



We've Moved Downtown!



NCPA's new mailing address:
222 North Person Street, Suite 012
Raleigh, NC 27601
(NC Medical Society Headquarters)

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2021 NCPA Virtual Annual Meeting & Scientific Session

Last year's virtual meeting went so
well, we decided to do it again!

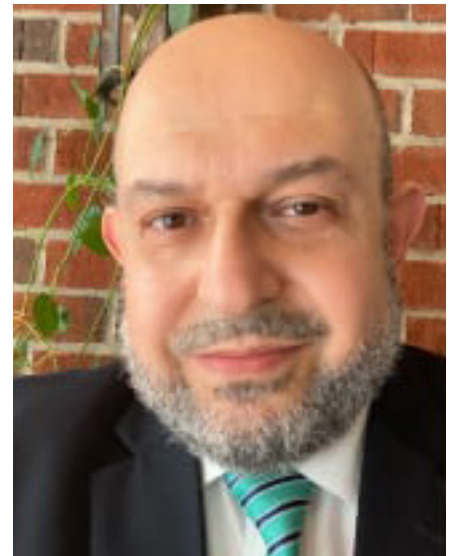
This year's Annual Meeting will
be held online from October 1-3.
Check out page 15 for a sneak
peek of our headlining speakers!

Registration is now open!
Early Bird rates available for
members until July 31.
bit.ly/ncpsych21

A Profile of Courage

*Mohammad Abu-Salha, M.D., F.A.P.A.
2021 APA Assembly Profile of Courage Award Recipient*

*Editor's Note: On May 1, 2021, the
APA Assembly named Dr. Abu-Salha as
recipient of the 2021 Profile of Courage
Award for his courage to speak against
hate and Islamophobia in the face of deep
personal tragedy. He was nominated by
Assembly Representative Dr. Samina Aziz.
NCPA is honored to share Dr. Abu-Salha's
acceptance speech in this issue.*



A sense of astonishment was only sub-
dued by humility and honor as I re-
ceived the 2021 APA Assembly Profile
of Courage Award.

"What is courage?" I was left to won-
der. The death threat I received the
night I addressed the Judicial Commit-
tee of US Congress in April 2019 pales
when I recall how my late daughters,
Yusor and Razan, sacrificed their lives
for their faith when executed together
with my son-in-law, Deah, on Febru-
ary 15, 2015. My daughters wore our
faith on their heads as they died while
adorned by their Muslim scarves.

It was real courage when my trauma-
tized wife, Amira, rose up from bed the
morning after the crime – sad, tearful,
elegant, and tall – as she prepped our
home for oncoming community mem-
bers who would express condolences.
Only a month later, she prompted us to
go back to our private practice so that
1,200 patients would not be left alone
and so that our only living son would
see a model of resilience and "courage."

This was not the first time for Amira,
who wore her hijab, "Muslim garb,"
just two months before September 11,
2001. Many Muslim women have since
taken off their hijabs, but she never did.

Courage was embodied in Yusor and
Deah volunteering at the fragile and in-
secure southern Turkish border to pro-
vide dental hygiene to Syrian refugees
in camps just a stone throw from where
ISIS was located. It was also courage
when Yusor and Razan, in their hijabs,
ran Project Down Town, handing warm
meals to the homeless and hungry in
downtown Raleigh. Courage was in-
deed when my then 19-year-old, Ra-
zan, witnessed the execution of her six
weeks wed sister and brother-in-law
just before the same gun discharged
through the top of her head and indeed
through her scarf.

continued on page 13...

What's in Store for the Next 40 Years?

This will be my last edition as newsletter editor. Now in my seventh year of retirement from practice, I think it is time to hand this over to someone better connected to today's issues.

I suppose I should do some version of the geezer memory walk, but I often find such ramblings to be self-indulgent or at least uninteresting, so I will at least keep it short. I first joined NCPA in the mid-'80s, became actively involved with some committee work, and joined the leadership team about the time Robin became our leader. I owe a debt to her for guiding my learning curve.

If there is one thing on which I spent most of my NCPA energy, it was the effort to integrate psychiatry better into the other branches of medicine. Forty years ago, psychiatrists and general practice doctors were at best strangers, if not enemies. During my year as NCPA President in 2004, I

reached out to the NC Academy of Family Physicians, and we sponsored several joint activities. We attended each other's annual meetings. I think the process was important.

The concept of "integrated care" was then clearly on the horizon. I believe that psychiatry is more a part of the larger house of medicine today, and I take some pleasure that I was at the table for some of that work. We've come a long way since the '80s.

One other event stands out having to do with change. At an NCPA annual meeting in the early '80s, an executive from NC Blue Cross/Blue Shield gave a presentation about "managed care." I remember his takeaway sentence about why things were going to change regarding psychiatric billing. He said, "For most of medicine, billing is based on disease presentation. In psychiatry, it is based on provider behavior."

That was his way of saying that change was coming. No longer could psychiatrists simply do what they thought best and submit a bill with the expectation of reimbursement. "Providers" would now be expected to behave in ways consistent with insurers' expectations. Sound familiar?

