE
MEDICAL CENTER**

Child Psychiatrist Opportunity, North of Boston

North Shore Medical Center (NSMC) has an exciting opportunity for a child psychiatrist to join a thriving and growing psychiatric service in Salem, MA about 15 miles north of Boston. NSMC is part of the prestigious Partners HealthCare System, and the Department of Psychiatry is closely aligned with the Massachusetts General Hospital (MGH). The department provides a full spectrum of care, including adult inpatient psychiatry, an older adult inpatient unit, a child inpatient unit, a partial hospitalization program, and several outpatient clinics. There is a vibrant educational program, and teaching opportunities are available. Physicians in the department enjoy a collegial and supportive practice environment.

This position will be based at the Mass General for Children at NSMC child psychiatry outpatient department. Responsibilities will include outpatient care, participation in the Massachusetts Child Psychiatry Access Program (MCPAP), and periodic coverage of other clinical services in collaboration with other physicians.

The call schedule is very reasonable and requires no in-house coverage. A clinical appointment at MGH and the potential for a Harvard Medical School appointment are available for the qualified candidate.

Interested candidates should forward their CV to Louis Caligiuri, Director of Physician Services at lcaligiuri@partners.org.

Adult Psychiatry

Boston, MA (F/T and Per Diem)

St. Elizabeth's Medical Center, Boston, MA

St. Elizabeth's Medical Center, Brighton, MA, is seeking a BC/ BE Psychiatrist to join our expanding Department. This is a full-time position for a team player with strong verbal and written communication skills. The ideal candidate will be interested in providing inpatient care to our Adult patients.

St. Elizabeth's Behavioral Health offers a full range of treatment services, including a 32-bed Adult Unit, an Outpatient Clinic, and Partial Hospitalist program. Additionally, St. Elizabeth's has a Psychiatry Residency Program, with a total of 20 residents.

Per Diem opportunities also exist for Holiday, weekday, and weekend coverage, at St. Elizabeth's, as well as at Carney Hospital, in our Geriatric Unit.

St. Elizabeth's is a member of Steward Health Care, the largest fully integrated community care organization in New England. Steward is a physician-led, community-based Accountable Care Organization and network of ten community hospitals. In joining the Steward family, you will enjoy a compensation package that is extremely competitive, with a generous base salary, CME and professional expenses, malpractice, health and dental insurance, a matching 401K and 409A tax deferred retirement plan and more.

To apply online, please visit our website at:
www.StewardPhysicians.org

If you are interested in learning more about this opportunity, or would like to apply, please contact:

Kristina Imbriano, Network Development
Steward Health Care
(781) 504-3631
Kristina.Imbriano@steward.org



Steward Health Care is an equal opportunity/affirmative action employer. Women and minorities are encouraged to apply.

All inquiries will remain confidential.

Psychiatrist Behavioral Health Network

Behavioral Health Network, an innovative and leading provider of Mental Health and Substance Abuse Recovery services for Western Massachusetts, is seeking an Adult Psychiatrist to provide medical services to our client population. BHN has a strong interdisciplinary team offering a wide array of community-based programs including outpatient mental health and substance abuse services, crisis services, respite, detox and day treatment, wraparound and case management, on site primary care, and close collaboration with area primary care clinics. In addition, we are a training site for Baystate Medical Center, affiliated with Tufts University Medical School, and a faculty appointment is available for interested candidates.

To be considered, candidates must possess Doctorate of Medicine or Osteopathic Medicine and be BC/BE in Psychiatry.

Western Massachusetts is a culturally rich and diverse area known as the "knowledge corridor" with numerous major universities (expand on this...). We provide an excellent compensation and benefits package, including immediate participation in our 403(b) program. We offer medical, dental, STD, LTD and Life coverage for employees. Other great benefits include 12 paid holidays, CME leave, vacation, personal & sick time, and much more!

Send CVs to:
BHN
417 Liberty Street
Springfield, MA 01104



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

PSYCHOSOMATIC MEDICINE POSITION AND

WEEKEND AND HOLIDAY MOONLIGHTING OPPORTUNITIES

Beth Israel Deaconess Medical Center in Boston, a 500+ bed tertiary care teaching hospital of Harvard Medical School, is recruiting staff psychiatrists for its Consultation-Liaison Service as well as offering moonlighting opportunities on its Inpatient Psychiatry Service. The Department of Psychiatry is a major teaching site for Harvard Medical School and the Harvard Longwood Psychiatry Residency Training Program; positions will include opportunities for teaching medical students and residents. Underrepresented minorities are encouraged to apply. Harvard Medical School appointment at an appropriate rank is available.

