



Issue 96

JUNE 2009

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Health Care Reform

In this first newsletter commentary, I thought it might be useful to discuss health care reform and what it may look like as we face the possibility of actually having reform. In a subsequent contribution, I plan to look at parity and its impact.

With the election of President Obama in November 2008, the prospects for achieving meaningful national health care reform have increased. The approach favored by President Obama has however been somewhat vague. This apparent lack of definition may be required to navigate a turbulent sea of politics. Nevertheless, a central tenet of the Obama position has been implementation of universal care for those not previously covered. The Obama proposal is not for a single payer system, one that would essentially eliminate health insurance; rather it is a centrist strategy that builds on what is functioning in the system and adds to it. Those already insured would be able to continue with their current insurance. For those not insured, an array of mechanisms for obtaining coverage could be available. These might include tax credits to those unable to purchase their own insurance; mandatory employer based health care insurance, and, critically, the ending of prior condition restrictions on the purchase of insurance. With these and possibly other mechanisms, there remains a need for insuring those without resources or a job, perhaps a federal insurance plan similar to Medicare for those under 65. Such a mechanism might offer the additional advantages of setting a national standard for how care is covered and of promoting competition with private plans. While these features are attractive, there is the cost factor to deal with: health care costs are rising and already constitute a significant percentage (16%) of the US economy. Any plan to be viable must find ways to reduce costs. But the question comes to mind quickly, how do we get to these reforms? And what shape will health care assume with them?

In a seminal *New Yorker* article ("Getting There From Here: How Health-Care Reform Really Happens," January 26, 2009) Atul Gawande, M.D., a cancer surgeon and professor at Harvard Medical and Public Health Schools, wrote that health care reform now present in every Western industrialized nation except our own has usually begun with "stories about cruelty" that draw attention to

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Theo C. Manschreck, MD

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www.psychiatry-mps.org

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the painful consequences of inadequate health care systems, such as failure to get needed services or bankruptcy after trying to pay for them, a common American experience. He cites a number of these stories from many lands. He gives a close to home example of an Ohio woman, whose loss of employment in a company with a self-insured health care program hence not eligible for COBRA benefits, found herself (and her laid off husband) footing a \$17,000 medical bill. She had gone into labor, began bleeding, and required a caesarean section. Her claim was denied, possibly because she had requested labor induction prior to the ending of the insurance contract to prevent her loss of insurability.

Stories such as these eventually dramatize the unfairness and inequalities that characterize a particular system of care. However, it also takes political leadership to produce the change. And each such change arises less from comprehensive overhauls, more from a pragmatic assembly of new and existing parts. He illustrates this pattern in the evolution of health care transformation in several countries (e.g., Britain 1945, Canada, 1966, Australia, 1974).

The heart of Gawande's discussion is his description of how health care reform has evolved in modern western democracies. The British National Health Service, for example, began with no fanfare and certainly no dramatic overhaul. British health care reform was not ideological in nature; it was the pragmatic outgrowth of efforts to maintain adequate care for all during and after WWII.

In fact, the most significant event that determined the shape of the National Health Service (NHS) was the British declaration of war on Germany in 1939. With the evacuation of 3½ million people from London and other major cities, the government had to supplement local, often rural, services to provide adequate health infrastructure, hospitals, laboratories, x ray equipment, etc. And in the cities, the anticipation of military and civilian casualties also required effective government action. These interventions translated into a greater capacity to deal with the war and its destruction of people and hospitals and interestingly improved adult health and lowered infant mortality. When the war ended, the British people did not want to return to pre-war health care. Doctors, nurses, hospitals, and the public generally liked what they had come to know during the war.

Other countries did not follow this path. France expanded a payroll tax system to cover all wage earners after WWII, the self-employed in the 1960s, and the remainder of uninsured in 2000. In 2000, the World Health Organization ranked the French system first in the world (US was ranked 37th).

Gawande suggests that path dependence, a social science concept that emphasizes evolution of change based on past

experiences and the tendency to create solutions that incorporate/extend present practices, is a useful framework in which to understand how health care reform really happens. Indeed, radical sweeping changes in complex social arrangements have frequently failed miserably. Gawande notes, as examples, Mao's Great Leap Forward in which forced collectivization of farming led to millions of famine deaths; Secretary of Defense Rumsfeld's reinvention of modern military operations strategy with deployment of too few troops in the invasion of Iraq in 2003; and the debacle of introducing Medicare D prescription benefits in 2007—all examples of major failures in radical transformation.

What lessons are there in these historical observations? In the US, there is a tendency to regard change in the health system as drastic and likely to worsen matters. Such concern has fueled public opposition to reform (the cry of "socialized medicine" comes to mind) and has been encouraged by stake holders in the insurance industry and pharmaceutical and device industries as well.

Gawande describes those, left of center, who wish to sweep away the current system, such as those allied in support of a single payer system, who see the only coherent solution to be national health insurance. And on the right, those who believe that market forces will solve our health care crisis propose ending public insurance and employer health benefits so that individuals can buy their insurance on their own and let the market work out the details of the system.