Most of the psychiatrists were outraged, not simply from being told they would be managed, but that someone would refer to them as "providers." "We are not providers, we are doctors!" Later, we became known to some as "prescribers." We have adapted. We're still here.

I won't guess what changes wait for young psychiatrists over the next forty years, except to say it might have something to do with technology and partnerships. There might even be a day when signing your name with your finger will seem quaint.



NORTH CAROLINA
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news

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To update your mailing address or if you have questions or comments about *NCPA News*, contact NCPA Staff, 919-859-3370 or info@ncpsychiatry.org.

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President's Column: Sustainability

Alyson R. Kuroski-Mazzei, D.O., D.F.A.P.A.

NCPA Mission: Promote the highest 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.

As we continue to navigate the many challenges the past year has brought us, I want to thank NCPA for the leadership and support it provides to all of us and to our communities. The difficult work the organization has completed around the pandemic, health inequities, systemic racism, violence & mental health, and increasing access to mental health care is crucial as we work together to fulfill our mission.

Many things have changed over the past five years since I returned to North Carolina to start and lead HopeWay, and several more things shifted with the pandemic. The one thing that has remained steadfast is the quality of care we offer to our patients and the strong ties we all have as North Carolina physicians. Even with the challenges of 2020, we have never wavered as an organization. As NCPA President, **Dr. Zach Feldman** led us through one of the most difficult years any of us have ever faced. With the support of the Disaster Committee, NCPA worked tirelessly to support and educate all members throughout the pandemic. Special thanks to NCPA Executive Director, Robin Huffman, as well as **Drs. Allan Chrisman, Therese Garrett, Harold Kudler, Karen Melendez, Nadyah John, Nathan Copeland, Siham Muntasser, Nikki Steinsiek, Rick Weisler, Nkechi Conteh Kaye McGinty, and Nerissa Price.** I am especially grateful for the participation by the state academic psychiatry department Chairs in regular

meetings with our Disaster team as we studied the impact of COVID on training programs, emergency departments, and healthcare systems.

As we work together to move forward and focus on returning to a healthier community, improving access to premier mental health care for all is imperative. Access to quality mental health care should not be for those with insurance or the financial means to pay fee for service, but for everyone. It is our responsibility within our organizations to fight for, advocate and help serve our entire community. I am grateful for the opportunity to help make a difference as we still advocate for much deserved parity, continued access to telemedicine, access to care for those who are uninsured and improved services for mental health care at all levels. As we think about our power and privilege as physicians, how can all of us help make a difference at a time when so many are struggling? I encourage each of you to think through this as we all try to lead our communities back into wellness.

I also want to highlight the creation of the Race, Ethnicity and Equity (REE) Committee, is helping guide NCPA in taking action to address systemic racism within our organization, medical training programs, hospital systems, and communities. Special thanks to REE Committee members: **Drs. Nadyah John** (chair), **Constance Olatidoye, Erika Dzirasa, Samantha Suffren, Harold Kudler, Kenya Caldwell, Mandeep Kaur, Nikki Steinsiek, Nora Dennis, Obinna Ikwechegh, Alexi Webb, Arthur Kelley, and Vivian Campbell.** The long and traumatic history of racial injustice and health disparities needs our laser focus as we commit to working



together to promote diversity, equity, and inclusion. We look forward to collaborating with each other, our hospital systems, the NC Medical Society, and the APA to impact the State of North Carolina in ways in which we can all be proud.

We further know that the pandemic has caused a surge in need for mental health care. We are not just in the business of health care. We are in the business of inspiring hope and mental wellness for all, including ourselves. During my term as President, I am especially interested in focusing on goal three of our Strategic Plan, which encourages us to foster member engagement and combat isolation and burnout. We must all be mindful of our own sustainability as psychiatrists, leaders, and healthcare advocates. After the past year, now it is time to start rebuilding with a deliberate focus on sustainability so that we can continue the important work we all do each day. Although our 2020 experiences have been unique, they have all been difficult in their own ways. As caregivers, we all too often do not care for ourselves.

continued on next page...

Sustainability: the ability to be maintained at a certain rate or level; avoidance of the depletion of natural resources in order to maintain balance.

I encourage each of you to take your earned time off, schedule time to turn off your electronic devices, schedule your healthcare appointments, go for a massage, or do whatever brings you joy. It may be time to finally pay for a personal trainer, get help with the laundry, or start running again. Maybe you can partner with another NCPA member to be an accountability partner. (We all need external motivation at times!) Although we will host the Annual Meeting virtually this year, there will be ways to engage with each other during the year as more and more restrictions are lifted. We are seeing a light at the end of this tunnel, and it is exciting to start enjoying each other again.

Some easy suggestions to enhance your mental and physical wellness:

- Be patient with yourself.
- Make self-care a priority.

- Exercise at least 30 minutes, at least 5 days per week (AHA recommendation).
- Incorporate mindful eating.
- Wake up and go to bed at the same time each day.
- Practice gratitude.
- If you are struggling with anxiety, depression, substance use or burnout, please reach out for professional help. We are not immune to medical or mental health issues as physicians.