1. STAFF PSYCHIATRIST ON THE PSYCHIATRIC CONSULTATION SERVICE. This is a key half-time position within the Department of Psychiatry that includes clinical care, teaching, and supervision on a busy service that sees 2200 Emergency Department and 1000 Inpatient Medical-Surgical consultations annually. Certification (or eligibility) in Psychosomatic Medicine is desirable.

2. ATTENDING PSYCHIATRISTS FOR WEEKEND AND HOLIDAY COVERAGE OF THE INPATIENT PSYCHIATRY UNIT. The weekend and holiday psychiatrist covers a diverse 25 patient inpatient unit. Must have a full license and be board-certified. Coverage includes morning rounds onsite and off-site telephone backup to the resident.

Please send a letter of interest and CV to William Greenberg, MD, Chief of Psychiatry, by email: wgreenbe@bidmc.harvard.edu.



Boston University School of Medicine

Boston University School of Medicine/Boston Medical Center Department of Psychiatry

The Boston Medical Center/Boston University School of Medicine Department of Psychiatry is seeking qualified candidate for a position in our Consultation-Liaison Service. Psychosomatic Fellows welcome to apply for July, 2015, openings.

Consultation-Liaison Service: BC/BE Psychiatrist, Board-certification and/or experience in psychosomatic medicine preferred. Position includes providing consultation-liaison service to both inpatients and outpatients of Boston Medical Center and teaching and supervision of fellows, residents and medical students. Position may also include participation in new integrated behavioral health initiatives, outpatient and/or psychiatric emergency services.

Boston Medical Center, a teaching hospital for the Boston University School of Medicine, is a busy academic medical center in Boston serving a diverse, multicultural patient population.

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

Academic appointment commensurate with experience. Competitive salary and excellent benefit package. All interested applicants should send CV and cover letter to Joan Taglieri, c/o BU Psychiatry, 85 East Newton Street, Suite 802, Boston, MA 02118 or email to Joan.Taglieri@bmc.org

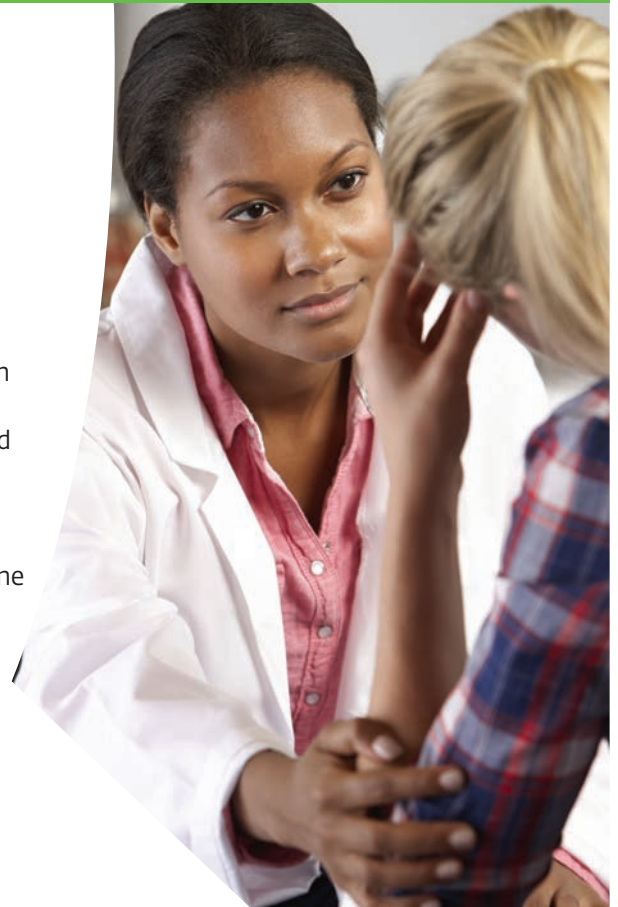
Boston University School of Medicine/ Boston Medical Center is an

