NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

MARCH 2024

Top: Katy receiving the President's Award in 2022
Middle: Katy participating in White Coat Wednesday in 2016
Bottom: Katy with exhibitors at 2023 Annual Meeting

FROM OUR EXECUTIVE DIRECTOR

Greetings, NCPA Members!

These are exciting times at NCPA. I have just finished my first quarter as Executive Director. Allow me to reintroduce the members of our team who are committed to supporting you, our valued members, and work tirelessly to enhance the practice of psychiatry within our state.

Lana Frame
Membership Coordinator

Lana is the friendly face and voice behind our membership services. From processing membership applications to addressing membership inquiries, Lana ensures that your experience with NCPA is seamless. Lana calls this her "third tour of duty" with NCPA, having worked for NCPA on three separate occasions, taking time off to care for her family. Lana splits her time between Apex and the North Carolina coast; she has a husband and two children.

Anna Godwin, MS, LCAS
Education & Public Policy Manager

Anna plays a crucial role in shaping education programs and public policy positions. She is a Licensed Clinical Addiction Specialist and currently serves as the Chair for the Substance Use Federation, a statewide consortium of organizations that promotes education, prevention, and expansion of treatment services and recovery supports. Anna lives in Wilson, NC with her husband and two children.

Katy Kranze
Executive Director

You may know me from previous Annual Meetings and committee participation or you may recognize my name from NCPA emails. I started at NCPA in 2012; and have held many roles over the years from event planning to communications and accounting. I have a passion for non-profit management and mental health advocacy and am committed to ensuring NCPA reflects the values and evolving needs of our membership.

We are a small but mighty team. We have new ideas, new energy, and a renewed commitment to provide timely information, help, education, and service to you, our members. Now, let me tell you some of the exciting things we are working on:

- We are excited for the inaugural Resident and Medical Student Symposium and Career Expo at Cape Fear Valley. This event includes networking opportunities, informative sessions, a poster session, and much more! It is our hope that this will become an annual event that supports the next generation of psychiatrists.

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PRESIDENT'S COLUMN

REFLECTIONS ON MY PRESIDENCY TENURE

Constance Olatidoye, M.D.
NCPA President

As I reflect on my time serving as President of the North Carolina Psychiatric Association (NCPA), I am inspired by the strides and progress we have made together and motivated by the opportunities that lie ahead. It has been a privilege to lead such a vibrant and dedicated association, and I am excited to continue our journey of growth and advancement.

During my tenure, I wanted to emphasize the importance of active participation and engagement from every member of our community. Our strength as an association comes from the diverse perspectives and expertise of our members, and I want to see that everyone has the opportunity to contribute and make a difference within the association.

One of the key initiatives we have undertaken is to make NCPA more inclusive and accessible to all members. By opening up committee meetings to everyone, we have provided a platform for broader participation and collaboration. This move has enhanced transparency and and engagement and ensures that the diverse voices within our community are heard and valued.

Our recent Annual Meeting was a resounding success, thanks to the active involvement of our members. It served as a vibrant forum for sharing knowledge, networking, and shaping the future of psychiatry in North Carolina. The interest and enthusiasm of our attendees underscored the importance of coming together as a community to drive positive change.

I am pleased to announce a smooth transition in our Executive Director role, ensuring continuity and stability in our leadership. Katy Kranze has proven herself to be an invaluable asset to our organization, and I have every confidence in her ability to lead us forward.

As we look to the future, I want to encourage each of you to consider how you can contribute to the continued success of NCPA. Whether you have five minutes a month or more to spare, there are countless ways to get involved and make a difference. Simply reading our newsletter and staying informed about the latest developments in our field is a valuable contribution. For those with an hour to spare each month, attending a committee meeting and actively participating in discussions can help shape the direction of our organization. And for those who are able to dedicate more time, I invite you to explore leadership opportunities within NCPA, where your expertise and passion can drive positive change.

In closing, I want to express my appreciation for your continued support and commitment to NCPA, and I am excited to see what we will achieve in the days and years to come. Together, we have the power to shape the future of psychiatry in North Carolina and make a meaningful difference in the lives of our patients and communities.

With warm regards,

Constance Olatidoye, M.D.
President

Left: Dr. Olatidoye participating in the 2022 Moore Equity 5k Right: Dr. Olatidoye with Dr. Buie at the 2023 Annual Meeting

ADDRESSING LANGUAGE BARRIERS FOR HEALTH-CARE ACCESS FOR REFUGEE POPULATION IN OUR STATE

Mandeep Kaur, M.D., D.F.A.P.A., D.F.A.A.C.A.P.

Katherine Kessler, D.O.