Our collective passion and belief in the importance of mental and physical wellness is the mindset required to shift society’s perspective and combat the impact that mental illness has on our families, our businesses, our healthcare systems, and our culture. I am humbled to be a leader in the mental health field during this important time, and I am so proud that NCPA is here to support you as we move forward. Our team remains focused on excellence and constantly looks for ways to improve our organization

and community relationships. I am grateful for the camaraderie that NCPA has provided and look forward to getting to know more of you this year as we work together on these important issues. Thank you for your support, passion, and dedication to the field of psychiatry that you have given our communities during this challenging time. 🌱

Dr. Kuroski-Mazzei joined NCPA in 2004 as a psychiatry resident at Duke University. She has served on the Psychiatry and Law, Membership, and Program Committees. In 2018, she was elected Secretary of the Executive Council and since worked as Vice President, President Elect, and now President. She is board certified in Psychiatry, Forensic Psychiatry and Addiction Medicine. She is the founding CEO & Chief Medical Officer at HopeWay in Charlotte, and she continues her forensic psychiatry work through the University of North Carolina School of Medicine. Dr. Kuroski-Mazzei and her husband, Paul, have two sons, and she prides herself on being a strong mother, wife, and physician leader.

2021-2022 NCPA Executive Council: Meet Your Newly Elected Officers



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A Point of Personal Privilege

Robin B. Huffman, NCPA Executive Director

In a way, it feels like NCPA is coming full circle, but this time in a more planful way. NCPA is leaving our space at Waters Edge Drive and—sometime later this year—will be moving to offices in the NC Medical Society (NCMS) headquarters building in downtown Raleigh.

Back in the 1980s, the North Carolina Psychiatric Association was housed at NCMS. Old files I have looked through seem to indicate that NCMS needed the space back in 1987, and NCPA leaders and Executive Director Katherine Hux had to work quickly to find a suitable office for the work of the association. The office and conference room at Waters Edge Drive have been a wonderful location for NCPA in the decades since, serving to hold countless NCPA Executive Council and committee meetings, as well as hosting statewide public policy and coalition meetings of all kinds.

More than 10 years ago, we had a task force that investigated using NCPA reserves to purchase its own office space, an idea that was not pursued. Our office space was suitable—not fancy, but attractive enough—and cost effective.

The pandemic, however, gave leadership pause to revisit how we do things. Our three-year lease was up for renewal this May. Then-President **Dr. Zach Feldman** appointed a “Lease Renewal Task Force” to study our options. The group (**Drs. Alyson Kuroski-Mazzei, Jennie Byrne, Michael Zarzar, Elise Herman, and Art Kelley**) discussed the future, reviewed various options, and suggested ideas to pursue. One consideration was the major I-440 road construction project that is changing the landscape and traffic patterns at the office park. After weighing var-

ious options, including attempts to negotiate better lease terms for our current space, the Task Force recommended against renewing our office lease and for entering into a rental agreement for office space with NCMS. This recommendation was approved by NCPA Executive Council at its April 17 meeting.

Staff have been answering NCPA phones and working from home without a hitch for more than a year. Our pre-pandemic investment in learning how to use Zoom helped us quickly pivot to virtual meetings for staff, committee, and Executive Council meetings. The statewide meetings we hosted before, we continue to host today, although in a virtual format. Even better, participation and attendance at these meetings have increased! This was one of the goals we had identified for NCPA in our strategic plan. Another goal was promoting psychiatric leadership, engaging in legislative advocacy, and highlighting psychiatry in integrated care models. Moving into office space within the house of medicine and just two blocks from the legislative buildings all fall in line with achieving these strategic aims.

By the time you read this, we will have put our files and history into storage and will be working out the timeline for our move to NCMS later this fall or winter. Our new mailing address change is effective immediately, but our email addresses and telephone number will stay the same. We will continue to use Zoom for many of our meetings, even after we move into NCMS and are able to use conference and auditorium space there. And, aligning with another goal from our strategic plan, we will host at least one Executive Council meeting a year in

other cities around the state where NCPA leadership can engage with local members. Stay tuned!

NCPA leadership and staff are excited about this “Back to the Future” move for NCPA. While we are coming full circle, this time we return to our spot within the house of medicine as a larger, stronger psychiatric presence and voice.

Sadly, one of our NCPA team is not planning to make the move with us. Kelly Krasula has made the decision to leave NCPA and take some time for herself. As NCPA’s Communications Director and Meeting Planner, Kelly wrote, edited, and produced our quarterly print newsletter and our electronic newsletter; she also planned and managed our Annual Meetings during her three years with NCPA, as well as staffed committees and ran our Distinguished Fellowship program. We especially benefitted from her creative and technical talents and skills when our in-person Annual Meeting became a virtual meeting last fall. It was a great meeting because Kelly made it great! I am so grateful for the hours and talent she put into making AM2020 one of our best meetings. We will miss Kelly and wish her the best as she charts new territory. 🌱

NCPA's New Mailing Address

222 North Person Street
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2021 Legislative Long Session: Mid-Session Report

C.S. Hollis & Associates, NCPA's Contract Lobbyists

When lawmakers commenced the 2021 legislative long session in late January, there was a great deal of uncertainty in the course and direction that session might follow. The pandemic was still raging in many areas of the state, and questions about vaccine distribution and eligibility loomed. When legislators first returned, they were met with new and unseen mask and distancing requirements, even more strict than those in place during the 2020 short session. Instead of packed committees and 170 members on the floor for votes, procedures were adjusted to accommodate Web-Ex meetings and proxy voting. Public access to the building, including lobbyists, was highly restricted.