There is not much room for compromise in these varied positions. Indeed many from the extremes view a pragmatic middle ground to build a solution as contemptible.

The US system, however ideal we might like it to be, is less likely to be designed from ideological principles. Rather as a patchwork of varied mechanisms to provide care (e.g., the VA system, Medicare and Medicaid, private insurance, and so forth—each with its advantages and disadvantages), it will be a hodgepodge of solutions that manage to work in meeting the fundamental objective of providing everyone a life boat of health care.

Our system is largely an employment based system of health care. Health insurance became an employer based benefit when it became a means for employers to compete for workers when national wage controls were imposed under Roosevelt to prevent inflationary labor costs. This created the "path" to reliance on private insurance, a source for troubles for the employed and unemployed alike for the last six decades. But like many other aspects of our current system, it will not easily be changed.

To be sure, the health care system cannot be placed in dry dock. There are many realms within the current system that have been successful and many citizens are content with

(Message from the President—Continued from page 2)

their health care. So despite flaws, our system of care needs revision and updating, but not necessarily an overhaul.

But because it likely that whatever we do will not be a radical transformation, that does not mean that we will not transform health care. We must have overarching goals: the current system needs to be universal in its reach. It should not be an economic catastrophe for employers. And as health care professionals, to an extent at least as great as that of the general population, we must be accountable and involved in finding ways to cut costs in order to be successful in achieving a health care system that works. Not such a bad outcome.

Other Updates:

The Annual APA meeting in San Francisco will be a topic for upcoming commentary from our members and officers. This is a period of reorganization and restructuring of the APA brought on by economic realities.

At MPS we will be visiting our residency programs this summer to encourage participation from our trainees. This is a good time to take a look at the roster of committees and interest groups and to follow your interests with active involvement.

We will also be closely monitoring the budget process in Massachusetts. There are serious worries about how cuts will be made to public programs for the mentally ill. Keep reading and join in on the effort to promote a better Commonwealth. Indeed if it is good for MPS, then it is good for the country.

We testified in support of H. 224—An Act to protect psychotherapy patients and against H.266—An act regulating psychotherapy, along with the MA chapter of the National Association of Social Workers, the MA Psychological Association, and NURS. To view the legislation go to the MPS website and look under “What’s New” on the Legislation page. We will keep you posted as the legislation progresses.



Theo C. Manschreck, MD
President of MPS

Notes from the Executive director

It has been a couple of months since I've written for the newsletter. It has been a very busy time for the MPS staff.

The last weekend in March, the MPS hosted the Area 1 Council meeting. In addition to the Area meeting, we held a meeting of all the District Branches in Area I. This was funded by an APA Grant. The purpose of this meeting was to develop ways that we could share resources within the Area and ways that we could support our neighboring District Branches. The meeting was held for a half day on Friday with several of the District Branch Executives also attending the Area I Council meeting on Saturday.

On April 4th, we had our Annual Risk Management Program at the Massachusetts Medical Society. One Hundred and Sixty Psychiatrists attended. This edition of the newsletter includes an article written by Dr. Lettia Upton about the Risk Management program held in April. We also have several photos available on our website.

We submitted our CME Reaccreditation Self Study Report to MMS on Friday, May 1st and had our Reaccreditation Survey Interview with MMS on Tuesday, May 12th. The interview went very well. MPS was the first organization to be surveyed by MMS under the ACCME Updated Accreditation Criteria and they were very pleased with our report and the presentation of our materials. The MMS' Committee on Accreditation Review will meet at the end of June to review our reaccreditation materials and make a decision on the status of our CME accreditation. We have every reason to believe that our CME Accreditation will be continued for another four years.

Based on the feedback we received at the survey, we know that we have two “holes” in our report and we'll most likely be asked to submit a Progress Report to accurately address these two areas. For the most part, our practices are in compliance with the updated criteria. Julie Kealey and I will be working with the CME Committee to address these issues.

We had our Annual Meeting on May 7th at the Waltham Doubletree Guest Suites. I think everyone had a good time. Mrs. Dukakis spoke clearly and compellingly making the case for the importance of ECT as a viable and effective choice in the treatment of depression. You will find some pictures from the Annual Meeting on our website at www.psychiatry-mps.org on the “What’s New” page for Member’s Only.

(Continued on page 5)

Risk Management Update—April 4, 2009

By Letita Upton, MD

One hundred and sixty psychiatrists attended the MPS' 2009 Risk Avoidance and Management Update on April 4th. Overall the program provided both a much needed reminder of somewhat familiar information, as well as much that was new for the audience. A warm and welcoming tone was set for the day by the moderator Mark Hauser, who did an excellent job of keeping the frame and filtering questions for the panelists.

Jim Hilliard, a perennial favorite with his firm but comforting avuncular style, gave the first talk which he drew from the content of calls received from members. He pointed out the little appreciated fact that in Massachusetts, in contrast to many other states, a psychiatrist, who opts out of Medicare, cannot collect more from patients than Medicare allows. He got laughs for describing boundary violations as "the classic camel's nose under the tent situation"....and "before you know it ...the whole camel is in your tent". He warned that if you are faced with a board complaint, be sure to consult an experienced lawyer who can help you think through your initial response to the complaint, as the outcome of your case will be greatly influenced by your initial response.

