



## IN THIS ISSUE

NC Legislative Update  
PAGE 1

President's Column: What Has  
NCPA Done for You Lately?  
PAGE 4

Overcoming Insurance Barriers to  
Opioid Use Disorder Treatment  
PAGES 6-7

What Psychiatrists Need to Know  
The Collaborative Care Model  
PAGES 8-9

2018 Annual Meeting Recap  
PAGES 12-13

Membership Report  
PAGE 19

### Don't Forget to Pay Your Dues!

The deadline to pay your 2019 membership dues is December 31, 2018. Here are ways you can renew today:

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2. Pay by phone:

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3. Send a check to:

APA Membership Dept  
800 Maine Avenue, S.W.  
Suite 900  
Washington, D.C. 20024

## North Carolina Legislative Update

*Megan Pruetter, M.D., Duke PGY-4 Resident*

*Dr. Pruetter is Duke's Resident-Fellow Member Representative on the NCPA Executive Council. As part of an advocacy elective, she has been working in the NCPA office alongside Executive Director Robin Huffman and NCPA's contract lobbying firm, Christopher Hollis & Associates, on various legislative issues and advocacy initiatives.*



North Carolina State Legislature Building

The 2019 Legislative Session is quickly approaching, and the NCPA is working to ensure that psychiatrists' interests across the state are represented. This session promises to be interesting after big changes from the November mid-term election, including the Republicans losing a veto-proof majority and several representatives on healthcare committees losing their seats. Through the changing political landscape, the NCPA stays steadfast to promoting the highest quality care for North Carolinians with mental illness.

Medicaid reform and implementation of the Health Information Exchange network continue to be at the top of the NCPA's legislative agenda. We are waiting to see who will win the bids for Medicaid Managed Care and are meeting with several bidders to ensure that Psychiatrists' and the needs of their patients and practices are represented.

As legislation currently stands, psychiatrists who treat patients in the NC State Health Plan are required to connect to the NC Health Information Exchange (called NC HealthConnex) by June 2019. The NCPA is working to extend this deadline and educate members further about the NC HIE.

(Members, please take an important survey on Electronic Health Records, whether you currently use them or not, at <http://bit.ly/NCPA-HIE>.)

In addition to those larger issues, the NCPA continues to monitor for scope of practice bills. This includes working to build a strong, concise message to share with lawmakers about the differences in training, costs, and unique skillsets of psychiatrists and other medical and mental health professionals. Once distributed, we hope that members will use these messages to begin having conversations with their local lawmakers.

Telepsychiatry is another issue that the NCPA is currently monitoring, particularly the promotion and support through reimbursement of this new way to deliver care.

Lastly, mental health parity is gaining more traction on the national stage. We are considering proposing legislation that would allow for greater enforcement of already present mental health parity laws.

*continued on page 15...*

# From the Editor: What Are You Reading?

*Drew Bridges, M.D., D.L.F.A.P.A.*

My reading recommendation for this issue is *The Center Cannot Hold: My Journey Through Madness*, by Elyn Sacks.

Early in my training, I encountered a patient in a walk-in clinic who reported his discovery of a conspiracy in his workplace involving multiple religious figures. He believed the conspiracy would lead to the future deaths of most of his co-workers. I decided on the spot that he required hospitalization and enlisted the aid of my supervisor.

My more experienced mentor interviewed the man and found that his ideas were more than a decade old, had not interfered with a high level of achievement and performance

in his job, and had little to do with why he had come to the clinic. He had no plan nor felt any urgency to address the conditions in his workplace. He was there to find help for his child's school problems.

I stayed involved with this family for the better part of a year. The delusional material faded into the background. I passed the case on to others without incident or crisis.

This case introduced me to something that I would see often over time. There are many people who experience and manage belief systems and perceptions that we would otherwise call psychotic. Some such individuals function at a very high level in the practical tasks of living.

Elyn Sacks' memoir covers this ground from an insider's point of view, having suffered psychotic symptoms from early in her life but managing and overcoming them in order to ultimately be the Orrin B. Evans Professor of Law, Psychology, Psychiatry, and the Behavioral Sciences at the University of Southern California Law School.

Dr. Sacks' symptoms included suicide attempts, command hallucinations, and paranoia. Her ability to describe her experience of these symptoms is illuminating and inspiring. The book is well written, essential reading for anyone in clinical practice.



NORTH CAROLINA  
Psychiatric  
Association

news

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# President's Column: What Has NCPA Done For You Lately?

*Mehul Mankad, M.D., D.F.A.P.A., NCPA President*

Like all of us, I received my NCPA and APA dues statements in the mail a few weeks ago. I pay these dues from funds generated by my labor, and I imagine that I am not alone in this regard.

Sometimes when I consider membership in professional organizations, I liken the idea to herd immunity from vaccination campaigns. What happens to the health of a population if one member is not vaccinated? Probably nothing. But what happens if a large percentage choose not to participate? Potential calamity.

It's easier for me to think about our busy and vibrant organization in an abstract sense. I have a pretty good idea of what NCPA does for me since I read the newsletter and I'm obviously more involved in operations this year. But with the APA, my understanding has not been as clear. What have our District Branch and "Big APA" done for us that justifies continued membership?

*"Sometimes when I consider membership in professional organizations, I liken the idea to herd immunity from vaccination campaigns...What happens if a large percentage do not participate? Potential calamity."*

## Protecting Parity in Insurance-Based Mental Healthcare

Many of our members see patients insured by the State Employee Health Plan. The NCPA raised serious concerns when the state threatened to cut the provider rate by 15%. In addition to our own efforts, the NCPA hired a healthcare strategy firm to develop a message and approach to address this issue with stakeholders in the state and at Blue Cross which administers the plan. So far, NCPA and our medical colleagues have been successful in helping to suspend the proposed rate cut and reset the physician fee schedule to improve payment parity with general medical providers. It is still a work in progress.

