

Cognitive Impairment/MH Issues of Infertility/Endocrinology CME Topics for Sept 16

The Washington Psychiatric Society presents its fifth annual half day symposium, "The Interface of Psychiatric and Somatic Medicine" with two of the nation's leading researchers in their respective fields. The Symposium will grant up to 3.5 CME credits* for attendees.

This year's event, 8:30 a.m.-1:45 p.m. on Saturday, September 16 has a new location, the auditorium at Suburban Hospital in Bethesda. "Our CME Committee is bringing our members two of the best presenters in the country – Peter



James Simon, MD

Rabins, MD of Johns Hopkins and James Simon, MD of the Women's Health and Research Consultants in Laurel, MD on two cutting edge topics," said Elizabeth Morrison, MD, CME Committee Chair. "Our speakers will expand our ability to diagnose and treat mental disorders associated with their research and bring us up to date on the latest developments in the field." Dr. Rabins is co-author of The 36 Hour Day and Getting Old Without Getting Anxious. Dr. Simon has participated in more than

80 clinical investigations and brings over 25 years of clinical research to the presentation.

Dr. Morrison also noted that parking at Suburban is plentiful and free, and that attendees can enjoy a continental breakfast beginning at 8:30.

WPS members have received registration materials in the mail. Handouts of the presentations will be available on site. WPS members and others who have not yet registered may do so by phoning the WPS office at 202-244-7750 x

2. Fees for the event are \$30 for WPS members; \$45 for members of other APA District Branches and \$60 for non-APA members. Fees may be paid at the door. The symposium is supported in part by an unrestricted educational grant from Glaxo/Smith/Kline.

*Accreditation and Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council



Peter Rabins, MD

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WPS Dues to Rise in 2007

By a vote of 194 for and 40 against, WPS members voted to raise their dues beginning with calendar year 2007. The dues increase is the first in nearly 20 years for the Society. The new dues rates will be reflected in the billing statements to be mailed in early November. The new dues structure that takes effect in 2007 is as follows:

Member Category	Dues	
	2006	2007
General Members	\$450	\$500
Member in Training	\$ 36	\$ 40
Early Career Year 1	\$100	\$115
Early Career Year 2	\$200	\$225
Early Career Year 3	\$300	\$335
Life Member Years 1-5	\$300	\$335
Life Member Years 6-10	\$150	\$170
Life Member Year 11 +	\$ 45	\$ 50

Life Members who attained Life Status prior to January 1, 2002 will pay no WPS dues whatsoever. ■

The President's Column



by Richard Ratner, MD.

I'm Taking my Ball and Going Home!

There are some scarce consultations for one remaining in Washington during August centering primarily on the absence of many Washingtonians from the

scene. Traffic is more manageable, and one can even aspire to park and get a restaurant reservation in Bethesda. But a lighter schedule can also allow one more reading time, and among the things I've been reading lately are postings to the DB Presidents' listserv, to which I have recently been added. It has become less busy this month, but a posting that recently caught my eye was a long (for email) "rant" (his term) by a DB president about last year's APA Assembly decision to support equal rights for gays and lesbians in unions with one another: "gay marriage". My colleague's point was not to revive the debate on the merits but rather to suggest that the APA ought not to be taking positions on what are "social" or "political" issues as opposed to issues that have direct clinical relevancy. A few other DB presidents chimed in, at least one of whom hinted that some members might be inclined either to leave or not to join APA as a result of these, in this view, inappropriate forays into public policy.

Among other things, I was surprised that no one took issue with these comments. There was a smattering of agreements from colleagues (typically from red states), who want to discuss the issue further. Perhaps the supporters of the passed resolution felt no need to reignite debate over what has been a "done

deal" since the Atlanta meeting in May of 2005.