William Daley, senior partner at the law firm of Sloane and Walsh, was a welcome addition to the Hilliard/ Gutheil tag team. He inserted a much needed positive note for the potentially depressing topics of the day, pointing out that the number of malpractice cases is declining due to the increasing willingness of attorneys to take cases to trial. Also welcome news was his report that juries are positively disposed toward doctors and that doctors win 85% of cases which go to trial. An interesting caveat was his perception that psychiatrists often have an inappropriate hesitancy to get families of patients involved in the treatment.

Tom Gutheil, our other uncle of risk management, did not disappoint with his gallows humor slide show of cartoons to help manage the anxiety of the topic. He gave an excellent summary of the psychology of why patients sue, which is largely not about money but about "bad feelings". His advice about managing patients' magical expectations and building an alliance on "sharing of uncertainty" is always worth being reminded of. He also covered the topic of apology which seems to be undergoing a revival in medical culture. It is often a better way to go to regret the bad experience of the patient, rather than point to wrong doing in colleagues or oneself. This being said Dr Gutheil pointed out that some doctors seem so phobic of apology that they fail to apologize for simple errors, such as double booking.

Finally Luis Sanchez, the director of the Physicians Health Services, spoke about this organization which was founded

by Mass Medical Society to identify, refer for treatment, guide, and monitor the recovery of physicians and medical students with substance use disorders, behavioral health concerns, or mental or physical illnesses. One key part of his discussion had to do with clarifying the so called "snitch law". A doctor is mandated to report a colleague to the Board who is in current (not past) violation of the rules of the Board. However, if you learn of a boundary violation from a patient, this communication is privileged and cannot be reported. Practically speaking, it is also preferable to talk with your colleague first, to see if he or she is willing to get help to resolve the problem, which would allow the Board to be left out of the situation entirely.

As always, the day provided a welcome opportunity to catch up with colleagues, as well as to meet new people. Dr. Mark Hauser suggested adding a column in the newsletter to follow up on the topics covered and address some of the questions which time did not permit the panelists to get to, would be very useful.

A Book About LOCUM TENENS Psychiatry

"PSYCHIATRIST ON THE ROAD: ENCOUNTERS IN HEALING AND HEALTHCARE"

by

Lawrence H. Climo, M.D.

For details:

www.baytreepublish.com

www.amazon.com

MPS is Pleased to Welcome the following New Members:

Members in Training (MT):

Shivam Dubey, MD	Ronald Tae Lee, MD
Jeffrey C. Eisen, MD	Jacob Mathew, MD
Tae Kim, MD	Simha Ravven, MD
Vandai X. Le, MD	Alexia Paez Soto, MD

Transfer In:

William S. Belfar, MD	Julie Egli, MD
James M. Bonnar, MD	Kristine Mattis-Graves, MD
Laura A. Dove, MD	James W. Nielsen, MD

PRESCRIBING MULTIPLE SCHEDULE II DRUGS UNDER THE NEW D.E.A. RULE. *PHYSICIAN ADVISORY*

By James T. Hilliard, JD MPS Legal Counsel

The purpose of this Advisory is to resolve the many questions being asked about a physician's ability to prescribe multiple prescriptions to a patient for schedule II drugs.

Under a recently adopted federal D.E.A. rule change, and the adoption of a Joint Policy between the Massachusetts Department of Public Health and the Board of Registration in Pharmacy authorized practitioners may provide individual patients with multiple prescriptions for the same schedule II drug [not to exceed a 90 day supply] by issuing multiple prescriptions to be filled sequentially. In order to comply with the new rule, and assuming it is intended that a 90 day supply be prescribed, 3 separate prescriptions would be written. The first would be written in the same required manner as currently exists. The second and third prescription would have two very important dates. Each would have the "Date Written" which would be the same date they were issued by the practitioner. Each would also have a "Do Not Fill Before" date which, in the case of the 2nd prescription would be 30 days after the 1st prescription, and in the case of the 3rd prescription would be 30 days after the "Do Not Fill Before" date of the 2nd prescription.

In addition to the above requirements for filling out multiple prescriptions, the final D.E.A. rule contains the following conditions and cautions:

1. Each separate prescription may only be issued for legitimate medical purposes.
2. Each prescription, other than the first, must indicate the earliest date on which it may be filled.
3. The practitioner must determine that multiple prescriptions do not constitute an undue risk of diversion or abuse.
4. The practitioner must comply with all other applicable requirements under the Controlled Substances Act, and additional state requirements, if any.
5. The new Rule is not intended to mandate or encourage practitioners to issue multiple prescriptions or to see their patients only once every 90 days for Schedule II medications. Practitioners should rely on sound medical judgment and established standards in determining whether it is appropriate to issue multiple prescriptions, and how often they should see their patients.
6. No oral modifications can be made to the earliest date on which the Schedule II prescription may be filled.