For those who participate in third-party payment or work with patients who file on their own, the APA and NCPA have been busy! Trying to stay ahead of the value-based care wave that is sweeping American medicine, the APA is developing and testing a Quality Payment Program in partnership with the National Committee for Quality Assurance (NCQA). The APA believes if we don't develop reasonable, measurement-based care ideas from within the field, such approaches will be thrust upon us by less informed external parties.

## Advocating for Legislation

After years of dedicated work by the NCPA, NC Medicaid announced adoption of Collaborative Care Model CPT codes, making our state the third in the nation to use these codes for Medicaid. With the design of this benefit, psychiatrists in North Carolina do not have to be



*Dr. Mankad with APA President Altha Stewart, M.D. and NCPA Executive Director Robin Huffman at the APA Assembly meeting, held in Washington, D.C. in November.*

enrolled as Medicaid providers to assist in Collaborative Care. As these codes are now in use for Medicare and Medicaid in our state, it is likely that commercial insurance will also adopt the codes.

The APA advocates for priorities of the federal government to be firmly fixed on proven programs that impact the lives of our populace. In the past year, the APA supported a \$2 billion increase in NIH funding, a \$584 million increase in SAMHSA funding, and a \$206 million increase in opioid crisis funding. Opioid state response grants now total \$1.5 billion nationally, with North Carolina receiving a significant portion of these funds.

## Responding to Current Events

Many of us were personally affected by hurricanes Florence and Michael this year. The NCPA played its part in disaster management by maintaining communication with members and helping psychiatrists troubleshoot problems with emergency mental healthcare delivery. In the coming months, NCPA will debrief with other aligned organizations in the state to review our

disaster response plans and continuously improve our preparedness.

The APA, along with NAMI, the AMA, and many other healthcare organizations, continued to defend the Affordable Care Act against so-called “junk health insurance,” which would allow Americans to purchase health insurance that categorically excludes mental health treatment. The APA also vigorously opposed the separation of children from their families held in detention at the US-Mexico border.

### Representing You & Your Work

Continuing one’s membership in NCPA and APA has tangible ben-

efits, like reduced fees for local and national meetings, access to journals, free online continuing medical education, and various members-only discounts. Those benefits can be quantified and valued against the cost of renewing one’s enrollment. Those benefits alone may create a value proposition for continued membership.

I encourage you to take a longer perspective – something that is second nature to most psychiatrists. The strength of our organization derives from its membership. By remaining a member of both the NCPA and APA, you are helping to ensure the health and well-being of your profession and your practice. 🌱

### Three Easy Ways to Renew Your Membership:

1. Pay online:

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2. Pay by phone:

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3. Send a check to:

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Washington, D.C. 20024

## Member Notes...

*Palmer Edwards, M.D., D.L.F.A.P.A.* was elected President-Elect of the North Carolina Medical Society Board of Directors. He may be the first psychiatrist to ever serve in this position.

*Jennie Byrne, M.D., Ph.D., D.F.A.P.A.* was selected to participate in the 2019 North Carolina Medical Society Health Care Leadership and Management program. The HCLM is a prestigious leadership development program for physicians to build leadership and business skills.

*Mark Mattioli, M.D.* was appointed as the NCPA representative on the DHHS Commission for Special Health Care Needs for Children.

*Venkata “Amba” Jonnalagadda, M.D., F.A.P.A.* was reappointed by Governor Cooper for a second three-year term on the North Carolina Medical Board. She is now serving as Secretary/Treasurer of the NCMB.

*Brian Sheitman, M.D.* has joined the DHHS Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) as a Senate appointee.

*Thomas Penders, M.D., M.S., D.L.F.A.P.A.* has been appointed to serve on the North Carolina Healthcare Quality Alliance (NCHQA) beginning December 13.

*We want to hear from you... please don't be shy about sharing your news or your colleagues' news!*

To submit an item for Member Notes, please email the NCPA member’s name and details to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

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## Breaking News

In November 2018, Blue Cross dropped prior authorization for Suboxone (and generic buprenorphine-naloxone products). Continue reading to learn how this step forward for OUD treatment was achieved.

# Overcoming Insurance Barriers to Opioid Use Disorder Treatment

*Alex Gertner, M.D./Ph.D. Candidate*

In 2017, North Carolina saw the second largest increase in overdose deaths of any state. Nevertheless, opioid agonist treatment (OAT), which is shown to reduce overdose mortality, remains difficult to access. Some barriers to OAT access, like provider training and lack of psychosocial resources, will take years to overcome. But there are also barriers – several related to insurance – that we can address now.

In June, I wrote an op-ed in *The News & Observer* about Blue Cross's prior authorization policy for office-based OAT, pointing out how the policy contradicted best practices and limited access to treatment in a time of crisis. The piece got the attention of national groups working to improve access to OAT, who expressed their concern to Blue Cross. We were fortunate that Blue Cross's leadership is engaged with addressing the overdose crisis and was open to reexamining their policies. As of November, Blue Cross has dropped prior authorization for common drug formulations used in office-based OAT. This experience demonstrates how barriers to care can be overcome when providers engage with policy.

Despite the successful engagement with Blue Cross, barriers to life-saving treatment remain. Methadone and buprenorphine, the two approved medications in the US for OAT, can be provided by certified opioid treatment programs (OTPs). Buprenorphine can also be pre-

scribed for the treatment of opioid use disorder (OUD) by office-based providers who have obtained special DEA waivers. However, studies show nearly all states lack enough OTPs and waived providers to treat all individuals with OUD.

The provider shortage means people with OUD struggle to find providers accepting patients. Even when they find providers, people with OUD must contend with insurance barriers. Many insurers won't cover treatment at OTPs, putting specialized intensive care out of reach for people in need. When it comes to office-based treatment, only about half of waived providers report taking insurance.

Reasons why many providers don't take insurance are clear. Surveys have found that low reimbursement rates and high administrative burdens from insurers discourage providers from prescribing buprenorphine altogether. A Virginia program that increased Medicaid reimbursements for SUD services saw a 477% increase in the number of physicians billing for outpatient SUD services in only five months.