Not only is the issue settled APA policy, but my own sense is that a bright line between what is a political position on one hand and a clinical matter on the other cannot easily be drawn. To me, gay marriage is a civil rights issue, comparable to the issue of racial equality, but as with the corrosive effects of racism, the denial of equal rights to a class of individuals has considerable clinical relevance to the mental health of those individuals. Though the vote was handled very sloppily from a parliamentary point of view at the time, I think the Assembly made the right decision and did so for wholly defensible clinical reasons.

However, the point that has stayed with me since this posting on the listserv is how often, and for a multiplicity of reasons, people either threaten to leave the APA or, because of feelings about it, simply do not join organized psychiatry. While many individuals might not want to associate themselves with the APA for ideological reasons, e.g., it is too leftist politically, local colleagues generally have given me another reason for their unwillingness to join or re-join. Typically, this is that the APA has not "done enough" for the individual psychiatrist, especially with respect to managed care reimbursement, privacy concerns, and effectively countering the thrust toward psychologist prescribing. Perhaps to humor me, they often say that they would be willing to join the WPS if it didn't mean having to hook up with the APA as well.

To me, this is shortsighted. If the APA did not exist, we would simply have to invent it, or something to take its place. Especially for those of us who make our homes within a few miles of Washington, DC, the necessity of a national organization representing psychiatry and psychiatrists is or should be self-evident. Whatever depredations have rained down upon us over the past few years, they would have been far worse without the APA. Furthermore, leaving APA, and thereby

weakening organized psychiatry, is the surest route to make matters worse rather than better.

While APA membership has rebounded from a few years ago (37,560 members in 2005 according to the APA Annual Report), it remains remarkable to me how many of our colleagues remain outside the fold. In our own area, there are estimated to be nearly as many practicing psychiatrists who are not members of the APA as those of us who are. WPS members voted themselves a modest dues increase for 2007, money that is desperately needed to continue and modestly expand the products and services we offer you. But imagine how dramatic a difference it would make if all of our non-APA, non-WPS colleagues would join the rest of us, not only because of the near doubling of dues revenue but by virtue of the energy and vitality of those additional members.

Those who know Jay Scully, APA's Medical Director, recognize him as a talented and effective administrator who is well-liked and, unlike his predecessor, has kept himself from becoming a distraction to the conduct of APA business. But even more important, in a few months, the reins of the APA presidency will be turned over to one of our own, Carolyn Robinowitz, a compact straight-talking dynamo, whose professional life has been spent with us here in DC. She is likely to continue the leadership of another local guy, Steve Sharfstein, and our current president, Pedro Ruiz, dealing with the multitude of issues that only a national organization, with us behind it, can address.

And for those who worry about the direction of the organization, don't quit; join; secure in the knowledge that WPS, traditionally the watchdog of the APA through its Assembly reps, area reps, and officers, is just down the street, casting its steely and knowing eye on everything the parent does, ready to intervene if and when necessary.

See you next month. ■

Medicare Part D: Facile or Frustrating?

From APA's Office of Healthcare Systems and Financing

Is Medicare Part D really working better or is it just that everyone has gotten so frustrated with it that they're not protesting anymore? That's a question the APA's Office of Healthcare Systems and Financing (OHSF) would like to have answered about the new prescription drug benefit.

According to Irvin L. "Sam" Muszynski, director of OHSF, "We've been able to get CMS [the Centers for Medicare and Medicaid Services, which oversees Medicare] to respond favorably with new guidelines to some of our concerns about patient access to psychiatric medications, and they've been willing to intervene on a case-by-case basis when we've communicated specific problems to them. We'd like them to tackle problems at a more sys-

temic level or target companies that are not performing as they should, but we can't pressure them to act without reports from large numbers of prescribers supporting the need for this. We really need to hear from any members who continue to have problems getting their Medicare patients appropriate medications."

Prior to Part D's debut in January 2006, the APA was very successful in getting CMS to identify antipsychotics, antidepressants, and anticonvulsants as three of the six classes of drugs of special interest under Part D. All drugs in these classes had to be included on each Part D prescription drug plan's (PDP's) formulary, instead of just the two drugs that were required for other drug classes. This designation has been carried over to 2007, and the 2007 transition guidance is an improvement over the 2006 guidance.