North Carolina ranks among the top 10 states in the country that accepted refugees from Afghanistan in 2023. According to the North Carolina Department of Health and Human Services (NC DHHS), around 3,568 Afghans resettled across 28 counties in our state between September 2021 and June 2023. As with any new migrant population, Afghan re-settlers are facing numerous challenges including adjustment to the new environment and financial stability on top of a backlogged U.S. immigration system.

Access to education and healthcare are among the basic requirements for this population. Many local agencies have stepped in to help them, however a lot of reliance has been on voluntary support. NC DHHS has set up guidelines regarding access to healthcare for this population. And as per their guidelines, the individuals can apply for the same benefits and service programs that are available to U.S. citizens.[1] If the individual is not eligible for any North Carolina Medicaid program category, then they qualify for the Refugee Medical Assistance Program, which is a transitional program that is available for the first 12 months of their residence in the country.[1]

In addition to financial limitations, language barriers in communication has been identified as a restricting factor in ensuring access to basic services. Many studies have shown that language barriers create disparities in the quality of healthcare amongst patients with Low English Proficiency (LEP) in both inpatient and outpatient settings. For instance, when compared to patients fluent in English, patients with LEP have been shown to experience poorer health outcomes, such as longer inpatient hospitalizations and higher rates of readmission.[2] In the outpatient setting, poorer outcomes identified include decreased access to preventative services such as cancer screening and worse management of chronic conditions.[2] The presence of such disparities can be successfully reduced with the use of quality language interpreters who are able to navigate both linguistic and cultural barriers. In patients with LEP, receiving care from providers who are proficient in their native language is correlated with improvements in patient education, overall patient satisfaction, and, therefore, better health outcomes.[3] Unfortunately, access to such providers for this population of Afghan refugees is limited, and as in most major healthcare systems, relying on tele-interpreters is a necessity.

Although interpreters may be proficient in the desired language, poor cultural understanding of the interpreter is one of the major limitations cited in surveys from patients with LEP.[4] During healthcare encounters with refugee patients, it is often tempting for providers to rely on friends or family of patients present at bedside for translation, but this can lead to inaccurate or incomplete information exchanges and breaches of patient confidentiality.[5]

Much of the focus on improving language barriers amongst patients with LEP focuses on improving quality and consistency in interpreters. Although standardized models for training do exist, it is obvious that improvement is still necessary. This is a complex, challenging issue that will require widespread effort. More immediately, language and cultural barriers can be addressed through other methods, such as improving provider cultural competency and improving patient access to healthcare services.[6] Educating local providers on cultural differences amongst the Afghan population and establishing a baseline curriculum with input from local community leaders could be an effective avenue.

Online resources currently exist that provide a basic understanding of cultural norms in this population, and making these more accessible to providers would be beneficial. Linguistic and Cultural resources from the U.S. Department of Education (https://bit.ly/3Tg4Fyy) is one of them which offers numerous links to helpful resources such as a Dari/Pashto Phrasebook, a basic introduction to the history and culture of the Afghan people, information on the ongoing crisis in Afghanistan, among many others.[7] CORE (Cultural

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What Psychiatrists Need to Know About... Peer Support Specialists

BY: CATHERINE GREEN, M.D.

BACKGROUND

Peer support runs the gamut from informal conversations to structured support groups to Certified Peer Support Specialists (CPSSs). In this article, I'll briefly review the history of Peer Support and Peer Support Specialists (PSSs), discuss certification, and share insights gained from conversations with Laurie Coker, RN, the founder and director of the not-for-profit GreenTree Peer Support Community in Winston-Salem.

Over the past 20+ years peer supports have changed from largely informal services such as peer-to-peer self-help (individually or in groups) to more formalized service provision to patients/consumers by trained Peer Support Specialists.

More than 30,000 PSSs (which include peer providers, peer specialists, peer supporters, peer mentors, peer navigators, and certified peer support specialists) are employed in the U.S. and provide Medicaid-reimbursable services in 43 states. Georgia was the first state to provide Medicaid reimbursement for PSSs in 2001. Forty-three states now offer Medicaid reimbursement, including North Carolina. This operationalizes recovery-oriented services as mandated federally and by most states. These services may be based on evidence-based interventions such as Illness, Management and Recovery or WRAP (Wellness Recovery Action Planning). PSSs may work in a hospital or clinic or may be community based/unaffiliated with a treatment facility.

Self-help/support groups continue to provide important assistance. Examples include Recovery International, Schizophrenics Anonymous, Emotions Anonymous, the Depression and Bipolar Support Alliance, and the Hearing Voices Network.

NORTH CAROLINA

In North Carolina, state certification services are provided by Behavioral Health Springboard which is affiliated with the NC Division of Mental Health, Developmental Disabilities, and Substance Use Services. It is housed at the UNC School of Social Work. Website (https://pss.unc.edu/) Certification is required to qualify for Medicaid Reimbursement in NC. To become certified, a trainee must undergo a 50-hour training course. There is a list of approved programs on the website, but it's not clear if this is exhaustive. It is also unclear if curricula are standardized. Most courses cost between $325 and $390 except for a course offered by RHA for deaf and hard of hearing peers that is free.