NOTE: This new rule does not change the current Board regulation which allows prescriptions for the treatment of ADD, ADHD and Narcolepsy, containing the Dextro and/or Levo isomers of amphetamine, to be dispensed in a sixty day supply.

No advisory would be complete without the usual caution of the necessity to make an entry into the patient's chart of the reasons you have decided to write for multiple Schedule II drugs rather than the usual restricted 30 day supply.

(Notes from the Executive Director—Continued from page 3)

I was able to attend the APA Annual Meeting in San Francisco. Some of you may know that the APA pays for the DB Executives to attend the Annual Meeting for three nights. While there I attended the New President's Orientation on Sunday with Dr. Manschreck. This program provides a good overview of what some of the administrative requirements are for a District Branch. At the meeting, Drs. Scully, Stodland, and Scharfstein came into the meeting and told the assembled Presidents of the District Branches how pleased they were to have them there.

On Monday of the Annual Meeting, we had our District Branch Staff meeting. I always find these meetings energizing and packed with good ideas from my colleagues around the country. This year was no exception! I also presented at a component on Strategic Planning and the use of the APA Competitive Grant for the development of a plan to share resources in Area I. This grant was mentioned earlier in this column.

As a reminder, the MPS offices will be closed on Fridays during the months of July and August.

I look forward to working with Dr. Manschreck, and want to thank Dr. Holzman for all of his efforts on behalf of the Society. The new Council will meet in early June. This time of year is always exciting and interesting for me.

I look forward to another great year!

Bev Sheehan
Executive Director

A request from the BCBS Foundation



ASSESSING THE CAPACITY OF THE CHILDREN'S BEHAVIORAL HEALTH WORKFORCE IN MASSACHUSETTS

The **Blue Cross Blue Shield of Massachusetts Foundation** is seeking to better understand provider capacity as a barrier to accessing effective children's behavioral health services in Massachusetts through a new research study. With the passage of Chapter 321: *An Act Relative to Children's Mental Health* and the implementation of the "Rosie D." Children's Behavioral Health Initiative, demand is expected to increase within a system of care that appears to be inadequate to meet the needs of children and families and those who refer them for services.

If you are a licensed provider of behavioral health services in Massachusetts, you may receive a survey in the mail in the next few weeks from The Lewin Group / DMA Health Strategies on behalf of the BCBSMA Foundation

The survey will ask a variety of questions about your practice, such as geographic locations, bi-lingual capacity, experience with evidence-based practices, and reimbursement issues. Your response to this survey will be anonymously compiled by a data research firm. Our research partners at The Lewin Group and DMA Health Strategies will utilize the information to identify gaps and barriers and develop policy recommendations.

We strongly hope you will take the time to complete this survey. Your input is critical to:

- **Provide valid data on the current service capacity of licensed providers. There is no other current source of this information for Massachusetts.**
- **Inform conversations with key stakeholders and guide practical policy interventions;**
- **Improve access to behavioral health services for children and families in Massachusetts.**

For more information about this research study or the Foundation, contact Marcy Ravech, Associate Director of Policy and Research at marcy.ravech@bcbsma.com. or 617-246-4477.

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low and moderate income and vulnerable populations. The BCBSMA Foundation is an independent health care foundation.

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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:

- Licensing Board Complaints and Applications
- Medicare/Medicaid Audits
- Patient Confidentiality
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- Civil/Criminal Litigation

As a service to Bulletin readers, we offer one free 15-minute consultation to discuss any general legal concerns.

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Brookline-Saturday & Evening Hours - Coolidge Corner Office: recently renovated Beacon Street office space available for rent. High speed internet/Wifi included. T and handicapped accessible. Call or e-mail: Gregory G. Harris, MD, MPH 617-983-0076 gregorygharris@sprynet.com

Back Bay: Gorgeous, large, wood-paneled office on main floor of prestigious psych/med building on Marlborough St near Public Gardens. Hours available in other offices. Call or e-mail Eliz Marcus: 617 267-0766 erm82@aol.com.

Harvard Square Office
Beautiful psychotherapy office available immediately for full-time sublet to one clinician. Single office with large closet and wood floors in three-person suite located at 1105 Massachusetts Avenue, just two blocks from Harvard Square. Office is on the 11th floor and has a lovely view of the Charles River. Use of shared waiting room. Private bath for therapists, and second bath for patients. Utilities and office cleaning included in sublet price of \$1050 per month. Office is available for up to a three-year sublet. Lease transfer also possible.

Please email Kim Leary at:
officequery@gmail.com or call
617-547-0449 for additional information.

PSYCHIATRISTS

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

CLASSIFIED LISTINGS—JUNE 2009

ADVOCATES, INC. CHILD PSYCHIATRIST POSITIONS. Full and part-time positions are available for CHILD 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 highly competitive and benefits are available for 20 hours +.