Since January, OHSF has been having ongoing, regularly scheduled calls with CMS staff, keeping them apprised of the problems the office has been hearing about through

its designated Part D phone line, 866-882-6227, and e-mail address, PartD@psych.org, and trying to work with them to get necessary changes made. According to Muszynski, a constructive relationship has developed, with CMS asking for help on mental health issues as well as OHSF asking CMS for assistance.

Unfortunately, CMS's apparent concern about access to psychiatric drugs has not kept the PDP's from finding ways to deny patients their medically necessary drugs, especially if those drugs are newer, brand name drugs. Although each prescription drug plan is a private insurer with its own formulary and set of rules, in most cases the more expensive drugs cannot be accessed without receiving prior authorization from the drug plan. And if the dosage of the brand name drug required exceeds the FDA-recommended dose, Muszynski reports that it is highly unlikely the prior

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You have just been subpoenaed. *Do you know how to respond?*



If you have your malpractice insurance through The Psychiatrists' Program you can rest assured. With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

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Obituary

Leonardo Costales Maguigad, MD, DLFAPA 73, a Philippine-born psychiatrist who practiced in the Washington area for more than 40 years, died July 24 at Washington Hospital Center from complications of lung cancer. He lived in Fort Washington.

Dr. Maguigad was born in Gataran in the Cagayan province of the Philippines. He received a bachelor's degree in 1952 and a medical degree in 1957, both from Manila's Santo Tomas University. He came to the United States in 1958 for an internship in St. Louis and later had residencies in Clayton, Mo., and Elmhurst, Ill.

He did his psychiatric residency at St. Elizabeths Hospital in Washington from 1962 to 1965. After a year in private practice in Crownsville, he was a staff psychiatrist at the old Eastern Shore State Hospital in Cambridge, MD, from 1966 to 1968. He returned to St. Elizabeths from 1968 to 1971 as a forensic psychiatrist.

Dr. Maguigad then spent 10 years as a forensic psychiatrist with the D.C. government, performing psychiatric evaluations and providing expert testimony in court cases. He was vice chairman of the psychiatric staff at Greater Southeast Hospital for five years and was a consulting psychiatrist at several other hospitals in Washington and in Prince George's County during the 1970s and 1980s.

He had been affiliated with Southern Maryland Hospital Center in Clinton since 1975, including 12 years as chief of psychiatry.

While holding official positions with hospitals and the D.C. government, Dr. Maguigad also maintained a private psychiatric practice until April. He had an office in Upper Marlboro since 1983 after having practiced earlier in Southeast Washington, Oxon Hill and Waldorf.

He was a distinguished life fellow of the American Psychiatric Association and belonged to

many other medical, psychiatric and mental health professional groups. He was a former president of the Philippine Medical Association of Metropolitan Washington and was a member of Philippine Psychiatrists in America and the Association of Philippine Practicing Physicians in America.

He was a member of St. Columba Catholic Church in Oxon Hill and of St. Ann's Catholic Church in Bethany Beach, Del., where he had a second home. He was a life member of the Knights of Columbus.

A son, Leonardo Maguigad Jr., died in 1996.

Survivors include his wife of 40 years, Socorro Maguigad of Fort Washington; three children, Joseph Maguigad of Stafford, David Maguigad of Waldorf and Elizabeth Maguigad Keohan of Fort Washington; a sister, Wilma Brown of Upper Marlboro; three brothers, Glicerio Maguigad of Carpentersville, Ill., and Demetrio Maguigad of Burr Ridge, Ill., and Romeo Maguigad of Chicago; and six grandchildren. ■

Tax Law for Early Career Psychiatrists – Oh Yawn, but You'd Better Know It!

WPS Early Career Psychiatrist leaders agreed that of all the possible topics ECPs could have addressed, tax law for psychiatrists was if not the most glamorous, certainly the most needed. Meeting in July to plan ECP activities for the year, Catherine McCarthy, MD, Carol Lynn Trippitelli, MD and WPS President Richard Ratner, MD made plans for a reception and informal presentation for Early Career members to be scheduled in late January 2007.