While insurers tend to balk at higher payments, increasing OAT reim-

*"...Barriers to care can be overcome when providers engage with policy."*




bursements is a good investment. Research shows that people with OUD who receive OAT have lower overall healthcare costs than those who don't. However, OAT providers that take insurance can be hard to find. That's because insurers typically don't keep track of which of their in-network providers provide OAT, meaning patients can't easily search for these providers. It also means insurers don't know if they have enough in-network providers.

Even if someone with OUD finds a provider and can afford visits, they may still have to wait for prior authorization. Once authorized, some plans continue to place buprenorphine in high cost-sharing tiers, meaning people often struggle to afford the medication.

There's a lot providers can do to help tackle these treatment barriers. Those not already waived to prescribe buprenorphine can find free waiver trainings through the Provider Clinical Support System

(PCSS: <https://pcssnow.org/medication-assisted-treatment/>). For more guidance, PCSS offers mentoring and webinars, and the UNC ECHO program offers online case-based learning (<https://echo.unc.edu/mat>) at no cost.

Some insurance barriers, like lifetime limits for mental health services, may violate federal parity laws. Providers can report these to the NCPA and also get involved in advocacy to reduce these barriers.

Mental health providers are well-positioned to help address the complex psychosocial factors that fuel the overdose crisis. How and whether our state emerges from this crisis depends on our actions. 

*Alex Gertner is an M.D./Ph.D. candidate at the UNC School of Medicine and the Gillings School of Global Public Health. Views expressed in this piece are his own. Email [alex.gertner@med.unc.edu](mailto:alex.gertner@med.unc.edu) to report barriers to OAT or learn more about advocacy efforts.*

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*(If you need assistance, call the NCPA office at 919-859-3370.)*




## DON'T LET DEPRESSION RULE THE HOLIDAYS.

Children and adolescents are not immune to behavioral health crises during the holiday season; in fact, it may be an exceptionally difficult time for those whose memories of holidays past aren't positive. The State Employees Credit Union (SECU) **Youth Crisis Center**, a Monarch program, is here to help when crises arise.

Monarch 

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**(844) 263-0050**



What Psychiatrists  
Need to Know  
About...

The Collaborative  
Care Model

## Cross-Specialty Advocacy Partnership Advances Whole-Person Care in North Carolina

*Jennie Byrne, M.D., Ph.D., D.F.A.P.A., NCPA President-Elect,  
Community Care of North Carolina Deputy Chief Medical Officer*

In the last issue of *NCPA News*, we introduced you to the Collaborative Care Model (CoCM), an evidence-based model of integrated care designed for primary care. The CoCM passed an important milestone on October 1, 2018, when the CPT codes were activated by NC Medicaid. The story of how this was achieved illustrates the valuable advocacy partnerships that have been forged within our state.

North Carolina has a long-standing partnership between the professional organizations of the NCPA, NC Academy of Family Physicians (NCAFP), the NC Pediatric Society (NCPeds), and Community Care of North Carolina (CCNC). Historically, these organizations have worked together to advocate for high quality care for NC Medicaid patients, especially within the primary care and psychiatric settings.

Several years ago, a workgroup of executive leadership from NCPA, NCAFP, and NCPeds began to meet regularly to discuss Medicaid reform. One frequent topic of conversation was how to integrate behavioral and physical health to improve access, quality of care, and decrease cost for all North Carolin-

ians. Frequently discussed was the CoCM and how to advocate for this important model within our state.

I was surprised to see the natural alignment between psychiatry, primary care, and pediatrics. In contrast to other specialists, psychiatrists often feel they are on the “front line” of medicine and act as a trusted primary point of contact for their patients. We often feel underappreciated, underpaid, and overworked. We feel obliged to be “on call” for patients 24/7 and will try to address socioeconomic issues in addition to medical issues. Our primary care and pediatric colleagues share these same feelings!

The leadership of all four groups advocated persistently with NC Medicaid for activation of the CoCM CPT codes; we recognized that without payment, it was not feasible for our primary care practices to use this valuable model. We worked together to understand the role of each professional group and how we could advocate in various ways for the CoCM.

We are pleased to see that NC Medicaid is the third state in the country to activate these codes, which might not have happened without

such a strong partnership and history of advocacy.

Next steps for this group include:

1. Outreach to commercial insurers around the CoCM
2. Training for primary care and pediatric practices in the CoCM
3. Defining how the CoCM can enhance and compliment other integrated care programs in NC

One of the most exciting things about the CoCM is that it provides psychiatrists with a natural leadership role in primary care. All NCPA psychiatrists can advocate for the CoCM to be part of health care delivery in their communities. Advocacy is a form of leadership and gives psychiatrists a seat at the table in the house of medicine.

As a CoCM psychiatrist, you could become a leader through mentorship, education, and support of the primary care team. You can combat stigma and make meaningful change in a CoCM primary care practice using psychotherapy techniques like active listening, reflection, clarification, identifying thought distortions, and motivational interviewing (to name a few)!

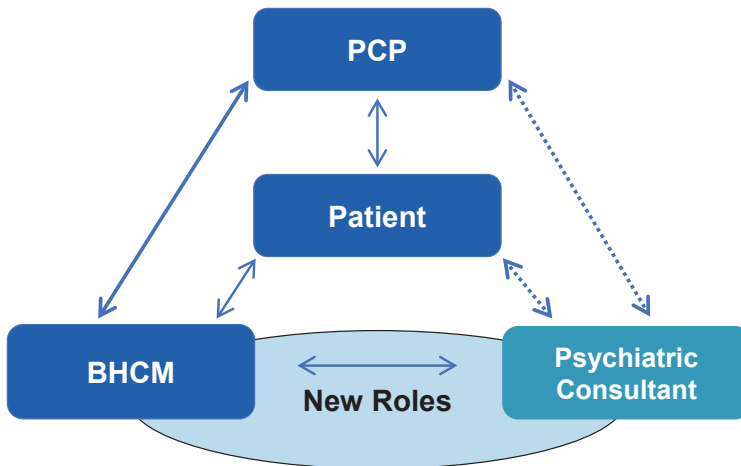


Your clinical leadership matters! Please join me and advocate for the Collaborative Care Model in your community. If you are interested in learning more, email me at [dr.jennie.byrne@gmail.com](mailto:dr.jennie.byrne@gmail.com).