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

Melrose Wakefield Behavioral Health Center seeks psychiatrist, part-time, very flexible hours. Will provide office and staff, malpractice insurance, pay negotiable. Perfect position for someone semi-retired but wanting to still be in touch with patient care. Contact: Suzanne 781-266-8684 or mwbhealthcenter@gmail.com

Attending Psychiatrist - FT & PT

Hospital Practice Psychiatry, PC seeks Board certified or eligible psychiatrists for a **FULL TIME** and **PART TIME** attending positions in general adult psychiatric unit in Pocasset, MA. The Cape Cod & the Islands Community Mental Health Center is a Joint Commission accredited (JCAHO) hospital operated by the Southeast Area of the Massachusetts Department of Mental Health (DMH). CCICMH includes a 16-bed acute inpatient unit as well as community outpatient services, providing comprehensive services to adults and children, including crisis intervention and stabilization services in Pocasset, MA, serving Cape Cod & the Islands. On call available but not required, no managed care.

Send Letter of Interest and CV to Dr. Philip Anthony Dingmann, Medical Director at Phillip.Anthony.Dingmann@state.ma.us or to Caitlin Schwager at Caitlin@polarishealthcare.com

Position will be well compensated and with partnership tract available.

THE DEADLINE FOR THE JULY 2009 MPS NEWSLETTER IS June 15, 2009. FOR ADDITIONAL ADVERTISING INFORMATION, PLEASE CONTACT THE MPS OFFICE AT: (781) 237-8100 OR MPS@PSYCHIATRY-MPS.ORG

Central Massachusetts - The University of Massachusetts Department of Psychiatry is seeking BC/BE psychiatrists for part-time to full-time positions in our community mental health centers in Worcester and Leominster. Community HealthLink (CHL) is a dynamic organization providing services to those with mental illness, developmental disabilities and substance abuse (see www.communityhealthlink.org). Work with a dedicated multidisciplinary staff. CHL psychiatrists are part of our UMass faculty with opportunities for teaching and research.

Please email psychiatryrecruitment@umassmemorial.org or fax to 508-856-5990. AA/EOE

Tewksbury Hospital - Attending Psychiatrist Northeast Psychiatric Group, PC seeks a full-time adult psychiatrist to add to its first rate psychiatry staff. The psychiatrist would join a 9 person group practice caring for 112 patients on the Department of Mental Health inpatient units of Tewksbury Hospital, a Joint Commission certified public sector facility. We provide continuing inpatient care to DMH-eligible patients transferred from acute psychiatric units, and also evaluate and treat criminal defendants for the courts. No mandatory weekend or night call, no managed care.

Contact Daniel Breslin, MD
At 617-727-4610 X2863
or email Daniel.Breslin@dmh.state.ma.us

Wellesley: Comprehensive Psychiatric Associates is looking for another Child and Adolescent Psychiatrist to join our growing practice. This is a unique opportunity to become part of a thriving, multidisciplinary private group practice in the Boston suburbs. Our practice currently has nine psychiatrists, a clinical nurse specialist, and twenty psychotherapists. Excellent support services and beautiful office space in a great location. Part-time or full-time. Learn more about us at www.WellPsych.com.

Email or fax CV and letter to Bruce Black, M.D., drblack@wellpsych.com or fax 781-239-3272

PSYCHIATRIST: New Life Counseling and Wellness Center is currently seeking a part-time board certified Psychiatrist to provide psychiatrist/medical evaluation and medication follow up for an adolescent/adult population at a behavioral health clinic. The population served by the clinic is a diverse racial, ethnic and socio-economic population with a range of mental health diagnosis. Bilingual in Spanish, French, a plus, but not a requirement. For more information visit www.newlifecounselingcenter.org.

To apply for this position fax your resume to 781-986-4801, or mail to NLCWC, Attn: Paula Chrysostome, PH.D. Equal Opportunity Employer.

MARLBOROUGH, MASSACHUSETTS - UMass Department of Psychiatry is seeking candidates for a full time psychiatrist at its affiliated general hospital in Marlborough, Massachusetts. The position primarily involves providing treatment and clinical care supervision on the unit's superb partial hospital program and some amount of inpatient coverage. Our Department of Psychiatry has a large clinical faculty with clinical, teaching and academic opportunities at a wide variety of inpatient and outpatient programs. We have faculty development programs, commitment to our care, training and research missions, and a great living and learning environment in Central Massachusetts.

If you want to know more about job opportunities or the department in general, please email psychiatryrecruitment@umassmemorial.org or fax to 508-856-5990. AA/EOE

South End Community Health Center is currently seeking a part-time board certified or board eligible Psychiatrist to provide psychiatrist/medical evaluation and medication follow up for an adult population at a behavioral health clinic in a Community Health Center. The population served by the clinic is a diverse racial, ethnic and socio-economic population with a range of mental health diagnosis. Bilingual in Spanish a plus, but not a requirement. For more information visit www.sechc.org. To apply for this position send your resume with salary requirements to hrdept@sechc.org, or fax to 617-425-2090, or mail to South End Community Health, Attn: Human Resources, 1601 Washington Street, Boston, MA 02118. No phone calls please. Equal Opportunity Employer.

Holyoke, MA

Providence Behavioral Health Hospital is seeking a psychiatrist for part time coverage on the Adult Inpatient Service. Work with a skilled and dedicated staff to provide evidence-based care for patients with acute exacerbations of chronic mental illness. Compensation is excellent and the schedules flexible. For more information, please call Les Smith, M.D., Chief Medical Officer, Providence Hospital (413) 539-2405.