Ann Marie Webb, Peer Support Program Manager/ Community Engagement Specialist with NC DHHS provided the following information: Medicaid reimbursement is available for some CPSS (Certified Peer Support Specialist) services but not all. LMEs/MCOs do employ CPSS services and do not charge the individual seeking peer support. Psychiatrists outside the LME/MCO can refer their patients for CPSS, or the patient/consumer can request this without a referral. If there is a concern about ethical or practice violations, these can be reported to the Behavioral Health SpringBoard.

THE VALUE OF PEER SUPPORT SPECIALISTS

PSS's may help address mental illness and the challenges involved in living with mental illness including trauma, isolation, and navigating mental health treatment. I asked Laurie Coker, RN, for her thoughts on PSSs and how psychiatrists could best work with PSSs to enhance care.

Regarding certification, Ms. Coker notes that the training and certification process developed by NC DHHS is geared towards fulfilling the criteria for Medicaid reimbursement. Community-based peer agencies such as hers do not bill but are supported through donations and grants. She will train people she sees as having potential, and if they choose to later undergo certification, she will try to help them access this training.

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MEMBER SPOTLIGHT
NORA MARION WILSON DENNIS, M.D., M.S.P.H., D.F.A.P.A.

NORA MARION WILSON DENNIS, M.D., M.S.P.H., D.F.A.P.A. IS PRESIDENT AND FOUNDER OF JUBILEE HEALING FARM. SHE IS BOARD-CERTIFIED IN PSYCHIATRY AND ADDICTION MEDICINE.

As with a thriving farm where every season contributes to the cultivation of the land, Nora Marion Wilson Dennis, M.D., M.S.P.H., D.F.A.P.A. is taking the experience she has grown through her career to innovate what it means to support healing and practice psychiatry. She recently was honored as an APA Distinguished Fellow and awarded an APAF MOORE Equity in Mental Health Community Grant. With this member profile, we highlight her journey to date and hope to inspire other psychiatrists that may be considering taking on a new challenge in their career.

Dr. Dennis earned her undergraduate and Master of Science in Public Health at the University of North Carolina Chapel Hill prior to her medical degree and residency training at Duke University. Since that time, she has worked in many areas of psychiatry, including academic medicine, veteran mental health, and corporate and mental health leadership. At this point, she is balancing her role as a resident educator as an Adjunct Assistant Professor at Duke University, her private practice Jubilee Integrated Wellness, and her new nonprofit Jubilee Healing Farm.

Jubilee Healing Farm (www.jubileehealingfarm.org) is located on ten acres in Hillsborough, North Carolina, and envisioned as an ecological space for community growth and healing. Dr. Dennis centers the work around the concept of healing justice to create an intergenerational land-based movement to support human

thriving, create a welcoming space that heals intergenerational trauma and wounds through shared work on the land, and be open to anybody who feels called to participate. There are volunteer opportunities and workshops that are non-clinical in nature. (See Jubilee Healing Farm website for additional information.) At the same time, Dr. Dennis is renovating part of the property and developing intensive outpatient and partial hospitalization for young adults that is based in nature and the mind-body connection as core parts of the intervention.

She endeavors to create a paradigm shift with Jubilee Healing Farm from what she has experienced as being culturally normative for psychiatry and more generally, the expectation for quick change and productivity metrics. She is consciously slowing down and building on the foundation of a strong community. She is inspired by the book *Emergent Strategy* by local author adrienne marie brown, describing acceptance that change is constant and that most of life doesn't follow the plan that we project in the future but developed along the journey. "I would like to create a shift in terms of the ways that we interact with people, the ways that we interact with Earth, the expectation for how quickly change occurs," says Dr. Dennis. The therapy will be ACT and mindfulness-based cognitive therapy, integrating the outdoors into treatment.

Dr. Dennis also recently received an APAF Moore Equity Grant for her Peer Outdoor Education for Mental Health (POEM) program, which blends peer support specialist training with outdoor leadership skills. This unique approach is designed to empower black college students, providing them with the tools and experiences necessary to thrive both personally and as future leaders in mental health advocacy. She identifies the value of building out the capacity in the community for mutual care and shared knowledge of how to navigate the mental healthcare system through the peer support program.

Images taken at Jubilee Healing Farm

"We are part of something that's unfolding that is bigger than us, and I think remembering that is really important for people in their recovery and healing journey."

-Nora Marion Wilson Dennis, M.D., M.S.P.H., D.F.A.P.A.

When asked what she would recommend to other psychiatrists, Dr. Dennis identified not being afraid to take on a new challenge. She stated, "Changing jobs or roles is important, especially to be leaders. Mental health really needs psychiatric leadership and innovation to enhance the quality of care for the citizens of North Carolina."