I am happy to share information and identify primary care practices in your community interested in working with you as a CoCM psychiatrist. 🌿

*The fact sheet below was developed by the APA, Community Care of North Carolina, and the NCPA to give health care providers an overview of the CoCM. Please share it with your colleagues!*

## The Collaborative Care Model (CoCM): The Role of the Psychiatrist



### Why Collaborative Care?

- ✓ Leverage your expertise and specialized skill set to increase access to mental health care
- ✓ Gain consultation experience working in a patient-centered care team
- ✓ Provide high quality, patient centered, coordinated care
- ✓ Reduce physician burnout and increase both patient and provider satisfaction

### What is the Collaborative Care Model (CoCM)?

The Collaborative Care Model (CoCM) uses a team-based, interdisciplinary approach to deliver evidence-based diagnoses, treatment, and follow up care. The model differs from other integrated behavioral health services because of the replicated [evidence](#) supporting its ability to improve patient outcomes, save money, and reduce stigma related to mental health.

### How Does it Work?

A Collaborative Care team is led by a primary care provider (PCP) and includes behavioral health care managers (BHCM), **psychiatrists**, and other mental health professionals acting as force multipliers of psychiatric expertise. The team implements a measurement-guided care plan based on evidence-based practice guidelines and focuses particular attention on patients not meeting their clinical goals.

### Get Trained in Collaborative Care!

Through CMS' Transforming Clinical Practice Initiative, the American Psychiatric Association (APA) acts as a Support and Alignment Network (SAN), providing Collaborative Care training to psychiatrists who will work with primary care practices to improve patient outcomes and increase access. **To see a list of in-person training opportunities, please visit [bit.ly/CoCMtraining](http://bit.ly/CoCMtraining)**

### Get Trained Online

In addition to the in-person Collaborative Care trainings, the APA also offers **free** online trainings in Collaborative Care.

- **[Applying the Integrated Care Approach: Core](#) 4 CME Credits**  
This course provides training in Collaborative Care Consultation Psychiatry, focusing on the knowledge, skills, and attitudes necessary to help psychiatrists provide high quality care for larger populations. [bit.ly/CoCMcore](http://bit.ly/CoCMcore)
- **[Applying the Integrated Care Approach: Advanced](#) 2 CME Credits**  
\*\*This course is offered to those who have completed the core training. [bit.ly/CoCMadvanced](http://bit.ly/CoCMadvanced)

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# CMS Delays Simplified E/M Payment Structure in Final Rule on 2019 Fee Schedule

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For 2019, the Centers for Medicare and Medicaid Services (CMS) has reduced administrative burdens on physicians associated with documentation and preserved separate payments for each of the existing levels of evaluation and management (E/M) services used to describe care for new and established patients in outpatient settings.

These provisions are part of the final rule on the 2019 Medicare Physician Fee Schedule, released by CMS in early November. In its original August proposal, CMS proposed a single "flat payment rate" for level 2 through level 5 E/M services provided in outpatient settings. This change would have resulted in physicians being paid a single rate for those services regardless of the complexity of the work a patient requires.

CMS is delaying the implementation of the proposed simplified payment structure until 2021 and

has modified its original proposal. In 2021, CMS plans to collapse the payment for levels 2 through 4 for outpatient visits but will retain a separate payment amount for level 5 services.

In the meantime, CMS has adopted several of the documentation changes for which APA advocated in comments it submitted on the proposed rule. Beginning on January 1, 2019, CMS will no longer require physicians to document medical necessity for treating patients in their homes rather than in the office; no longer require physicians to re-record elements of a patient's history and exam when there is documentation that those items have been reviewed and updated; and will allow physicians to indicate that they have reviewed and verified information on the chief complaint and history that are already documented in the record by ancillary staff or the patient. These

changes are expected to reduce administrative burden on physicians associated with documentation.

Physicians are to continue using either the 1995 or 1997 documentation guidelines for E/M code selection.

The fee schedule also includes important changes to requirements around electronic health records, the Merit-Based Incentive Payment System, and the use of quality measures.

Staff at APA are continuing to analyze the fee schedule. Members who have questions should contact the APA Practice Management Helpline at (800) 343-4671. Look for the December 21 issue of *Psychiatric News* for complete coverage of the fee schedule.

Detailed information on the fee schedule is posted at the CMS website.

## APA Announces 2019 Election Slate

### Voting begins January 2

The APA Nominating Committee, chaired by Anita Everett, M.D., reports the following slate of candidates for the 2019 Election. This slate is considered public, but not official, until the Board of Trustees approves it at its December 2018 meeting.

NCPA Member **Rahn Bailey, M.D.** is on the ballot for Minority/Underrepresented Trustee.

**President-Elect:**  
Jeffrey Geller, M.D., M.P.H.  
Theresa Miskimen, M.D.

**Secretary:**  
Jeffrey Akaka, M.D.  
Sandra DeJong, M.D., M.Sc.  
Ramaswamy Viswanathan, M.D., D.M.Sc.

**Minority/Underrepresented Trustee:**  
**Rahn Bailey, M.D.**  
Robert Cabaj, M.D.

**Resident-Fellow Member Trustee-Elect:**  
Lisa Harding, M.D.  
Daniel Hart, M.D.  
Michael Mensah, M.D., M.P.H.

Candidates for Area 3 (Middle Atlantic) and Area 6 (California) Trustees are also on the 2019 ballot, but they will be elected by eligible voters of their respective Area. This does not include NCPA members.