Diversity is important! An Equal Opportunity Employer.

CLASSIFIED LISTINGS—JUNE 2009

CAMBRIDGE: Adult Psychiatry

Positions available at Cambridge Health Alliance. The Department of Psychiatry at Cambridge Health Alliance is an appointing department at Harvard Medical School with excellent residencies in adult and child psychiatry. Our public health commitment to improving the health of our communities, coupled with a strong academic tradition, make this an ideal opportunity for candidates interested in caring for underserved populations in a rich clinical environment.

Adult Inpatient Psychiatrist – We are seeking a psychiatrist to join a collegial team and become an active member of a rich clinical department. This opportunity is a full-time inpatient psychiatrist position with clinical and teaching responsibilities for an inpatient team on an active community training service. Clinical care is provided through a multidisciplinary team approach with psychiatrist leadership. Academic appointment, as determined by the criteria of Harvard Medical School, is available for qualified candidates.

Weekend Moonlighting Psychiatrists: Lucrative and flexible opportunities available for attending psychiatrists to provide weekend/holiday coverage of inpatient units.

Qualifications: BE/BC, demonstrated commitment to public sector populations, strong clinical skills, team oriented, problem solver. Interest and/or experience with dual diagnosis patients a plus. Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply. CV & letter to Susan Lewis, Department of Psychiatry, 1493 Cambridge Street, Cambridge, MA; Fax: 617-665-1204. **Email preferred: SLewis@challiance.org.**

CAMBRIDGE HEALTH ALLIANCE: Inpatient Child/Adolescent Psychiatry Position

Cambridge Health Alliance, Division of Child and Adolescent Psychiatry, Harvard Medical School. Full time inpatient staff psychiatry position available at our Cambridge campus. Work in a dynamic setting with multidisciplinary teams using a nationally recognized program for restraint reduction. Opportunities to teach child psychiatry fellows, general psychiatry residents, medical students, and other trainees. Academic appointment, as determined by the criteria of Harvard Medical School, is anticipated.

Qualifications: BE/BC, demonstrated commitment to public sector populations, strong clinical skills, strong leadership and management skills, team oriented, problem solver. Bilingual and/or bicultural abilities are desirable. Interest and experience with dual diagnosis and/or substance use disorders preferred. Competitive compensation, excellent benefit package. Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply. **CV & letter to Joel Goldstein, MD, Dept. of Psychiatry, 1493 Cambridge Street, Cambridge, MA 02139. Fax 617-665-1204. Email: JoGoldstein@challiance.org (email preferred).**

Medical Director



We have exciting leadership and consulting opportunities for dynamic psychiatrists to join our expanding service system

Walden Behavioral Care is seeking Adult Psychiatrists to join our Team. Walden provides mental health, chemical dependency and eating disorder treatment programs. Full and part-time positions are available:

- Waltham, MA: Located at the newly renovated Children's Hospital Boston at Waltham Campus. **Medical Director of Psychiatric Services**, 30-40 hour position with clinical and administrative responsibilities on a 23 bed, general psychiatric unit.
- Northampton, MA: Part-time (5-10 hours) Supervisor for Eating Disorder Partial Hospital Program.

Walden Behavioral Care, LLC is affiliated with Tufts New England Medical Center and an academic appointment is available. There is no call schedule required and we offer a highly competitive compensation package.

Moonlighting opportunities are also available at our Waltham location.

Please send a curriculum vitae and letter of interest to:

James Greenblatt, MD, Chief Medical Officer,

Walden Behavioral Care, 9 Hope Avenue, Suite 500, Waltham, MA 02453 or via email at edixey@waldenbehavioralcare.com.

View us online at www.waldenbehavioralcare.com.

Walden Behavioral Care, LLC is an equal opportunity employer.

Medical Director for the Massachusetts Mental Health Center

The Massachusetts Mental Health Center (MMHC) is a comprehensive urban mental health center featuring an outpatient service, specialty clinics, adult case management, services for transitional aged adolescents, a Partial Hospital program, transitional housing, and contracted community services.

The MMHC is seeking a capable and compassionate Medical Director to provide clinical oversight of services; clinical consultations; supervision of providers; teaching of medical students; quality assurance; assessment of utilization and risk management. The Medical Director is a member of the Harvard Medical School Department of Psychiatry at the Beth Israel Deaconess Medical Center.

Ideal applicants have extensive experience with mentally ill adults, knowledge of evidence-based treatments, an orientation to recovery/rehabilitation that stresses patient-centered care, interest in teaching and research, and commitment to collaborative treatment planning and policy development. Position requires eligibility for licensure in Massachusetts and Board Certification in Psychiatry.

This full-time clinical leadership position is funded by a psychiatric services contract between the Massachusetts Department of Mental Health and Vinfen Corporation. This position will be available after **July 15, 2009** and includes excellent salary and benefits.