"We looked at lots of possible formats and topic possibilities," said Dr. McCarthy, newly elected ECP Rep to the WPS Board, "and decided that the two most important things we need are a chance to meet our peers and learn how to manage the complex

issues related to taxes."

To meet both objectives, ECPs will be invited to an informal reception to meet and greet each other where WPS Counsel, Armin Kuder and others have been asked to lead a discussion on how to manage taxes.

"We'll find a comfortable, friendly setting to host us," said Dr. Trippitelli, the APA Area 3 ECP Representative. "This will be the first of what we hope will be a number of interesting and helpful programs that will discuss a number of areas of our practices. This is really an example of WPS listening to its members and working for them. And we'll have some fun at the same time."

ECPs, mark your calendars now for January 25. Details are coming soon. ■

THE WASHINGTON PSYCHIATRIC SOCIETY News

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MITs/Residents to Meet and Greet at McFadden's on Sept 21

WPS Members in Training, their spouses and significant others, as well as non-WPS member residents at the city's four training programs are invited to join colleagues and friends at a finger food and beverage reception on Thursday, September 21 6:30-8:30 p.m. at McFadden's Saloon, 2401 Pennsylvania Ave, NW. Just off Washington Circle, McFadden's is a five minute walk from the Foggy Bottom Metro Station.

"Our MIT reps to the WPS Board think this is a great way for residents to get to know each other, swap notes on their respective programs, learn a few things about WPS and generally have a good time," said Suena Huang, MD, George Washington University Chief Resident representative to the WPS Board. "We hope WPS will continue to be a welcoming and important professional home for all psychiatrists in the area."

"We have also in the works plans for a career building seminar later this year," said Mozhdeh Roozegar, MD MIT Rep from St. Elizabeths. "We want to give residents a look at practice opportunities and a number of other topics of concern as they move from residency to practice."

"Residents have received an invitation from the MIT rep from their programs. We want them to know that MITs matter and that this is only the first step in a strategic plan to bring value and the benefits of membership to psychiatrists at any stage of their careers," said Samantha Shlakman, MD, Georgetown's MIT representative on the WPS-Board. ■

Alcohol and Substance Use Consultation Clinic at the George Washington University Medical Faculty Associates

by Suena Huang, MD

This Clinic offers a comprehensive evaluation of the use of psychoactive substances, such as alcohol, tobacco, marijuana, stimulants, cocaine, opioids or other substances. Heavy alcohol or substance use increases the risk of future consequences, or may already have caused harmful consequences, such as health, mental health, social or employment problems. Substance use can also complicate management of a chronic health condition, including psychiatric disorders. For patients with chronic pain, use of opioid (narcotic) pain medication may raise questions about proper use, and the difference between appropriate use and addiction. Patients in this clinic will receive a comprehensive evaluation, resulting in a report and recommendations for treatment or management to be implemented by their primary care or mental health care professional(s). We will be happy to help with referrals for individuals interested in pursuing further care. For more information or to make an appointment, call (202) 741-2888.

Mark L. Willenbring, MD, is the Director of the Alcohol and Substance Use Consultation Clinic in the GWU Department of Psychiatry and Behavioral Sciences. He is board certified in general psychiatry with added qualifications in addiction and forensic psychiatry. Dr. Willenbring is nationally recognized for his work in developing and testing innovative management strategies for patients with complex addiction problems, such as combined mental and addictive disorders and medically ill heavy drinkers. He has also played a leading role in development of evidence-based clinical practice guidelines for treating addictive disorders, and co-led a

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WPS Fall Calendar

Make your plans now for these important opportunities. Phone the WPS office at 202-244-7750 or email whill@wdcpsych.org for more information or to register for these events.

Tuesday, Sept. 12 6:30-9:30 p.m.