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NCPA FACEBOOK GROUP

NC PSYCHIATRIC ASSOCIATION (MEMBERS ONLY)

This closed group is for all NCPA members to connect and share information. Search "NC Psychiatric Association (Members Only)" in Facebook and request to join the group.

REFLECTIONS OF A SENIOR PSYCHIATRIST

Jerry Plovsky, M.D., D.L.F.A.P.A.

As I shift into my senior years of practice, I have realized that we get better with experience analogous to a pilot accumulating flight time. The wisdom that comes with the experience of caring for multiple patients trumps pharmacologic and other advances. The truth is, a well-trained psychiatrist can, with minimal effort keep current with pharmacologic changes, as there have been few true advances over the last decades. With little difficulty I can stay current by reading, hearing a good speaker session or attending a psychopharmacology conference. As a busy clinician I have many opportunities to use the new treatments.

As a long practicing psychiatrist, I have had the privilege to truly understand patients and their lives over years of care and have come to understand the complexities of their lives, allowing me to celebrate the benefits of my therapeutic interventions. I have often heard surgeons describe Mrs. Jones as "the gallbladder in room 103" because nearly all gallbladders are the same. But the truth is Mrs. Jones is a unique, complex person. Over the years, I have learned that appreciating and acknowledging the uniqueness of my patients enhances their care. I have never heard of a psychiatrist who stops practicing because of boredom. Our patients are unique and diverse.

Psychiatrists will, however, end their practice because they (like many physicians) get exhausted and frustrated with EMRs, insurance companies' interference, and malpractice fears. I am fortunate that I don't need to stand for long periods of time or lift heavy things. With the assistance of inpatient psychiatric providers who can care for acute, severe states, I can defer hospital care and emergency room evaluations. After listening to multiple presentations and performing many diagnostic evaluations, I can readily see where I can be effective in my care of a particular patient and where I cannot.

Early career psychiatrists should feel comforted that as they practice, they likely will become more confident and capable. They will not feel outdated, unchallenged, or worried that they will lose their skills. The longer you practice the better you will get.

Gerald Plovsky, M.D., D.L.F.A.P.A. is a private practice psychiatrist, seeing adult and geriatric patients at Triad Psychiatric & Counseling Center in Greensboro.

UNC HOSPITALS YOUTH BEHAVIORAL HEALTH

James Bedford, M.D.

Michael Zarzar, M.D., D.L.F.A.P.A.

"The State of Mental Health in America 2022" report ranked NC 42nd in the country for Youth Mental Health. The report cited a higher prevalence of mental illness and lower rate of access to care for the youth of NC leading to this rating. Suicide and homicide rates in NC have increased, according to multiple sources. In the Child Fatality Task Force report (2023) published by the NC legislature, suicide and homicide have risen to the second and third leading cause of death in children, dependening on the age group. Emergency rooms have become the main place where youth needing treatment are housed.

Recognizing the needs of children in North Carolina, this new hospital originated through a partnership between NC DHHS and UNC. Building renovations were initiated in April 2023, and UNC Hospitals Youth Behavioral Health (YBH) opened the first unit of four on November 27, 2023, and the second unit on February 7, 2024. The facility is in Butner at the former RJ Blackley Alcohol Drug Addiction Treatment Center. Eventually, YBH will have three general adolescent units (12-17 yo) and one specialty unit for individuals with Autism/IDD (initially ages 10-17). When all units are open, there will be 54 beds (11 for the Autism/IDD Unit and 43 for the general units). The specialty unit is one of the only acute care settings for individuals with Autism/IDD across NC.

The initial goal of YBH is to move adolescents out of the emergency rooms to an appropriate acute care inpatient setting, especially those who are often left in the emergency room for days to weeks. YBH does not have walk-up services as there is no emergency room or crisis assessment service on site. All admissions are by referral through the UNCH Patient Logistic Center (Patient Transfer Center; 800-806-1968). YBH is focused on individuals with acute psychiatric conditions; therefore, we do not accept individuals whose primary need is placement. As part of the mission, individuals with a dual diagnosis of psychiatric and substance use disorders can receive care at YBH. All staff have a unified focus of patient centered trauma informed holistic care.

To that end, we have formed a strong, integrated multidisciplinary team, bringing a wide range of services and talents. The units will have child psychiatrists, pediatricians, advanced practice providers, psychologists, social workers, psychiatric nurses, behavioral health techs, pharmacists, occupational therapy, recreational therapy, activity therapy, music therapy, art therapy, yoga, and a child life specialist. Individual therapy, family therapy, and group therapy are all part of the care received. Given the expectation of a statewide catchment area, virtual family therapy will be provided for families that cannot travel to the facility. The pediatric group will review each child's medical history from a prevention perspective to ensure the children are receiving the needed interventions.