Additional requirements include Board Certification in Psychiatry and eligibility for licensure in Massachusetts. Applicants should send a statement of interest and experience, curriculum vitae, and the names, addresses, phone numbers, and e-mail addresses of three references to:

Tim de Araujo, Vice President of Human Resources, Vinfen Corporation, 950 Cambridge Street, Cambridge, MA, 02141. (617) 441-1705, dearaujot@vinfen.org

Vinfen serves a diverse population in its residential and day programs. Applicants who have a multicultural background and are bilingual, as well as people in recovery are encouraged to apply.

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CLASSIFIED LISTINGS—JUNE 2009

A MOST UNUSUAL OPPORTUNITY

THE FIGMAN PSYCHIATRIC GROUP, a private, eclectic clinic in The Raynham Woods Medical Center, Raynham, MA has grown so fast since opening in March of 2008 that we presently have 1450 active patients and 20-25 new referrals every week. Consequently we are recruiting additional full/part time psychiatrists to provide medication management for children and/or adults. Currently the group consists of a full time adolescent/adult psychiatrist/psychoanalyst, a half week child/adult psychiatrist, a full time psychiatric social worker and three half week psychiatric social workers. The appropriate candidate will have the opportunity for partnership leading to progressive ownership within five to ten years with a beginning income of easily over \$200,000 for a hardworking psychiatrist. The Raynham Woods Medical Center is close to exits on Rtes. 24, 95, and 495.

For more information call 508-977-9980 or e-mail tfpg@tmlp.net.

Forensic Psychiatry Fellowship

University of Massachusetts Medical School

UNEXPECTED OPENING: The University of Massachusetts Medical School (UMMS) Department of Psychiatry, Law and Psychiatry Program, has an unexpected opening in its ACGME-accredited Fellowship in Forensic Psychiatry starting 7/1/09. The one-year, full-time position involves participation in intensive academic and clinical training in issues related to forensic psychiatry and the legal regulation of mental health. Fellows conduct a wide variety of court-ordered inpatient forensic evaluations and rotate at major court clinic sites in Boston and Cambridge. Private civil and criminal forensic evaluations are conducted through the Forensic Evaluation Service. This program emphasizes intensive supervision of all work and a weekly schedule of structured didactic seminars, as well as opportunities for research. The faculty consists of a multidisciplinary team of forensic professionals who are among the national leaders in the field. Nationally recognized research programs in forensic psychiatry, psychiatric neuroscience, psychopharmacology, addiction psychiatry, child psychiatry, mental health policy, and other areas, a major commitment to community psychiatry, and over 250 faculty make UMass an exciting place to train. Interested individuals should contact: Paul Noroian, M.D., Director, Forensic Psychiatry Fellowship, Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655, Call (508) 856-3079 or email: Paul.Noroian@umassmed.edu. AA/EOE

North Shore—Northeast Hospital Corp is a local nonprofit medical and psychiatric system on Boston's North Shore, named one of the nation's top 100 integrated healthcare systems by Solucient. The Inpatient Behavioral Health division includes BayRidge Hospital, a 62 bed freestanding psychiatric facility in Lynn, an 18 bed inpatient unit at Beverly Hospital, and a 12 bed Senior Adult inpatient unit at Addison Gilbert Hospital in Gloucester, as well as Partial Hospital Programs at each site. Both BayRidge and Beverly Hospitals serve as teaching sites in psychiatry for Boston University School of Medicine. No required night call, but participation in a lucrative call system is optional. Competitive salary, and full benefit package includes generous time off as well as reimbursement for malpractice insurance and CME expenses.

Beverly Hospital: Fulltime inpatient position available immediately.

BayRidge Hospital: Fulltime position split between inpatient and Partial Hospitalization Program will be available January, 2010.

Contact Barry Ginsberg, M.D., Chief and Administrative Director, NHC Dept. of Psychiatry, 60 Granite Street, Lynn MA 01904. Phone (781) 477-6964, Fax (781) 477-6967, email bginsber@nhs-healthlink.org.

Adult Psychiatry- Burlington & Peabody Mass

Harvard Vanguard Medical Associates

(<http://www.harvardvanguard.org>), an eminent and growing multi-specialty, ambulatory group practice has an opening for two BC/BE part-time adult psychiatrists (20-24 hours per week) or one full-time adult psychiatrist in our Burlington and Peabody practices. Our psychiatrists work closely with their medical colleagues (internists, pediatricians and gynecologists) in addition to a multidisciplinary team of 9 behavioral health clinicians (psychiatrists, psychologists, social workers and clinical nurse specialists) in a collaborative approach to psychiatric and behavioral health care.

Responsibilities include outpatient psychiatric evaluation, treatment planning and treatment, medication management services, participation in a multidisciplinary team, and supervision of clinical nurse specialists and trainees in our behavioral health fellowship program. Our practice features a state-of-the-art electronic medical record, e-prescribing, and excellent practice supports (billing and authorization matters are all taken care of for you). We are an affiliate of Harvard Medical School where teaching opportunities and an academic appointment are available for the right candidates through the Department of Psychiatry. We offer a very competitive compensation and benefits package.