The beginning of the long session was anything but normal, as all attention was on COVID relief. For a time, most partisan divisiveness that can be expected with a closely held Republican majority in the House and the Senate and a Democrat Governor was put aside to get relief to North Carolinians. However, after the first few weeks of session, many Republican legislators began taking aim at Governor Cooper's Executive "shutdown" Orders. Over a dozen bills were introduced in both chambers seeking to reduce Executive Order capacity limits impacting schools, businesses, and various other aspects of daily life. Bills were introduced that would significantly impact the Governor's powers, particularly when he attempts to implement shutdown orders via Executive Orders. While several bills made it to the Governor's desk, they were all vetoed. It will be interesting to see how, and if, these early tensions impact budget negotiations later this session.

As vaccines became available and COVID infections dropped in early 2021, lawmakers began shifting focus to non-COVID policy priorities. In April, the pace of session rapidly picked up. We also witnessed daily operations at the General Assembly start returning to normal, as lobbyists returned in full and most lawmakers decided to participate in person. Recent weeks have seen hundreds of bills move through committee and to the House or Senate floor in hopes of making the May 13 crossover deadline.

Crossover is considered the midpoint of the legislative long session. It is a deadline to give lawmakers the impetus to prioritize and begin moving legislation. It also acts as the arbiter of what policies will no longer be eligible this biennium. Any introduced bill that does not contain an appropriation must pass its respective chamber by crossover, or is considered "dead" for the rest of the long-session and for the following short-session. However, as most lawmakers know, just because a bill does not meet the crossover deadline, does not necessarily deem it ineligible for the rest of the session. Certain language from bills that did not make crossover can often pop back up in the budget, agency bills, or other legislation. We are always monitoring to see if any unfavorable language comes back to life in another bill.

The pandemic has placed heavy emphasis on health care legislation this session. We have been closely monitoring scope of practice issues leading up to crossover. The SAVE Act has been a perennial attempt by Advanced Practice Registered Nurses (APRNs) to enable independent practice. The scope expansion under the SAVE Act would

allow these nurses to make diagnoses, referrals, and other treatments without physician supervision. As in previous sessions, the SAVE Act has received strong pushback across the medical community and has yet to make traction this session. Another scope bill involves pharmacists, which would enable them to prescribe and administer certain medications. These policies are still being discussed, but any provisions enhancing pharmacists' diagnostic scope have been reduced or eliminated. We will continue to monitor these bills as session progresses.

If there are any positive changes resulting from the pandemic, one is the new attention and emphasis placed on mediums of health care delivery that proved crucial during lockdown — namely, the necessity for telehealth. In original COVID relief bills passed last session at the pandemic's peak were temporary regulatory measures that expanded access to certain providers via telehealth. It also provided for reimbursement. After seeing the success of these measures, legislation was introduced this session that would permanently codify certain provisions to extend the reach and reimbursement for telehealth visits throughout the state.

Aside from the budget, Medicaid transformation is a looming issue in the latter half of the long session. The original "go-live" deadline was moved from last October to July 1, 2021. Medicaid transformation is an overhaul of the state Medicaid system, switching from the current fee-for-service method to a capitated system. Over a million beneficiaries will be enrolled in one of the six regional Prepaid Health Plans (PHPs) that will oversee beneficiary care and provider reimbursement.

While many providers have been entrenched in patient care during the pandemic, the July deadline is providing headache and confusion for providers and beneficiaries alike. While many medical specialty groups have advocated for additional time to prepare for the transition, lawmakers and NCDHHS are hard set on the “go-live” date. We will continue following this issue as July 1 approaches.

For most providers, including psychiatrists, the deadline to connect to the NC Health Information Exchange (HIE) network, called NC HealthConnex, was June 1, 2021. However, one bill we have been working on closely, H 395, HIE Deadline Extension & Patient Protection, would extend this deadline. The last week of May, Governor Cooper signed this bill into law, extending the deadline to connect to the HIE until January 1, 2023.

What’s Ahead this Session

Each biennium, the House and Senate takes turns introducing a budget. This time is the Senate’s turn. As of early June, nothing has been introduced. For weeks, Appropriations Chairs in both chambers have been trying to negotiate what a first budget proposal may entail, including a total spending figure. Word is that part of the reason a budget has yet to be released is that the House and Senate are still several hundred million dollars off in how much each chamber wants to spend. Also, North Carolina will receive federal funds through the American Rescue Plan (ARP). The state will receive ~\$5 billion, and an additional ~\$3.5 billion will be allocated to counties and municipalities. These allocations are certainly playing into budget negotiations in terms of what lawmakers want to spend out of state coffers vs. federal funds. The Senate is expected to in-

roduce its budget any week now.

As many may know, no budget was passed in the previous biennium as a result of disagreement between the General Assembly and Governor Cooper over Medicaid expansion. While Republican leadership has remained fairly staunch in their opposition to including Medicaid expansion in their budget proposal, it is yet to be seen if there will be any compromise this session. Major disagreements, such as over Medicaid expansion, could potentially drive the long session late into the year. Last biennium, lawmakers passed “mini-budgets” for non-controversial spending provisions, but they failed to enact a full budget.