Thus far, feedback from our patients, families, and referring providers has been positive. Ultimately, the goal is for YBH to serve as a model for integrated team-based care which can be replicated in different areas, to help improve behavioral health outcomes for the adolescents across our state. In addition to clinical care provided, being a part of an academic medical center also allows us to provide training and education opportunities as well as research to improve future care.

James Bedford, M.D. is the Lead Child Psychiatrist at UNC Hospitals Youth Behavioral. He specializes in psychiatric assessment and treatment of people with developmental disabilities and other neuropsychiatric concerns.

Michael Zarzar, M.D., D.L.F.A.P.A. is the Medical Director at UNC Hospitals Youth Behavioral Health. He has an interest in health care delivery, and innovation in health care delivery to help improve the outcomes of the people with whom we work. Dr. Zarzar is NCPA's Immediate Past President.

DO NOT FOCUS ONLY ON SALARY: POINTS TO CONSIDER BEFORE SIGNING A PHYSICIAN EMPLOYMENT CONTRACT

James D. Wall

Physicians often myopically rely on starting salary as the sole criterion for deciding which prospective employer has the better offer. However, draconian provisions in an employment contract can make the newly employed physician long for the "good ole days" when they were a resident. Here are some points a physician should consider before signing an employment contract.

TERMINATION CLAUSES

Almost all contracts (regardless of term) allow the employer to terminate the physician "without cause" upon prior written notice, which typically ranges from 60 to 180 days. "Without cause" means the employer needs no reason (or "cause") for the termination. A physician can minimize the adverse impact of this type of termination by requiring the employer to waive the non-compete or pay for the physician's tail coverage (more on these below) if the employer terminates without cause. Further, while without cause termination provisions are prevalent, they are also almost always reciprocal, thus allowing the physician the right to terminate without cause with the same notice as the employer.

CALL

It is important for the physician to understand their call obligations at the outset. The physician should understand how many physicians are in the call pool and whether the physician provides a certain service that will make it difficult for others in the physician's specialty to take a call for physician. If the contract requires active privileges at neighboring hospitals, what do the hospitals' bylaws require regarding unattached calls? Often, bigger practices loathe to mention a specific amount of calls in the agreement because they have robust and time-tested call policies and need flexibility if someone in the call pool leaves. Nonetheless, even if an employer is unwilling to address call in its agreement, it is important for the physician to have a full understanding of call.

TYPE OF WORK

It is sometimes difficult to get an employer to put in writing exactly what type of work a physician will be performing. However, for certain specialists, it is extremely important to find out what type of work they will be doing. This is especially true if the physician must do a certain number of procedures in order to obtain board certification.

COMPENSATION

A popular method of compensating physicians is to provide a guarantee for one to three years and then pay the physician based on work relative value unit (often abbreviated "wRVU"). Sometimes, the guarantee is a floor, and the physician gets a bonus if they exceed wRVU expectations. Payment on wRVUs requires the employer to accept the risks of collection. A physician may want to use outside resources (like MGMA) to determine if the amount of compensation per wRVU and the minimum number of wRVUs for the year are reasonable. After the guarantee period expires, a physician may be at risk if he or she is paid more in salary than earned in wRVUs, which could trigger a repayment obligation.

PARTNERSHIP POTENTIAL

Many independent practices are being purchased by hospitals, management service organizations and bigger practices, often resulting in one-time lucrative payouts to the practices' owners. If a physician is in an arrangement where they have a long partnership track, and the practice is sold the day before they become a partner, then the physician will receive nothing for their sweat equity in the practice.

NON-COMPETE COVENANTS

Non-compete clauses are unenforceable in some states, and the Federal Trade Commission has recently proposed rules that would make non-competes unenforceable in all states. Even in states where non-compete covenants are enforceable, physicians can challenge the covenants for being unreasonable or against public policy. Nonetheless, prior to signing a contract, a physician should assume that the covenant is enforceable as written. This means it is important to limit the tem-

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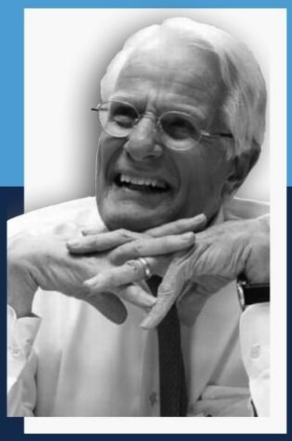

CLINICAL ADVANCES IN MENTAL HEALTH CARE

HOSTED BY THE UNC PSYCHIATRY BASHFORD ALUMNI SOCIETY

SATURDAY, APRIL 27, 8:30AM-4:30PM

THE FRIDAY CONFERENCE CENTER AT UNC

8.5 CE CONTACT HOURS OFFERED

REGISTER AT HTTPS://GO.UNC.EDU/CAMHC

EATING DISORDERS

Cynthia Bulik, PhD, FAED
Founding Director, UNC Center of Excellence for Eating Disorders