The NCPA urges all members to have a say in who will become the next leaders in psychiatry at the national level. Voting will be open from January 2 to January 31, 2019.

For more information about the election, visit the APA's website or email [election@psych.org](mailto:election@psych.org).

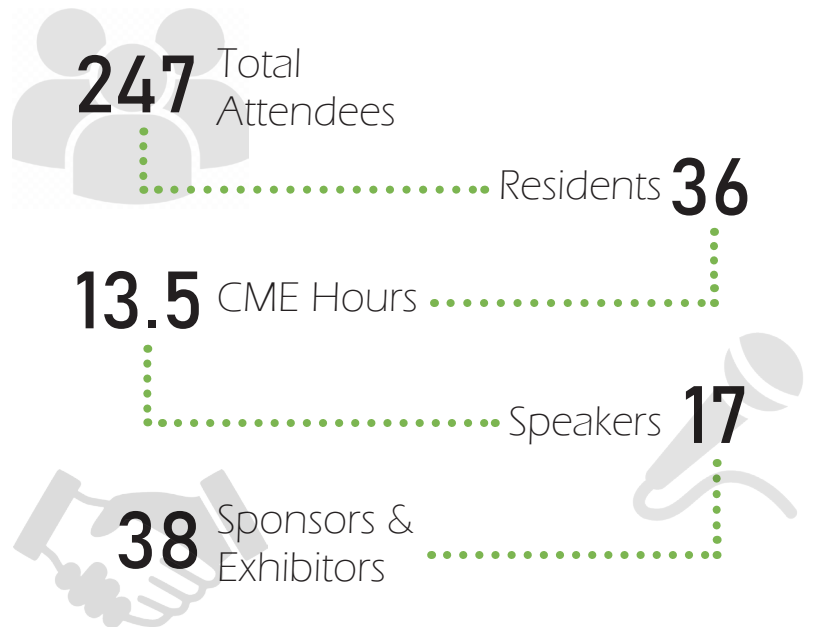
# NC Psychiatric Association's Annual Meeting & Scientific Session

The NCPA 2018 Annual Meeting in September was a success thanks to our wonderful attendees, speakers, and sponsors. Held in beautiful Asheville, the weekend was packed full of CME lectures, business meetings, and networking opportunities. We had a wonderful time reconnecting with familiar faces and meeting new members!

If you weren't able to attend the Annual Meeting but would still like to show your support, consider a donation to the Psychiatric Foundation of North Carolina. The Foundation sponsors the registration fees for psychiatric residents who attend the Annual Meeting. (See page 18 to learn how you can donate.)

Our goal is to make next year's Annual Meeting even more exciting and worthwhile for our members! If you have any feedback or ideas, please share them with us! Send an email to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

## BY THE NUMBERS



## WOMEN'S BREAKFAST

Last year's inaugural Women's Breakfast at the Annual Meeting was a huge success, and **Samina Aziz, M.B.B.S., D.F.A.P.A.** received a President's Award this year for helping make it happen. This year, we invited Charlotte-based attorney Joy Hord (*pictured lower left*) to share insight on negotiating contracts, whether for a new job or general business proceedings. Despite the 7:00 a.m. timeslot, nearly 40 psychiatrists, residents, fellows, and even medical students attended the breakfast to hear Joy's advice and connect with their women colleagues.

In the near future, the NCPA will work to plan more women's networking events across the state. Stay tuned!

## SAVE THE DATE



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## MEMBERS HONORED

During Saturday evening's banquet, awards were presented to members who have made positive contributions to the NCPA and to the mental health field in 2017-2018. Honorees included:

- **Don Buckner, M.D., D.F.A.P.A.** for service as the 2017-2018 NCPA President (pictured upper left with Mehul Mankad, M.D., D.F.A.P.A.)
- **Samina Aziz, M.B.B.S., D.F.A.P.A.** for efforts to advance opportunities for women in psychiatry (pictured lower left with Don Buckner, M.D., D.F.A.P.A.)
- **Chris Aiken, M.D., D.F.A.P.A.** for service as the 2018 Annual Meeting Program Chair (not pictured)

Thank you again to everyone who came to this year's Annual Meeting! We hope to see you (and some new faces) next September in Myrtle Beach.

Bring your family and enjoy one last beach getaway before the summer ends!

## RESIDENT POSTER SESSION

Each year, the Psychiatric Foundation of North Carolina and the North Carolina Council of Child and Adolescent Psychiatry (NCCCAP) sponsor a Resident Poster Session during the Annual Meeting. This year, a record 17 research posters were presented, and the judges awarded four prizes:

### Psychiatric Foundation of NC Awards

#### **First Place: Elizabeth Mutter, D.O. (ECU)**

*Insane in the Membrane: A Case of Primary Leptomeningeal Lymphoma Masquerading as Mania*

#### **Second Place: Melinda Asbury, M.D. (Duke)**

*Learning to Let That Thought Go: How Cognitive Behavioral Therapy Facilitated a Reduced Medication Regimen in a Patient with Schizoaffective Disorder, Bipolar Type and Obsessive-Compulsive Disorder*

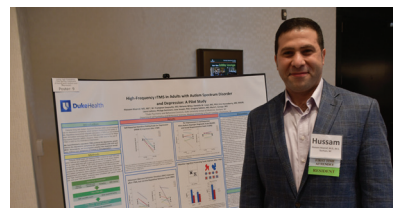
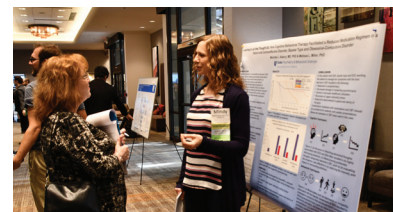
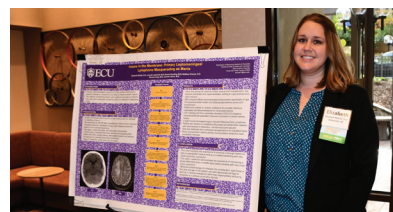
#### **Third Place: Hussam Alsarraf, M.D. (Duke)**

*Using High Frequency rTMS for the Treatment of Adults with Autism and Depression*

### NCCCAP Award

#### **First Place: Alexandra Bey, M.D., Ph.D. (Duke)**

*Acute Neuropsychiatric Decline in Adolescents with SHANK3-related Disorders Responds to Immunomodulatory Therapy: A Case Series*



Psychiatric Foundation of NC Resident Poster Session award winners pictured from top to bottom: Elizabeth Mutter, D.O.; Melinda Asbury, M.D. (right) with Poster Session judge and NCPA Past President Debra Bolick, M.D., D.F.A.P.A. (left); and Hussam Alsarraf, M.D.