Lahey Health Behavioral Services | Lahey Hospital & Medical Center

Our Future Begins With You

Adult and Child/Adolescent Psychiatry Opportunities

Lahey Health/Lahey Health Behavioral Services (LHBS) is currently recruiting BE/BC Adult and Child/Adolescent Psychiatrists interested in outpatient, consultation-liaison, inpatient and other vital roles within our group. Lahey Health is a progressive and award winning integrated healthcare system headquartered in Burlington, MA, approximately 17 miles North of Boston. Lahey Hospital and Medical Center (LHMC) is the flagship facility of Lahey Health. It is a 317-bed, state of the art, Tufts-affiliated Academic Medical Center consistently recognized as one of the best hospitals in the country. LHBS is an 1800 employee strong member of Lahey Health committed to delivering compassionate, responsive, high quality inpatient and outpatient psychiatric care. It provides comprehensive mental health services in more than 30 locations throughout Eastern, MA and Southern, NH. LHBS is growing and looking to add to its professional team. Given the breadth and scope of services offered, we can accommodate the professional interests and practice style preferences of most providers. Below are brief descriptions of a few of the attractive opportunities currently available at Lahey Health.



Current Opportunities:

Adult Outpatient Psychiatrists

Lahey Hospital and Medical Center (LHMC) and Lahey Health Behavioral Services (LHBS) Outpatient Clinics

The Department of Psychiatry at LHMC is currently seeking BE/BC psychiatrists interested in joining our dedicated and dynamic team of full and part time clinicians (MD, CNS, LICSW, PhD). This is a very exciting time to join our team with the integration of mental health services in primary care practices being one of the LHMC Department's top priorities. Chosen applicants will have the opportunity to help further develop adult psychiatric services as part of the ACO which will emphasize comprehensive care at all levels of the treatment continuum, and a close partnership with primary care providers. Clinicians in the community will provide individual assessments, family interventions, individual and group treatment, and psychopharmacological management, and will consult with primary care providers, pediatricians, schools and other behavioral health and human services providers. We offer a collegial environment and tremendous opportunities for growth.

Child/Adolescent Psychiatrist

Lahey Health Behavioral Services

An exciting opportunity is currently available for a board-certified Child/Adolescent Psychiatrist. This position has great flexibility in terms of the treatment of specific patient populations and in a variety of settings across the system. We offer great opportunities for growth and development into a leadership role as well

Geriatric Psychiatrist

An opportunity is currently available for an experienced Geriatric Psychiatrist with exceptional clinical skills and administrative savvy to help define, enhance and expand geriatric services throughout the Lahey Health System.

Moonlighting Opportunities

Lahey Health Behavioral Services Outpatient Clinics

Lucrative night and weekend psychiatric call opportunities are currently available at BayRidge, Beverly, and Addison Gilbert Hospitals, member hospitals of Lahey Health. MA-Licensed residents, fellows and experienced MDs will be considered. Both on-site and telephonic roles are available. Additionally, we are seeking psychiatrists interested in on-call back up roles for our Emergency Screening and Community Crisis Stabilization Services. This role is currently structured in 7-day periods, 24 hours per day

Lahey Health/LHBS is also actively recruiting for clinical nurse specialists, licensed independent clinical social workers and other associate level providers.

For consideration or more information contact:

David DeLuca,
Senior Physician Recruiter
Lahey Health
781.744.8646 or david.p.deluca@lahey.org



Learn more at LaheyHealth.org/Careers



**MASSACHUSETTS
PSYCHIATRIC SOCIETY**

40 Washington Street, Suite 201
Wellesley Hills, MA 02481

ADDRESS SERVICE REQUESTED

SAVE THE DATE

Saturday, June 13, 2015

Risk Avoidance and Risk Management Update,
MMS, Waltham MA

Saturday, October 3, 2015

26th Annual Psychopharmacology Update
MMS, Waltham MA



The MPS Executive Committee,
Council and staff wish you a
safe and happy summer!!!

MPS Calendar of Events

Council	June 9, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
2015 Risk Avoidance and Risk Management Update	June 13, 2015 from 8:30 AM to 4:00 PM at MMS	jkealey@psychiatry-mps.org
Healthcare Systems and Fianance	June 16, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Psychotherapy	June 18, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Executive Committee	June 23, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Council	July 14, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org
Executive Committee	July 28, 2015 at 7:00 PM at MPS	bdupuis@psychiatry-mps.org