GEROPSYCHIATRY, DEMENTIA AND DEPRESSION

Julia Lunsford, MD
Medical Director, Geropsychiatry Inpatient Unit

POST-TRAUMATIC STRESS DISORDER

Samuel McLean, MD, MPH
Director of the UNC Institute for Trauma Recovery

PERINATAL DEPRESSION

Riah Patterson, MD
Director of Inpatient Psychiatry Services, Director of Perinatal Psychiatry & UNC Perinatal Psychiatry Inpatient Unit

PERIMENOPAUSE

Crystal Schiller, PhD
Associate Director of the UNC Center for Women's Mood Disorders

TREATMENT OF PSYCHOTIC DISORDERS

Fred Jarskog, MD
Research Director, North Carolina Psychiatric Research Center

NEUROMODULATION

Flavio Frohlich, PhD, MSc, ETH
Associate Vice Chair of Research, Director, Carolina Center for Neurostimulation

OPIOID USE DISORDER

Robyn Jordan, MD, PhD
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CHILD AND ADOLESCENT MENTAL HEALTH

Danielle Roubinov, PhD
Director of the Child and Adolescent Mood and Anxiety Disorders Program

AUTISM SPECTRUM DISORDER

Joseph Piven, MD
Director of the Carolina Institute for Developmental Disabilities

MENTAL HEALTH EQUITY

Tyehimba Hunt-Harrison, MD, MPH
Vice Chair of Mental Health Equity and Community Engagement

...“Language Barriers” continued from page 4

Orientation Resource Exchange) is another organization that has created an “Afghan Backgrounder” which provides historical, political, and cultural understanding of the Afghan population arriving to the U.S.A..[8]

Ensuring support at different stages of the health care seeking/receiving process can also be monumental in improving access to healthcare within refugee populations. Making appointments or referrals can be intimidating, and taking extra steps to ensure proper follow-up is in place is of utmost importance, such as respecting the patient-specific needs such as a request for a provider of same gender. Additionally, ensuring that patients can continue to receive care from the same healthcare professional instead of seeing a different one each time can help to ensure trust and comfort. Furthermore, providing information in multiple forms of the patient’s native language- both oral and written- can help patients recall critical information discussed during appointments.[9]

As providers, recognizing the negative impacts a language barrier may have on healthcare access in this refugee population will allow us to navigate and hopefully minimize poor health outcomes. Gaining a better cultural understanding of this population will allow for improved culturally competent care which will hopefully help strengthen the therapeutic alliance amongst our patients.

Mandeep Kaur, M.D., D.F.A.P.A., D.F.A.A.C.A.P. is an Attending Psychiatrist and Assistant Professor of Psychiatry in the Department of Psychiatry at Cape Fear Valley Medical Center.

Katherine Kessler, D.O. is a PGY-1 Resident, in the Department of Psychiatry at Cape Fear Valley Medical Center.

...”Peer Support” continued from page 5

She emphasized the need to focus on recovery in all types of mental illness, not just substance use disorders. Peer support, she said, “validates recovery, models it, and through mutuality of experience, expands the hope that fuels growth.” PSSs can provide “bridging” support in the vulnerable time after discharge from an inpatient unit and increase commitment to outpatient follow-up. Ms. Coker points out that mental health/mental illness is a biopsychosocial entity. Peer support specialists offer important social support, which decreases isolation and aids healing.

As for psychiatrists, she suggested: learn how mutual/peer support can create hope, promote recovery, transmit knowledge of mental health principles, and enhance self-knowledge, self-advocacy, resilience, and willingness to accept responsibility for managing illness. She recommended that psychiatrists investigate available community-led peer supports and learn which mental health agencies offer peer support in their service arrays. Your local LME/MCO can help with this identification.

Catherine Green, M.D. is an adult psychiatrist and Assistant Professor in the Department of Psychiatry at Atrium Wake Forest Baptist Health in Winston-Salem, North Carolina.

Membership Tax Deductions

Both the APA and NCPA are 501(c)(6) organizations. Membership dues are not deductible as a charitable contribution for federal income tax purposes. However, a portion of your dues may be deducted as a business expense. If your employer covers the cost of your membership, the employer is entitled to the tax deduction. The non-deductible portion represents the amount of dues used to pay for direct lobbying efforts.