# Art Activity Encourages NCPA Annual Meeting Attendees to Explore Mindful Creativity

*Jenny Kiehn, Artist*

“My working definition of mindfulness is the awareness that arises through paying attention, on purpose, in the present moment, non-judgementally.” - Jon Kabat-Zinn

Regularly entering a mindful state of being helps increase self awareness, reduce stress, and manage the pressures of daily life. I'm on a mission to help people mindfully explore their creativity by using a unique and accessible style of art.

This year, I had the opportunity to lead an art activity focused on mindful creativity during the Welcome Reception of the NCPA Annual Meeting in Asheville.

The initial design for the artwork requires no technical skill, so it allows participants to create conceptual ideas without any prior training. I make sculptural arrangements that use everyday objects, natural forms, and photographs to symbolically create a portrait or conceptual puzzle. Objects are carefully selected for their characteristics (size, weight, function, texture) and how those characteristics can symbolize deeper qualities (delicacy, strength,

a sharp personality, etc.).

The objects are then arranged within a grid format, inspired by quilts made from old clothing. Just as a quilt tells a story of the wearer of the clothes through colors, worn areas, and styles of fabric, these sculptural quilts tell a story through carefully selected elements. I cast the objects in shallow squares of translucent white resin and sew them together through precast needle holes, so the objects really do come together to form a quilt. Each quilt is then displayed on the wall in a shadow box frame.

For the NCPA Annual Meeting, I created an activity in which meeting attendees designed their own story quilt by mindfully choosing objects from a wide selection.

They were each asked to create the design by either choosing what attracted them and figuring out the story later (like a dream) or creating a story about someone else. Each participant arranged their objects in a white tray with a grid pattern similar to my sculptures. I photographed the arrangements and gave each participant a printed photo to keep.



Artist Jenny Kiehn (left) pictured with NCPA Secretary Alyson Kuroski-Mazzei, D.O., F.A.P.A. (right) creating object story quilts at the NCPA Annual Meeting Welcome Reception

The variety and personality of the quilt designs was fascinating! The members took to it like fish to water, easily selecting objects that attracted them and putting them together in such interesting arrangements! One psychiatrist called it “reverse Rorschach” because participants create something that can be interpreted in a variety of ways. Another person pointed out how the activity takes you out of the normal roles you have to perform and helps you just stop and “be” for a while.

It was wonderful seeing so many people enjoy learning to creatively unwind in a stimulating way. If this sounds interesting to you, look me up at [www.jennykiehn.com](http://www.jennykiehn.com).


Thank you to everyone who participated in the art activity and to the NCPA for inviting me to join you! 🌱



Object story quilt created by an attendee of the NCPA Annual Meeting Welcome Reception

... NC Legislative Update continued from page 1

At the end of the day, YOU are the most valuable advocacy tool the NCPA has. Building relationships with your local representatives is the best way for the needs and concerns of psychiatry to be heard.

During the 2019-2020 legislative session, consider reaching out to your representatives and sharing your stories of patient care. The NCPA staff can help! The voices of the 950 individual psychiatrists that the NCPA represents are sure to make an impact for our patients across the state. 



NCPA Contract Lobbyist Josh Lanier and Dr. Pruetta at the NC General Assembly during the November special session

### CMS Approves the NC Medicaid Waiver

CMS has officially approved North Carolina's plan to pursue Medicaid managed care, including creating Tailored Plans for citizens with serious mental illness, addictive disease and developmental disabilities. Here is a list of the entities and insurers who are officially competing for one of the up-to-four statewide Prepaid Health Plan (PHP) contracts:

1. Aetna
2. AmeriHealth Caritas North Carolina
3. BCBSNC - Healthy Blue
4. Carolina Complete Health (PLE - NC Medical Society, NC Community Health Center Association, and Centene)
5. My Health by Health Providers (PLE - 12 NC hospital systems and Presbyterian Healthcare of New Mexico)
6. Optima Health
7. United Health Care
8. WellCare Health Plans

The state plans to award the contracts in February, with some patients switching to the new carriers as early as the following November.

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CHIEF UNDERWRITING OFFICER



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# Resident Studies Group Prenatal Care

*Marta Olenderek, M.D., Executive Council Resident-Fellow Representative (Wake Forest)*

As a first-year psychiatry resident at the Wake Forest School of Medicine, I was fortunate to meet two of my current mentors and gain an introduction to the field of women's mental health. Sebastian Kaplan, Ph.D. and Wake Forest graduate Emily Boothe, D.O. designed a research study comparing psychosocial outcomes between group prenatal care and individualized prenatal care. I had the unique opportunity to join this study during its recruitment phase, which has opened up many avenues for me to learn more about perinatal mental health needs for women.

Group prenatal care is an acceptable alternative to one-on-one traditional visits during pregnancy. Groups consist of 8-12 women who all share similar due dates, and they are typically led by trained physicians, nurses, or midwives. It emphasizes self-care activities, social support, and facilitative leadership, which in turn have shown to improve psychosocial outcomes, including a decrease in stress level.