As the state moves further away from the COVID pandemic, we will also monitor other large or controversial measures that may come to the forefront now that Crossover is behind us. 🌱

Member Notes...

Nikki Steinsiek, M.D., M.P.H., a UNC School of Medicine psychiatry resident, was selected for the 2021 APA/APA



Foundation Leadership Fellowship Program. This program aims to develop national leaders in the field of organized psychiatry by offering psychiatry trainees opportunities to interact with national thought leaders in the field and to further develop their professional leadership skills, networks and psychiatric experiences. Her goals include joining either the APA Council on Minority Mental and Health Disparities or the Council on Advocacy and Government Relations. She looks forward to several opportunities for fellows, such as collaborating on the creation of a behavioral health

tool for the criminal justice system and training to become an instructor in school-based settings. Most of all, Dr. Steinsiek says she looks forward to meeting more mentors who share her goal of using a psychiatric lens to create a more healthy, happy, and equitable society. “With the support of this fellowship, I hope to continue working towards engaging in evidence-based intersectional work that promotes social justice, addressing early life trauma, and emotional intelligence education,” said Dr. Steinsiek.

Eric Morse, M.D., D.F.A.P.A., was awarded the Frederick B. Glaser Award on April 9 at the Addiction Medicine 2021 conference. The



biennial award, given by the Governor’s Institute and the NC Chapter of the American Society of Addiction Medicine (ASAM), honors addiction medicine physicians for achievement and meritorious service in the domains of substance use disorder treatment, education, research and leadership.

Debbie Bolick, M.D., D.F.A.P.A., was elected as an APA Assembly representative for Area 5, which includes the South and Puerto Rico.



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

The Parenthood Penalty for Women Psychiatrists

Part One: COVID's Disproportionate Impact on Working Women

Therese Garrett, M.D.

The pandemic has impacted all of us in a variety of ways. Some have been balancing work with caregiving responsibilities, including childcare, eldercare, or care for differently abled family and friends. Many who live alone found the first few months extremely isolating, while those with family at home may have experienced both the joys of increased family bonding time as well as the stresses of being together with limited outlets 24 hours a day. As more people are vaccinated, Governor Cooper and Secretary Cohen are working with our state to "Bring Summer Back."

As we try to bring our lives back, many are reevaluating their previous life balance to try to identify what changes that were made during the pandemic should be continued and which should be altered. For some, this will mean reflecting on the juggling of work-life responsibilities and where energies are best spent at various times in life.

Some of the seismic shifts have affected all our members (including temporary or permanent remote work environment, the rapid expansion of telehealth, and the increasing mental health impact of the pandemic on our patients), while others have disproportionately impacted many of our female-identified members more intensely. Increased hours and attention to home responsibilities, such as remote/hybrid schooling, must be balanced with continuing to be the ideal worker. And yet, there are still only 24 hours in a day.

Impacts on trainees have also been differential, with 46% of female medical students reporting an ex-

pectation that COVID would have a negative impact on their ability to practice medicine, in contrast to 36% of male medical students. Gender gaps in authorship of scholarly papers have broadened, with a significant decline in female first and last authorships during the January to June 2020 time period across all fields of medicine. Furthermore, women were disproportionately underrepresented in those invited to appear on primetime TV during COVID, with women as 30% of unique speakers covering only 27.6% of the total speaking time.

One area where women are overrepresented is in those who have cut back on their paid work and/or left the workforce during the pandemic. In some settings, the ability to enter and leave the workforce is easy. However, for those in medicine, there can be major hurdles to reentry. Thus, it is important to be aware of how stepping out of the workforce for caregiving or other issues could impact physician reentry. This topic has been written about in detail by the AMA, as well as the American Women's Medical Association, AAP, and a variety of procedural specialties (ob-gyn, anesthesiology, and some of the surgical fields), yet neither our professional psychiatric organizations nor the peer reviewed literature have devoted content to the issue of physician reentry, which is more likely to impact women psychiatrists both early and late in their medical careers.

Many reentry programs consider prior intensity of practice when evaluating intensity of reentry expectation, as well as previous areas of practice. This can result in

more significant barriers to reentry for women who temporarily leave the workforce as early career psychiatrists during their childbearing years. The need for reentry can be avoided by continuing to maintain one's active medical license, continuing to complete CMEs, and remaining clinically active, whether through reduction to part-time (at 8, 16, 20, or 30 hours per week), per diem work, or volunteer work.

So, if you are considering taking a break from medicine for any reason, please make sure you know all your options before removing yourself from clinical practice entirely or deciding not to renew your license. Even in a field such as ours, without as many technical aspects, remaining clinically active is important to continuing your future career. 🌱

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Part Two: The Good, the Bad, and the Ugly of the Reentry Process

Krishna Munshi, M.D.

I experienced those barriers two years ago as I was trying to reenter after taking eight years away from psychiatry to be home with my kids.