APA - For 2023, the deduction is 96%
NCPA - For 2023, the deduction is 94%

If you need help determining the amount of dues paid, contact info@ncpsychiatry.org

...“Executive Director” continued from cover

- I am representing NCPA on the North Carolina Clinician and Physician Retention and Well-being Consortium. Earlier this year, I participated in a meeting with the Lorna Breen Foundation and was moved by the family’s story. The goal of the consortium is to reduce stigma and improve and protect the mental health and well-being of clinicians in NC.
- Earlier this year, I toured Central Prison and the North Carolina Correctional Institute for Women as part of ongoing advocacy efforts with the Department of Adult Corrections and other stakeholder groups like Disability Rights, National Alliance of Social Workers-NC (NASW-NC), the NC Psychological Association, and NAMI-NC. We are working together to rewrite the rules around seclusion and restraint.
- Together with our registered lobbyist, Chris Hollis, we are providing advocacy training when the General Assembly convenes in April. We are also hoping to host a member-wide advocacy training before the General Assembly convenes in April.
- We are meeting with commercial insurers to develop relationships to improve care and reduce administrative burdens. At our request, Aetna will begin a Behavioral Health Advisory Committee comprised of the NC Psychiatric Association, the NC Psychological Association and NASW-NC.

As we continue our mission to support and represent psychiatrists across North Carolina, I am asking for your input and perspective. To that end, we invite you to participate in a brief survey that will help shape the priorities of our association. Your feedback is crucial in ensuring that NCPA remains responsive to the evolving needs of our members.

I want to hear from you on issues you think are critical for your professional association to engage in. It is my greatest hope that with this talented team and with your feedback, NCPA will provide even better service, information and support to you, our members. Your participation will provide valuable insights into how we can better serve you and strengthen the impact of psychiatry in our state. We appreciate your dedication to the field and look forward to working together to create a thriving community of psychiatrists.

Thank you for being a part of the North Carolina Psychiatric Association.

Katy Kranze

Executive Director
North Carolina Psychiatric Association

Scan this QR code to participate in a brief survey that will help shape the priorities of your association.

APA ANNOUNCES NEW HONOREES

Congratulations to the following NCPA members who have achieved 50-Year member, 30-Year member, Distinguished Fellowship, and/or Fellowship status! New honorees will be formally recognized at the APA Annual Meeting in New York in May. Please note, honorees listed below may hold additional distinctions than those most recently awarded.

Distinguished Fellow

Nora Dennis, M.D., D.F.A.P.A.
Predrag Gligorovic, M.D., M.H.A., D.F.A.P.A.
Amilda Horne, M.D., D.L.F.A.P.A.
Obinna Ikwechegh, M.D., D.F.A.P.A.
Rebekah Jakel, M.D., Ph.D., D.F.A.P.A.
Justin Johnson, M.D., D.F.A.P.A.
Mandeep Kaur, M.D., D.F.A.P.A.
Michelle Maust, M.D., D.F.A.P.A.
Courtney McMickens, M.D., M.P.H., D.F.A.P.A.
Marla Wald, M.D., D.F.A.P.A.

Fellow

Michael Clark, M.D., F.A.P.A.
Heather Greenspan, M.D., M.S., F.A.P.A.
Tyehimba Hunt-Harrison, M.D., M.P.H., F.A.P.A.
Moira Rynn, M.D., F.A.P.A.
Liza Schaffner, M.D., M.P.H., F.A.P.A.

50-Year Members

Allan Chrisman, M.D., D.L.F.A.P.A.
Thomas Cornwall, M.D.
Leslie Forman, M.D., L.F.A.P.A
Edwin Hoeper, M.D.
Burt Johnson, M.D., D.L.F.A.P.A.
Arthur Kelley, M.D., D.L.F.A.P.A.
James Mattox, M.D.
Larry Nelson, M.D., L.F.A.P.A.
Stephen Oxley, M.D.

30-Year Members

Mohammad Abu-Salha, M.D., L.F.A.P.A.
Sharyn Comeau, M.D.
Marilyn Granger, M.D.
Scott Klenzak, M.D., D.L.F.A.P.A.
Tracy Latz, M.D., M.S., L.F.A.P.A.
Shaheda Maroof, M.D.
Robert McClure, M.D.
Rommel Ramos, M.D.
George Robinette, M.D.
Wayland Stephens, M.D., D.L.F.A.P.A.
John Wallace, M.D., J.D.

...“Employment Contract” continued from page 10

poral and geographic scope, and to attempt to require the employer to waive the non-compete in certain circumstances, such as the employer’s termination of the physician without cause.

COVER YOUR “TAIL”

Many employers provide “claims-made” malpractice coverage for their employed physicians. If the physician’s employment terminates, the physician’s coverage is also terminated. Generally, if a claim is made during the term of the employee’s employment, there is coverage. However, if a claim is made after the employee has left the employer, then the former employee would not be covered.

This gap can be insured by the employee’s purchase of what is known in the insurance industry as a “tail.” The tail covers for acts or omissions occurring prior to his or her termination, but for which the claim is made after termination of employment. The tail could be costly, often twice the amount of the annual premium. Some bigger health systems have an occurrence policy which obviates the need for tail. However, if the employer has a claims-made policy, the physician should consider whether to push the cost of the tail to the employer under certain circumstances.