Women's Caucus "Sleep Disorders"
Marcel's at Washington Circle

Saturday, Sept 16 8:30 a.m.-1:45 p.m.

"The Interface of Psychiatric and Somatic Medicine" at Suburban Hospital, Bethesda

Thursday, Sept 21 6:30-8:30 p.m.

MIT Reception McFadden's at Washington Circle

Thursday, Sept 28

DC Chapter Meeting and
"The Neurobiology of Depression"
at The Palm Restaurant, Dupont Circle

Monday, Oct 23 6:30-9:30 p.m.

Northern Virginia Chapter Meeting,
INOVA Fairfax Hospital, Falls Church

Friday, Nov. 3 6:30-9:30 p.m.

WPS Annual Awards Banquet, at the Italian Embassy, Washington, DC

Saturday/Sunday, Nov. 11-12, 8:30 a.m.-1:00 p.m.

Educational Program
"Cognitive Behavioral Therapy"
George Washington University Hospital, 900 23rd St., NW

Saturday, Nov 18 8:30 a.m.- 3:00 p.m.

"Keys to Your Career – Seminar for Psychiatry Residents" Location TBA

Thursday, Dec. 14 6:30-9:30 p.m.

"New Medications in the Treatment of Alcohol and Opioid Uses Diseases"
Suburban Hospital, Bethesda.

Monday, Jan 22, 6:30-9:30 p.m.

Educational Program
"Update on Vegus Nerve Stimulation"
Location TBA

Thursday Jan 25 6:30-8:30

Early Career Psychiatrists Reception and program,
"Tax Law for Psychiatrists"
Location TBA ■

A Brief Reflection from a Long-Standing Board Member of WPS

By Erminia Scarcella, MD

WPS is the professional organization that serves many functions including advocacy for persons with mental illnesses and for the psychiatrists of Washington Metropolitan Area.

As a board member in different functions for 10 years, I have seen other board members working hard and with dedication. The meaningful advocacy and other work of our Society would not take place were not our members working hard to achieve goals. It is important to be involved with WPS because in our profession we are not only working to help patients to get better, but we also are part of an extended and diverse group of professionals who share common interests, issues and concerns.

There are many projects going on in our Society. All projects are led by our dedicated colleagues who give time, energy, and ideas for the benefit of us all. A few of these projects come immediately to mind: the Embassy Disaster Response Project, our CME program, legislative initiatives in all three jurisdictions we serve, a mentoring program that matches our younger members with more experienced members, our women's caucus, career planning for our members in residency, social and educational programs for our early career members.

I enjoy seeing younger psychiatrists getting involved in our Society. Their energy and their willingness to serve as leaders and participants in many of our activities are inspiring, particularly the Member in Training Representatives to the Board from each program in the area, and our Early Career Psychiatry Representatives. Our three chapters benefit from the strong, dynamic and focused leadership of Constance Dunlap, MD (DC), Eric Steckler, MD (VA) and Louis Kopolow, MD

(MD). WPS is again proud to say that one of our own, Carolyn Robinowitz, MD has been voted APA President-elect. In the past 10 years WPS has sent three members on to the APA presidency – the late Jerry Weiner, MD and Harold Eist, MD, in addition to Dr. Robinowitz.

Washington is a uniquely international community. WPS reflects the diversity of the larger community with members from different nationalities, cultures, race, religious persuasions and political points of view. Yet we all stand comfortably under the large WPS umbrella and within the shared Oath of Hippocrates. Our International Medical Graduates (IMG) have been and continue to make valuable contributions to the Society and the public, and to serve in leadership roles for us. We each can be proud of our Society, and we should make even greater contributions of our time, energy and ideas.

With our diversity the need for communication and collegiality becomes very important. Our WPS electronic member-to-member bulletin board at WPSNet@list.wdpsych.org is an excellent place to seek opinion and ideas, and share ideas, concerns and thoughts with one another. Our website www.dcpsych.org is also a source of timely, important information that we should each use more than we do.