After having my first child during my fourth year of residency, I knew that once I was finished with training, I would want to take some time off to be home with the baby. That feeling plus moving cross country sealed the deal that I would not look for a job right out of residency. I had no idea what that meant, as it wasn't something that was discussed by anyone surrounding me. Most of my co-residents were jumping right into their new jobs or starting up private practices, and I had nobody to help guide me on the path that I was choosing to take at the time.

I thought for a long time that my choices were either to work continuously or just be out of medicine and worry about the process later if I decided to come back. I did not think that I would be out for eight years at the time; the plan was to take a year to adjust after moving and then ease back in. However the call of motherhood was strong, even though the idea of staying out for longer scared me. I just shut my eyes and jumped fully into parenting, again delaying worrying about reentry.

Skipping to eight years later when my kids were both school-aged, we moved again, this time to North Carolina. I was ready to start thinking about my career, but where to start? I had let my medical license expire without renewing. I had a knowledge gap that needed to be refreshed. I needed to take my boards. A quick Google search told me that I couldn't do much without having my medical license first,

but for someone that was more than two years out of practice, that would not be an easy process.

My reentry involved a very expensive and lengthy monitoring process, which entailed finding a mentor and essentially do a "mini-residency." This progressed from shadowing, to being observed, to presenting cases prior to discharge. I also had an independent study requirement and a multiple-choice exam. Once all of these aspects were complete, I was able to get my license. The good from all of that was that I really was able to brush up my knowledge, and because I found a spectacular mentor, I was brought back to a clinical comfort level that made me ready to get right into it. The bad was that there were so many more hoops to jump through than I had realized.

Had I known that I could have continued to renew my medical license from residency and work part-time a few hours a week to maintain my license, I would have definitely taken that route.

Had I known that by doing part-time work, I could balance family life without taking myself out of medicine for so long, I would have done it.

Had I known all the different ways that I could work within the field of psychiatry, I would have at least explored if one of those would have worked for me.

Had I known how my sense of identity and self-worth would be affected by these choices, I would have tried to find others in similar positions as me so that I wouldn't feel so alone.

There were multiple times during reentry where I wondered if I

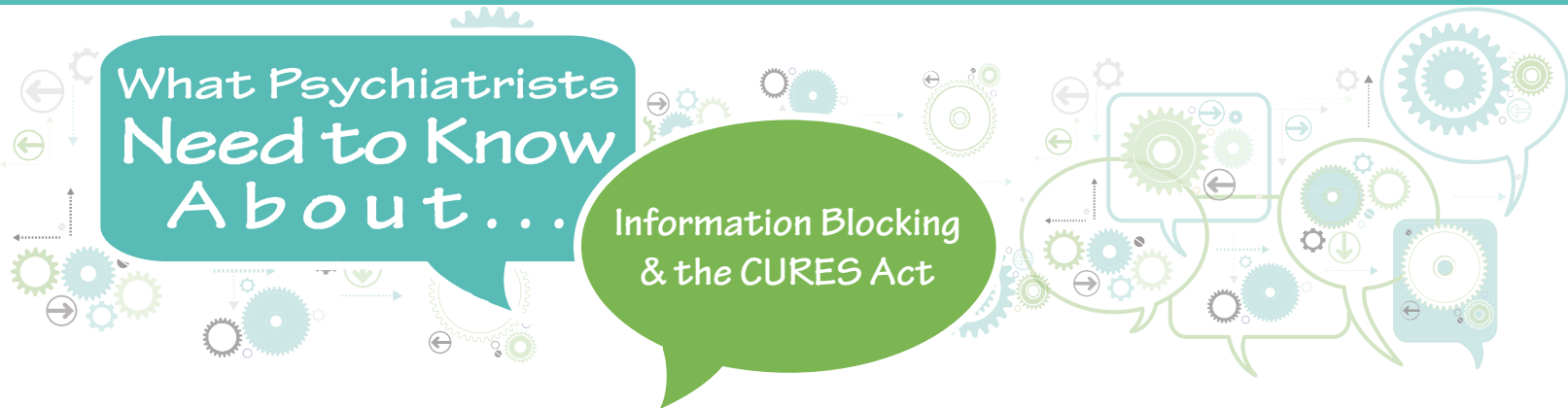
"There were multiple times during reentry where I wondered if I would ever get there. There were barriers being thrown at me over and over again... Had I known there was another way, I would have taken it."

would ever get there. There were barriers being thrown at me over and over again.

Every time I had to write another check to keep going...every time I had to write up the reports of my monitoring...every time I had to drive to a testing site...every time a potential employer questioned if I had enough experience and training...and even now, every time I have to explain to someone my "gap in employment..." it takes a toll on me.

Had I known there was another way, I would have taken it.

Looking at the impact of the pandemic on women physicians, it is more important than ever to be aware of all the possibilities that actually do exist for us in psychiatry. That is why it is so crucial for those of us who are women, mothers, and psychiatrists to speak up and share our experiences. 🌱



Information Blocking & the 21st Century CURES Act

The NCPA office has received questions from members in private practice regarding the federal 21st Century CURES Act. The CURES Act prohibits “information blocking,” which is described as a practice that is likely to interfere with access, exchange, and use of electronic health information (EHI). Specifically, the information blocking provisions went into effect on April 5 of this year. Health care providers, health IT developers of certified health IT, and health information networks/health information exchanges are required to comply.