Please forward your CV to: Kelly Glynn, Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA, 02466-2275. Fax: 617-559-8255; e-mail: kelly_glynn@atriushealth.org, or call: 800-222-4606; or 617-559-8275 within Massachusetts. EOE/AA. Sorry, no J-1 visas. www.harvardvanguard.org.

CLASSIFIED LISTINGS—JUNE 2009

CAMBRIDGE: Outpatient Psychiatry

OUTPATIENT PSYCHIATRIST: Cambridge Health Alliance is seeking a half-to-full-time psychiatrist, preferably with added qualifications in addictions, to join our outpatient service with integrated addictions and dual diagnosis programs serving a multi-ethnic and diverse patient population. The Department of Psychiatry at Cambridge Health Alliance is an appointing department at Harvard Medical School. Our public health commitment to improving the health of our communities, coupled with a strong academic tradition, make this an ideal opportunity for candidates interested in caring for underserved populations in a rich clinical environment. We have strong adult and child residency training programs which provide opportunities for teaching. Academic appointment, as determined by the criteria of Harvard Medical School, is anticipated.

Qualifications: BE/BC, demonstrated commitment to public sector populations, strong clinical skills, strong leadership and management skills, team oriented, problem solver. Bilingual and/or bicultural abilities are desirable. Experience with dual diagnosis and substance use disorders, and Suboxone certification. We offer competitive compensation and excellent benefits package. Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply.

CV & letter to Susan Lewis, Department of Psychiatry, 1493 Cambridge Street, Cambridge, MA;
Fax: 617-665-1204. **Email preferred:** SLewis@challiance.org.

Inpatient psychiatrist position with unique group practice

BC/BE inpatient psychiatrist wanted to join an 11 psychiatrist group in Southeastern MA. Southern New England Physicians Associates (SNEPA) provides a collegial work atmosphere in an all physician/physician run group practice environment. Our group prides itself on facilitating members individual interest while providing high quality clinical services. This position will be well compensated and with partnership tract available.

CONTACT: CV to Russell Pet, M.D or Duane Bishop, M.D.
101 Page St., New Bedford, MA 02740 Fax (508) 961-5931
Call (508) 961-5930 or email c/o pepina@southcoast.org

PSYCHOPHARMACOLOGIST

Southeastern Psychiatric Associates, a respected, thriving South Shore practice of psychiatrists and therapists, is looking for a physician to help with the excess of referrals we currently have to turn away! Hours are flexible and can range from 15 to 30 a week. We maintain the highest standards but also try to keep a pleasant and relaxed atmosphere. Our excellent support staff works hard to free our providers to spend more time with their patients. Offices are located in Randolph, at Carney Hospital and in Central Square, Cambridge. Compensation is highly competitive.

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

Child Psychiatry- Somerville MA

Harvard Vanguard Medical Associates (<http://www.harvardvanguard.org>), an eminent and growing multispecialty, ambulatory group practice has an opening for a part-time BC/BE Child psychiatrist in our Somerville practice. Our psychiatrists work closely with their medical colleagues, in addition to a multidisciplinary team of health clinicians (psychiatrists, psychologists, social workers and clinical nurse specialists) in a collaborative approach to psychiatric and behavioral health care. Child Psychiatrists who enjoy working with a mix of younger children, adolescents, and some adults are particularly well-suited for our Somerville practice.

Responsibilities include outpatient psychiatric evaluation, treatment planning and treatment, medication management services, participation in a multidisciplinary team, and supervision of clinical nurse specialists and trainees in our behavioral health fellowship program. Our practice features a state-of-the-art electronic medical record, e-prescribing, and excellent practice supports (billing and authorization matters are all taken care of for you). We are an affiliate of Harvard Medical School where teaching opportunities and an academic appointment are available for the right candidates through the Department of Psychiatry. We offer a very competitive compensation and benefits package.

Please forward your CV to: Kelly Glynn, Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA, 02466-2275. Fax: 617-559-8255; e-mail: kelly_glynn@atriushealth.org, or call: 800-222-4606; or 617-559-8275 within Massachusetts. EOE/AA. Sorry, no J-1 visas. www.harvardvanguard.org.



Cambridge Eating Disorder Center (CEDC) is seeking licensed Psychiatrists for full-time, half-time, part-time and fee-for-service positions. CEDC is a growing specialty center with Residential, Partial, Intensive Outpatient and Outpatient programs for individuals struggling with eating disorders. Excellent salary and benefits.

Email resume with cover letter to: Seda@cedcmail.com or mail to: Cambridge Eating Disorder Center, 3 Bow Street, Cambridge, MA 02138.

MPS Calendar of Events

Council	June 9 at 7 PM At MPS Office	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Geriatric Meeting	June 10 at 8:00 pm at MPS	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Fellowship Meeting	June 17 at 7:00 pm at MPS	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Executive Committee	June 23 at 7 PM at MPS Office	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Managed Care Committee	June 30 at 7 PM at MPS	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Council	July 14 at 7 PM At MPS Office	bsheehan@psychiatry-mps.org 781-237-8100 X 211
Executive Committee	July 28 at 7 PM at MPS	bsheehan@psychiatry-mps.org 781-237-8100 X 211

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