Be proud of our Washington Psychiatric Society and join your colleagues in active participation. You'll find it meaningful, important work that will do great good in our community and will give you the satisfaction of real accomplishment. ■

Georgetown University Hospital's Department of Psychiatry and the DC Department of Mental Health Announce Partnership for Training in Forensic Psychiatry

The Georgetown University Hospital Department of Psychiatry announces that it has been awarded a contract from the District of Columbia Department of Mental Health (DMH) for education in Forensic Psychiatry. In this agreement, DMH has granted up to \$475,000 annually to support the training of Georgetown fellows, residents, and medical students in this psychiatric subspecialty, which focuses on interrelationships between Psychiatry and the Law. Forensic trainees will perform assessments at the John Howard Pavilion of St. Elizabeths Hospital as well as other forensic sites in DC. Faculty from Georgetown will also provide education in Forensic Psychiatry for DMH staff. The fellowship will be the only non-military Forensic Psychiatry fellowship in the Washington area.

From its inception, the Forensic Program has assembled an outstanding group of nationally recognized experts in the field. Leadership for the program at DMH will be provided by Alan Abrams, MD, JD, Director of Education for St. Elizabeths Hospital, and Alan Newman, MD, Director of Psychiatric Residency Training at Georgetown and former Forensic fellowship director at Tulane. Core faculty include Drs. Robert Simon and Liza Gold, who for many years have directed Georgetown's nationally recognized Program in Psychiatry and Law. Drs. Simon and Gold have recently written the Textbook of Forensic Psychiatry, published by American Psychiatric Press. Dr. Avram H. Mack, who is board certified in both Forensic Psychiatry and Child/Adolescent Psychiatry, will oversee the program's training in Child and Adolescent Psychiatry.

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Office Space Available

FOR RENT: Spacious, sunny office in 3 office suite to share with another psychiatrist and social worker. Excellent location in Arlington in a medical office building across the street from the Virginia Square Metro Station (orange line). There is ample parking. Contact Robert Radin, MD at 703-524-1484.

“Bethesda. One office available in two-office suite. Psychiatrist seeking to share suite with another psychiatrist or other mental health or allied professional. Great office and location, convenient to metro/trolley, restaurants, etc. Available full-time or part-time. Contact Dr. Jensvold at 301-657-2929.”

Montgomery Village: Spacious and recently renovated office, with multi-windows, hardwood floor, kitchen, reception area, bathroom, deer park water, wireless internet and free parking. Convenient location, next to a beautiful lake and Lakeforest Mall. Full time use for \$850/month. Please call 301-740-2680

Positions Available

Psychiatrist, BCBS, P/T, to join active, multi-disciplinary managed care group practice in Suburban Maryland. Must be a skillful psychopharmacologist. Interested in a team approach in treatment with other mental health practitioners. Forward your CV via email to: apcadmin2@verizon.net to set up an appointment to meet with the Director.

Well established, rapidly growing adult and child/adolescent private practice seeks ambitious and compassionate board certified/eligible psychiatrist for part to potentially full time position. Production based multidisciplinary practice has excellent national reputation, strong referral base and collegial

team spirit. Full support administrative staff offers a turn key, family-friendly office environment with flexible scheduling, well-appointed offices and close proximity to Metro, shops, and restaurants. Interested candidates may visit our web site at www.rosscenter.com. Please fax CV to 202-363-2383 or E-mail it to Jerilyn@rosscenter.com. For more information please contact Beth Salcedo, MD, Medical Director, at 202-363-1010.

Southern Maryland – Child and Adolescent Psychiatrist – Half time to work as part of multidisciplinary team at RICA Southern Maryland, a State of Maryland Residential and Day Treatment Program. Special education program on site. Generous paid leave and full benefits. Flexible hours and light on call shared by 5 other psychiatrists. Mail resumes to RICA So MD, 9400 Surratts Road, Cheltenham, MD 20623 or fax (301) 372-1906, both to the attention of Holly Sikoryak, MD, Medical Director, or call (301) 372-1915.