For providers, because the information blocking provisions apply only to EHI, these regulations do not impact practices that maintain only paper records. However, if your practice maintains health in-

formation in any electronic format, including an electronic medical records system (EMR), computer hard drive, iCloud drive, etc., the information blocking rules apply.

If your practice uses an online patient portal that provides patients with direct access to certain health records, confirm with your software vendor that the portal complies with CURES Act requirements.

The CURES Act does not require providers to use a patient portal. For solo and small group practices that use more traditional means of providing copies of medical records to patients upon request, the regulations make clear that it is not information blocking for a provider to charge a reasonable fee to provide access to EHI.

In North Carolina, the CURES Act also directly applies to the NC Health Information Exchange (NCHIE), known as NC HealthConnex. The NCHIE has studied and monitored all of the information blocking regulations. For technical questions about NC HealthConnex or its data-sharing capabilities, please contact the NC HIEA Provider Relations team at hiea@nc.gov or 919-754-6912.

There are exceptions that could apply to some psychiatric patients. Visit the APA website for a deeper overview: <https://www.psychiatry.org/psychiatrists/practice/practice-management/health-information-technology/interoperability-and-information-blocking>. 

NC HealthConnex Connection Deadline Extended to Jan. 1, 2023

At the end of May, Governor Cooper signed House Bill 395 — an extension to connect to the NC Health Information Exchange (NCHIE), called NC HealthConnex. The new deadline for psychiatrists who treat patients insured by the State Health Plan, Medicaid, and/or NC Health Choice to connect is now January 1, 2023. (The previous deadline was June 1, 2021.) Representative **Kristin Baker, M.D.**, a psychiatrist and NCPA member, was a primary sponsor of this bill.

One addition to the bill is that providers who do not connect to the HIE will be prohibited from “balance billing” the patients. Providers will not be permitted to bill members more than the patient would be billed if the provider were connected to the HIE.

NCPA worked hard to help the NCHIE understand the unique position of psychiatrists regarding patient confidentiality and the difficulties in securing suitable, affordable EHRs — particularly during the pandemic. We will continue to share news and resources to help members make decisions and navigate the connection process before the new 2023 deadline. Let the NCPA office know what questions you have!



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North Carolina Consultation Lines Offer Support to Psychiatrists, Too

Chelsea Swanson, NC-PAL and Karen Burns, NC MATTERS

Perhaps now more than ever, we are experiencing an increased demand for psychiatric care and a chronic shortage of qualified providers. This gap is even more pronounced when seeking specialized care for children and pregnant and postpartum women. Health care providers are often hesitant to initiate or continue medications in these special populations due to concerns about medication safety. As a result, their symptoms are undertreated and the risk of severe illness is exacerbated.

Since 2017, NC-PAL has filled the gap between mental health screening and lack of specialized psychiatric treatment services for children and adolescents through provider-to-provider consultation and training. In 2018, North Carolina was awarded funding to further develop NC-PAL and to create NC Maternal Mental Health MATTERS, expanding the program to include providers treating pregnant and postpartum women. Treating complex patients can be a challenge, but this statewide consultation service can support psychiatrists, too. Whether you are looking for specific information on managing treatment for a patient, or just looking to learn more about child and adolescent or perinatal psychiatry, these programs can help.

NC-PAL and NC MATTERS offer:

- **Free** consultation for community providers around managing mental health and substance use concerns in the pediatric and perinatal populations. Behavioral health coordinators help connect patients to additional mental health and/or commu-

nity resources, while psychiatric providers answer diagnostic and clinical questions, provide consultation around medication, and help assess a patient's need for a higher level of care.

- Education and support to improve local providers' knowledge, confidence, and connections. Our psychiatry team provides free training and didactic presentations on a number of behavioral health topics by request.

Our programs have expanded significantly since the start of the pandemic, reflecting the increased demand for behavioral health services across the state. At present, 700 health care providers are enrolled in the service, totaling over 1,300 consultations across 48 counties. We support psychiatrists in providing high quality care to their pediatric and perinatal patients, in addition to primary care physicians in obstetrics, pediatrics, family medicine, and internal medicine; midwives, nurses, mental health specialists, case managers, social workers, and more.

We also invite you to join the NC Attachment Network launching virtually this summer. This group aims to connect clinicians, service providers, and stakeholders interested in attachment-based interventions and want a place to share their work and learn from others. Whether you are an expert or new to attachment and dyadic work, please join us to explore how we can connect and collaborate to strengthen parent and infant mental health in clinical practice and beyond.




Child Psychiatry



NC MATTERS

To contact NC-PAL or NC MATTERS, call 919-681-2909. Press 1 for a pediatric patient or 2 for a perinatal patient. The line is open weekdays from 8 a.m. to 5 p.m. We support providers and their patients regardless of insurance coverage or county of residence.

To learn about NC-PAL for children and adolescents, visit NCPAL.org or email Chelsea Swanson. (Chelsea.swanson@duke.edu).

To learn about NC MATTERS for perinatal patients or the NC Attachment Network, visit NCMATTERS.org or email Karen Burns (karen_burns@med.unc.edu). 