From July 11-15, 2018, I attended and presented at the 31st Annual Postpartum Support International Conference in Houston. Mental health providers, childbirth professionals, policy-makers, and even yoga instructors from across the United States came together to learn more about topics such as postpartum psychosis, perinatal mood and anxiety disorders, yoga therapy, traumatic birthing experiences, and maternal-infant bonding.

During the conference, I was able to share ideas on how we can improve screening for mental illness in primary care clinics and what other easily accessible resources may be available for women and

families who require greater support. Throughout the conference, I observed the willingness of women to be open with one another about the hardships of being a mother and destigmatizing the anxiety and depression that may be felt after becoming a parent. A wide range of topics were covered during the conference, from a review of the most recent literature on postpartum depression rates to the impact of fathers on perinatal mental health.

During our breakout speaking session, Dr. Boothe and I were joined by two representatives, Mary Traub and Juan Carlos Siegal, from a specific model of group prenatal care offered in the United States called *CenteringPregnancy*<sup>®</sup>. This model is offered in 46 states and serves over 60,000 patients annually. Its three main components are health assessment, interactive learning and community building.

We had the opportunity to share our research findings, as well as the limitations of our study. Although we did not find any significant difference in postpartum depression rates between group and individualized prenatal care, we did find a significant increase in score on the pregnancy knowledge test in the group prenatal care arm.

We received feedback from other psychiatrists, midwives, social workers, and psychologists who were either familiar with the model or facilitated group prenatal care at their center and recognized

its innate motifs of community and empowerment.

Maternal mental health is also a predictor of an infant's future emotional and physical health. Many countries are implementing new health policies impacted by current research on the prevalence of mental health conditions in perinatal period and are offering group prenatal programs. Even Haiti has started research on group-level care called "Fanm Pale" or "Women Speak."

For the second year in a row, I participated in the Resident Poster Session during the NCPA Annual Meeting. This year, my poster discussed the characteristics of women who are more likely to choose the group prenatal care model. Our study was able to recruit 129 women, 54 of whom chose group prenatal care and 75 chose standard, individualized care. Women who chose group care were more likely to be younger, single, and experiencing their first pregnancy.

Analyzing pre-test data also showed that women who chose group care were more likely to score significantly higher on the



*Dr. Olenderek presenting her poster on group prenatal care at the NCPA 2018 Annual Meeting in September.*



Perceived Stress Scale and significantly lower on the Pregnancy Knowledge Scale during their initial prenatal visit. Being cognizant of these baseline differences within our study population will be important in future adaptations of the *CenteringPregnancy*® program to this specific community. It may also reveal areas for improvement within the current model in order to further increase access and encompass a versatile population.

These experiences have helped me expand my knowledge in the field of women's mental health, specifically perinatal and postpartum periods. I look forward to continuing my clinical training in this specialty as I join the outpatient women's mental health clinic offered at Wake Forest in January 2019. 🌱



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## Remember to Deduct Your Dues!

As you prepare your tax documents in the New Year, remember that a portion of your NCPA and APA dues are tax-deductible as a business expense. Likewise, if your employer covers the cost of your membership, the company is entitled to the tax-deduction.

**NCPA 2018 Dues:** You may deduct 85 percent. (In other words, all but 15 percent of your North Carolina dues are tax-deductible.)

**APA 2018 Dues:** You may deduct 91 percent. (All but 9 percent of your national dues are tax-deductible.)

The non-deductible amount represents the portion of dues that is used to pay for direct lobbying efforts, such as NCPA's paid lobbyist and the time that NCPA staff spends on lobbying efforts. Both of these figures are found on your APA dues statement.

If you need assistance determining the amount you paid in 2018 for your APA and NCPA membership, please send an email to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

## Give the Gift of Education This Year (& Beyond)!

The Psychiatric Foundation of North Carolina is a 501(c)3 organization and the charitable arm of the NCPA. The Foundation's primary goals focus on providing training, education and research that assist psychiatrists in offering the best possible care for patients.

This year, the Foundation's most notable project was sponsoring a two-day Sequential Intercept Mapping facilitator training session for 30 professionals. These trainees are now prepared to lead NC's 100 counties in an effort to keep people with mental illness out of jails and

prisons. This project, related to our Stepping Up Initiative, could really make a difference in how county governments function for your patients!

The Foundation also sponsors psychiatric residents to attend the NCPA Annual Meeting & Scientific Session. This year, the Foundation paid the registration fees for 44 residents, fellows, and medical students to attend the meeting and gave three monetary awards for research presented during the annual Resident Poster Session.

As you consider your year-end donations to charitable organizations, please include the Psychiatric Foundation of North Carolina.

In addition to general donations, the Foundation accepts Tribute or Memorial donations to honor a loved one, friend, or colleague.

Tax-deductible donations may be made online (credit card) at [www.ncpsychiatry.org/make-a-donation](http://www.ncpsychiatry.org/make-a-donation) or by mailing a check (payable to the Psychiatric Foundation of NC) to 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606.

### Thank You 2018 Psychiatric Foundation Supporters!

Diana Antonacci, M.D.  
Samina Aziz, M.B.B.S.  
Debra Bolick, M.D.  
Don Buckner, M.D.  
Stephen Buie, M.D.  
William Chen, M.D.  
Nathan Copeland, M.D.  
Carey Cottle, M.D.  
Scott Cunningham, M.D.  
John Diamond, M.D.

Peggy Dorfman, M.D.  
Zach Feldman, M.D.  
Conrad Fulkerson, M.D.  
John Gilmore, M.D.  
Chris Hollis  
Amilda Horne, M.D.  
Robin Huffman  
Fred Jarskog, M.D.  
Nadyah John, M.D.  
Burt Johnson, M.D.

Kristen Kraus  
Alyson Kuroski-Mazzei, D.O.  
Kerry Landry, M.D.  
Allan Maltbie, M.D.  
Kaye McGinty, M.D.  
Linda Mundle, M.D.  
Chris Myers, M.D.  
Bruce Noll, M.D.  
Stephen Oxley, M.D.  
Thomas Penders, M.D., M.S.