CONCLUSION

Often, contracts that look very generous because of starting salary might not be as generous when the physician considers other factors.

Mr. Wall is a Managing Partner at Waldrep Wall Babcock & Bailey PLLC where he practices health care law and corporate law. He has reviewed hundreds of employment contracts for physicians and the practices who employ them.

COMMITTEES ARE OPEN
TO ALL NCPA MEMBERS

**As a NCPA member, you are welcome to be a part of any of our standing committees!
The work accomplished by our members in committees provides direction to Executive Council and staff on policy and advocacy efforts.**

Addiction Psychiatry Committee

Works to support public policy and legislation that improves care for citizens with substance use disorder. The committee helps advocate for effective treatment and enforcement of parity in insurance coverage

Disaster Psychiatry Committee

Works to keep members current with disaster psychiatry information and prepares disaster response plans

Practice Transformation Committee

Works to help psychiatry navigate through the changes in health care and maintain the role of keeping psychiatry integrated within the house of medicine

Legislative Committee

Works to monitor events in the NC General Assembly, to lobby legislators on pertinent issues, and to bring about effective legislative changes that benefit mental health in the state

Public Psychiatry and Law Committee

Works to monitor legal aspects of being a psychiatrist in NC, to bring attention to areas where laws need to be enacted or amended that impact mental health, and to discuss forensic issues dealing with current court cases

Investment Committee

Works to obtain the most successful and prudent investment of NCPA's reserves to help provide for the continuation of the NCPA and its functions

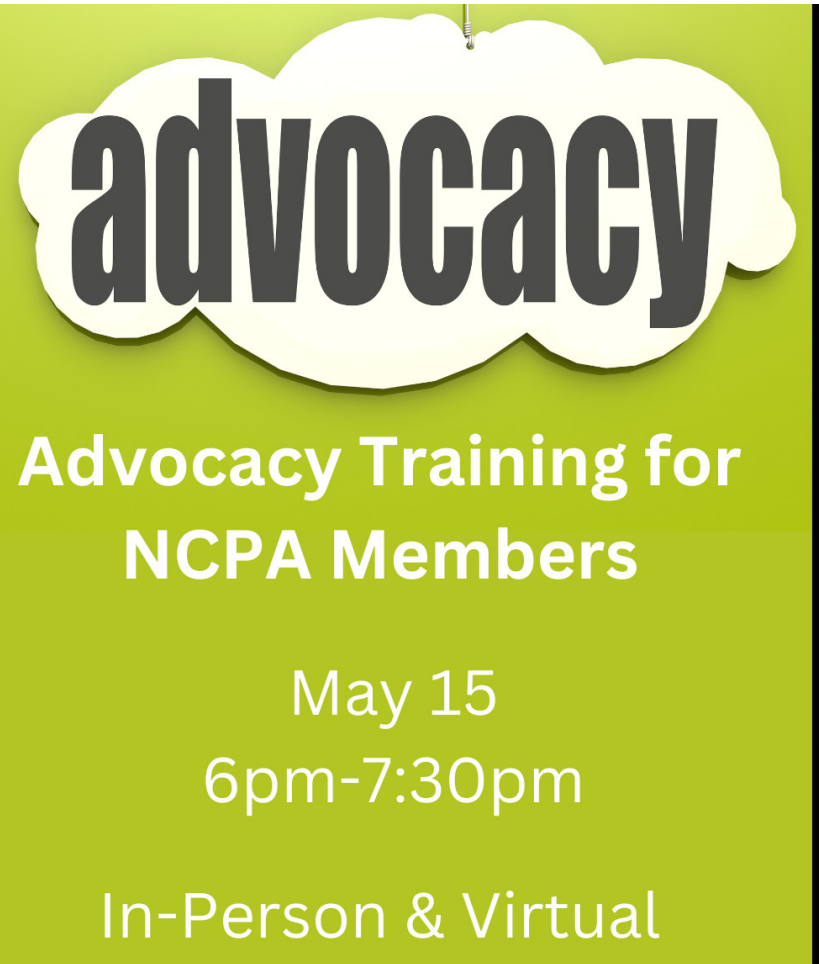
Race, Ethnicity, and Equity Committee

Works with a multiprong approach to acting on racial and ethnic inequities for our members and our patients

Private Practice Committee

Works to share information, to advocate for easing of administrative burdens for psychiatrists in practice, to advocate for fair rates, and to help members troubleshoot issues with payers

NORTH CAROLINA
Psychiatric
Association



Advocacy Training for NCPA Members

May 15
6pm-7:30pm

In-Person & Virtual

White Coat Day for Residents & Members

May 29

Raleigh, NC