The NC-PAL program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,250,000 with 0 percentage financed with non-governmental resources. The contents are of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

The NC MATTERS program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,670,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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Two New Retired Member Categories Begin in 2022

Beginning in 2022, two new membership categories, “semi-retired” and “retired,” approved by the APA Board of Trustees in 2018, will be available. Qualified members can now opt-in online to these categories at my.psychiatry.org and click the “Retired Opt-in” tab through July 31, 2021 for the 2022 membership renewal year.

A semi-retired member is defined as a general or life member who is near retirement age and works less than 15 hours a week in all administrative or clinical roles, including

consulting. A retired member is defined as a general member who has reached retirement age and is fully retired from all administrative or clinical roles. Each category also has reduced dues rates.

These categories will replace the Rule of 95 starting with the 2022 renewal year. Those in the life category prior to 2022 can remain there or can move into one of the new categories. The Rule of 95 allowed members whose age and years of APA membership equaled or exceeded 95 to become life mem-

bers and pay dues on a graduated basis. The new categories provide more flexibility for a more diverse and changing workforce and simplifies the membership structure. Life status will no longer be tied to the Rule of 95 but will be achieved by either being a member for 30 or more years or paying lump sum dues.

More information on these changes and the dues structure for the two new membership categories is available at psychiatry.org/retired.

...“A Profile of Courage,” continued from cover

Courage also prevailed as our heartbroken only son, Yousef, had to get off the couch on which he wept for months to go to his interview at the UNC School of Medicine. He is now three years away from being a qualified urologist. Courage was also embodied by tons of great everyday Americans of all walks of life who came to our rescue and supported us with tears, prayers, hugs, and love.

Martin Luther King’s work and Rosa Parks’ seat on the bus, k to

gether with all Black Americans’ sacrifices, founded the Civil Rights Movement, and with courage, made America shine. Malcolm X came back from his pilgrimage in Mecca to denounce all kinds of racism – whether black, white, or other – as he saw two million people from all over the world standing equal before God.

Just like my children, MLK, Malcolm X, JFK, and even Abraham Lincoln – the man who made our country stand so big – all were re-

warded with bullets from hateful men. It’s also unfortunate that in our midst still are embedded those who fear or hate “the other.”

I conclude that courage is what we need to preserve this huge democracy and keep it as the shining citadel on the Hill. Such democracy is so fragile, it can only be maintained by courage, love, generosity, and unity.

With all humility, I assign my award to all those I named above. 🙏

Resident Spotlight: Dr. Kulukulualani [Virtually] Goes to Washington, Part 4

*Anthony Kulukulualani, M.D., East Carolina University Brody School of Medicine
APA Jeanne Spurlock Congressional Fellow*

You can't solve today's problems with yesterday's solutions. I have heard this quote several times before, and maybe you have, too. The context and interpretation may vary, but it makes me reflect on my experience this past year learning more about health policy and legislation. As our health care system evolves to meet people's needs, I have learned that health policy and legislation must also evolve to respond to these societal changes. Obsolete legislation can risk exacerbating health inequities and impede access to health care.

I started this experience with no prior background in advocacy. In fact, I avoided all things related to politics, even as a medical student. My interest was to change the health care system, not involving myself with the government or lawmaking process. As you can imagine, it was a steep learning curve for me. This experience taught me though that you can get involved in advocacy at any level of your career. It's never too early, or too late.

Outside of my own story, I remember meeting a middle school student who shared his personal story of living with a tic disorder to advocate on behalf of his community. He recounted how he felt sad because his peers looked at him weird and made him feel like a "freak" because of his disorder. His trajectory changed because of access to resources, which made him feel like he was a normal kid. His bravery to speak so openly with the office of a public official for the sake of advocacy was impressive. When I asked

what he wanted to be when he grew up, he responded, "the President of the United States."

I once viewed medicine and politics as silos. I now understand the intersection between the two. The practice of medicine can inform health care policy. Similarly, policy and legislation impact how we can practice the art of medicine. This reiterates the need for psychiatrists to have a voice in all levels—local, state, and federal—of advocacy. If we want to change the health care system, health policy and legislation can play a role.

"I once viewed medicine and politics as silos. I now understand the intersection between the two. The practice of medicine can inform health care policy. Similarly, policy and legislation can impact how we practice the art of medicine."

The legislative process can be slow at times, but I witnessed how stakeholder engagement can influence the decision-making process. There can be unintended effects of certain policies or legislation, so it was helpful for advocates to share their frontline experiences. Additionally, the intent of a policy may not be fully translated into practice and



sharing your personal perspectives can inform future policy changes.

My congressional fellowship experience has had a lasting impact on me. I feel more open-minded about opportunities to be involved in advocacy. As I return to my residency program soon, I hope to share my experiential knowledge with my co-residents. I also plan to fast track into a child and adolescent psychiatry fellowship.

Meeting with that middle school student motivated me to stay involved in advocacy to help ensure children and adolescents have access to the mental health care that they need. I have proactively sought out additional opportunities to remain involved in advocacy, and I look forward to where my journey may lead me. 🌱



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(Check email for Zoom link.)

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Registration is now open. Early bird rates are available for members until July 31.

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