Mission
Promote the highest quality care for North Carolina residents with mental illness, including substance use disorders; advance and represent the profession of psychiatry and medicine in North Carolina; and serve the professional needs of its membership.

Who We Serve
The North Carolina Psychiatric Association (NCPA) is a professional medical organization that represents more than 900 psychiatrists statewide; it is the district branch of the American Psychiatric Association.

Our Goals
1. Improve access to psychiatric services in private practice and in the public mental health system
2. Advocate for our patients and the profession
3. Educate Members, other health professionals and the public regarding prevention and treatment of mental illness
4. Strengthen relationships with other physician specialties, family/consumer groups, and other mental health organizations
Goal 1: Improve access to psychiatric services in private practice and in the public mental health system

1. Advance the integration of psychiatry in Integrated Care by
   a. Promoting the use of Collaborative Care Model (CCM) by teaching members and policy makers
   b. Promote opportunities for members to engage with primary care in CCM
      i. Educate about CINS, ACOs, Outcome measures
      ii. Explore opportunities through PTN grants, state CINS for psychiatrists to be “placed” in CCM with primary care
   c. Population Health

2. Address the shortage of psychiatry services by promoting Telepsychiatry from psychiatrists within North Carolina
   a. Study APA guidelines
   b. Educate members on EBPs

3. Increase the number of physicians trained for Medication Assisted Treatment (MAT) to address the Opioid/Pain Epidemic
   a. Participate in PCSS-MAT supported trainings
   b. Consider developing technical assistance and supports for members and other physicians to implement MAT in their practices
   c. Advocate with DHHS, legislature to reduce barriers to MAT

Goal 2: Advocate for our patients and the profession

1. Enhance the role of Psychiatric Medical Leadership
   a. Finalize/promote Supervision toolkit
   b. Work with DHHS on its policy development

2. Proactively engage with DHHS and its divisions to include psychiatry in policy development
   a. Medication Assisted Treatment
   b. Possible changes to IVC statutes
   c. Role of licensed independent psychiatrists in the carveout

3. Improve network adequacy (NA) and enforce mental health parity in North Carolina
   a. Develop resources to assist members with Prior Authorizations and appeals
   b. Advocate for members with payors—payments, administrative barriers, etc.
   c. Participate on DOI NA workgroup and development of new statute

4. Payment Reform for both private and public insurers
   a. Evidence Based Medicine
   b. Study, educate members on Value Based Payments----MACRA, MIPS
   c. Develop outcomes to educate/support members, guide policy
   d. CIN Enrollment

Goal 3: Educate Members, other health professionals and the public regarding prevention and treatment of mental illness

1. Find ways to help the APA Foundation Stepping Up Initiative get traction in NC

2. Help advocate for and work to develop an NC Stepping Up Summit

Goal 4: Strengthen relationships with other physician specialties, family consumer groups, and other mental health organizations

1. Continue participation on The Coalition, Mental Health Coalition, Joint Insurance, PAC, PLLF, CCNC CIN Board, etc.

2. Collaboration on opioid prescribing/abuse problem