PSYCHIATRIST OPPORTUNITIES IN THE NATION’S CAPITAL

The District of Columbia Department of Mental Health is recruiting for Board eligible or certified psychiatrists for its Community Services Agency. This is an opportunity to work in a newly developing public mental health system of care incorporating best clinical practices in a fee for service environment. Come join us in the nation’s capital.

“Clinic sites are very close to subways with easy connection to Union Station; commute options include Metrorail, and all of the Virginia (VRE) and Maryland (MARC) commuter train lines.”

Two positions are available:

- Adult Services Staff Psychiatrist
- Children’s Services Staff Psychiatrist

For more information about these positions, contact Mr. John Coghlan, Division of Human Resources at (202) 692-2384. Competitive salary and benefits package is available. Applicants must be eligible for licensure in the District of Columbia. To apply, please forward a D.C. 2000 (employment application), resume and cover letter by e-mail to john.coghlan@dc.gov, by facsimile to (202) 673-4386 (Attn: John Coghlan), or by U.S. Mail to John Coghlan, Department of Mental Health, Division of Human Resources, 64 New York Avenue, N.E., 5th Floor, Washington, D.C. 20002.

The Department of Psychiatry and Behavioral Sciences at the GWU Medical Faculty Associates, an independent non-profit clinical practice affiliated with the George Washington University, is seeking a psychiatrist for a full-time academic appointment. This position will include: 1) oversight of an acute admissions team with psychiatry residents and medical students on the psychiatric unit in the GWU Hospital; 2) outpatient clinical work; and, 3) opportunities for additional medical student and resident education and clinical research. The applicant must be license eligible in the District of Columbia and Board Certified or Board Eligible in General Psychiatry. Academic rank and salary will be commensurate with qualifications. Review of applications began on August 21, 2006 and will continue until the position is filled. Please send letter of interest and CV to Jeffrey S. Akman, MD, Chair, Department of Psychiatry and Behavioral Sciences, 2150 Pennsylvania Avenue, NW, Washington, DC 20037. Tel. 202-741-2880; fax 202-741-2891. The GWU Medical Faculty Associates is an Equal Opportunity/Affirmative Action Employer. ■

CME Continued from page 1

for Continuing Medical Education (ACCME) through the joint sponsorship of the American Psychiatric Association (APA) and the Washington Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians.

The American Psychiatric Association designates this educational activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. ■

Medicare Part D

Continued from page 3

authorization will be automatically granted. It may well be necessary to appeal the PDP's decision through several levels of appeal to obtain the necessary number of pills. OHSF has been actively involved in helping a number of physicians with successful appeals on their patients' behalf, and is available to assist with others.

OHSF is currently looking ahead November 15, when the six-week open enrollment season begins for 2007. Please contact OHSF if you are experiencing any problems with Part D by writing partd@psych.org or calling 866-882-6227. For information about Part D exceptions and appeals, and the latest news, visit www.MentalHealthPartD.org. ■

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national initiative to determine the utility and feasibility of implementing practice guidelines in the treatment of addictive disorders within the U.S. Department of Veterans Affairs. He currently serves as the Director of the Treatment and Recovery Research Division of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health.

Suena Huang, MD, is Chief Resident of the GWU Department of Psychiatry.

A graduate of Yale University and Cornell Medical School, Dr. Huang is currently involved in clinical research in collaboration with The GW Center Family Research and plans to pursue a career in Addiction Psychiatry.

She will be working with Dr. Willenbring in the clinic. ■

Georgetown Continued from page 6

This partnership is a direct outgrowth of the efforts of DMH and Georgetown's Center for Mental Health Outreach, dedicated to bringing best practices to community mental health programs. Ms Sandra Perlmutter, Administrative Director for the Center, will play an integral role in implementation of this program. All parties are particularly grateful for the support of Stephen Steury, MD, Chief Clinical Officer of DMH and Stephen Baron, the newly appointed Director of DMH. ■

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