Nimesh Shah, M.D.  
Michael Smith, M.D.  
Thomas Spruill, M.D.  
Marvin Swartz, M.D.  
Ronald Vereen, M.D.  
John Wagnitz, M.D., M.S.  
Theresa Yuschok, M.D.  
Richard Zenn, M.D.

## NCPA Announces 2019-2020 Election Slate

### Voting begins in January

In accordance with the NCPA Bylaws, all voting members will receive election materials in January. Electronic voting will be available for all eligible members who have an email address registered with NCPA.

Electing leadership for the association is one of your most important duties as a member of NCPA. Please read the election letter and ballot carefully and submit your anonymous vote by the deadline indicated in the voting materials.

Members of Executive Council serve staggered term limits to ensure a smooth transition of leadership each year. This slate includes President-Elect, Vice President, Secretary, two Councilor at Large positions, and an APA Assembly Representative.

**President-Elect:** *Zachary Feldman, M.D., F.A.P.A.*

**Vice President:** *Alyson Kuroski-Mazzei, D.O., F.A.P.A.*

**Secretary:** *Ayesha Chaudhary, M.D., D.F.A.P.A.*

**Councilor At Large (Western Region):** *Sarah Wells Slechta, M.D., F.A.P.A.*

**Councilor At Large (South Central Region):** *Joshua Pagano, D.O., F.A.P.A.*

**APA Assembly Representative:** *Samina Aziz, M.B.B.S., D.F.A.P.A.*

Please contact the NCPA office with any questions, 919-859-3370 or [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

# 2018 Membership Report

## New & Reinstated Members

Sanju Adhikari, M.D.	Katherine Hobbs-Knutson, M.D.	Paul Riordan, M.D.
Ahmad Adi, M.D.	Lakshmi Kamaraju, M.D.	Javier Santos-Cubina, M.D.
Marta Bowen, M.D.	Gary Maslow, M.D.	Nilima Shukla, M.D.
Iverson Brookes Carter, M.D.	Karen Melendez, M.D.	Sherif Soliman, M.D.
Harold Elliott, M.D.	Lydia Miller-Anderson, M.D.	Jordan Spellman, M.D.
Jamie Evans, M.D.	Kerry Musick, M.D.	Alison Stein Manning, M.D.
Angela Gannon, M.D.	Karin Nylund, M.D.	Gerald Travis, M.D.
Mona Gupta, D.O.	Peter Oliver, M.D.	Barry Williams, M.D.
Charin Hanlon, M.D.	Rachel Poliquin, M.D.	Ayofemi Wright, D.O.
Andrea Hernandez-Gonzalez, M.D.	Jennifer Richards, M.D.	Jiping Xiao, M.D.

## New Resident-Fellow Members

Hussam Alsarraf, M.D.	Sara Feizi, M.D.	Lauren Pearson Marino, M.D.
Abraham Bombeck, M.D.	Christina Fitz, M.D.	Barrington Quarrie, M.D.
Brian Casey, M.D.	Rachel Gooding, M.D.	Charlotte Schwarz, M.D.
Miriam Clarke, D.O.	Michael Graham, Jr., M.D.	Valerie Sims, M.D.
Izadora Diehl, M.D.	Hudaisa Hafeez, M.D.	Alissa Stavig, M.D.
Rhett Donathan, DO	Anne Johnson, M.D.	Victoria Teague, D.O.
Matthew Edwards, M.D.	Jonathan Komisar, M.D.	Karan Vyas, M.D.
Hunter Edwards, D.O.	Peter McCann, M.D.	Brian Wasserman, M.D.

## Members Transferring In

Richard Bagge, M.D.	Sadia Haque, M.D.	Albena Radoslavova, M.D.
Pravesh Basnet, M.D.	Reina Hisada, M.D.	Justin Schechter, M.D.
Alexa Beilharz, M.D.	Harold Kudler, M.D.	Stephen Vance, M.D.
Abel Bumgarner, M.D.	Jessical Morel, D.O.	Roompa Wadhwa, M.D., M.H.A.
Eric Christopher, M.D.	Phillip Murray, M.D.	Jozef Zelenak, M.D.
Rhianon Groom, M.D.	Andrew Owens, D.O.	
Vikas Gupta, M.D., M.P.H.	Lucy Preyer, M.D.	

## Members Transferring Out

Maria Ela Aguilar Donis, M.D. (FL)	Charla Jones, M.D. (OH)	Yingting Rezmovitz, M.D. (CO)
Michele Denker, M.D. (DC)	Raunak Khisty, M.D., M.P.H. (IL)	Hadia Shafi, M.B.B.S. (GA)
Rami Dieb, M.D. (TX)	Brandon Kohrt, M.D. (DC)	Heather Spain, M.D. (NE)
Kelechi Emereon, M.D. (MS)	Srinivas Kolipaka, M.D. (GA)	Douglas Waldrep, M.D. (SUSP)
Carson Felkel, M.D. (SC)	Robin Reed, M.D. (AK)	Royce Waltrip, M.D. (NJ)

### ***Submit Nominations for the 2019 V. Sagar Sethi, M.D. Mental Health Research Award***

Nominations must be submitted before the January 15, 2019 deadline. Criteria and submission instructions are available online at [www.ncpsychiatry.org/sethi-award](http://www.ncpsychiatry.org/sethi-award).



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**There is still time to avoid a Medicare rate penalty in 2020. Check your 2018 MACRA participation status at <https://qpp.cms.gov/participation-lookup>.**

## **Important Dates**

**December 21, 2018 -  
January 2, 2019**  
NCPA Office Closed

**December 31, 2018**  
Deadline to Pay 2019 NCPA  
and APA Membership Dues  
[www.psychiatry.org/PayDues](http://www.psychiatry.org/PayDues)

**January 15, 2019**  
Nominations Due for V.  
Sagar Sethi, M.D. Mental  
Health Research Award