NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

JUNE 2018

IN THIS ISSUE

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Stronger Together

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

At the gentle, but insistent, urging of our Executive Director, Robin Huffman, and our President-Elect, Jennie Byrne, I've been asked to think carefully about my year as your North Carolina Psychiatric Association President. I'd ask that we rally around the phrase, "Stronger Together."

Practicing medicine can be a lonely art. On the one hand, people who enter the field possess an admirable confluence of intelligence, compassion, and tenacity to endure the years of study and hours of apprenticeship necessary to call themselves physicians. These same individuals would have been successful as captains of industry, leading scientists, public servants, or in a host of other fields that would win them acclaim for their efforts.

However, they choose to lend their expertise to easing the suffering of people struggling with illness. While society at large may value their efforts, the individual victories themselves often go unnoticed by anyone save their patients. Among these specialties, perhaps psychiatry is the loneliest of all. Sometimes it seems like the more successful our outcomes, the less our patients are willing to acknowledge our role in their well-being when talking to friends and family.

For these reasons and so many more, psychiatrists need each other. Organized psychiatry has been a tremendously rewarding experience for me, and I look forward to helping build a greater sense of community within our membership and beyond.

If you are unlucky enough to have been one of my residents at Duke in the past decade, you have suffered through a class entitled "History of Psychiatry" that I co-teach. For those fortunate enough to have escaped my instruction, let me share some details about the origin of our organization.

On January 18, 1935, the North Carolina Neuro-Psychiatric Association (NCNPA) held its first meeting in Raleigh. Imagine that cold day in our state's capital more than 80 years ago, where 28 well-intentioned psychiatrists convened for the first time! They had access to only the most rudimentary treatments for the patients entrusted to their care. No antidepressants. No antipsychotics. No cognitive-behavioral therapy.

Of the 28 psychiatrists, 24 worked in psychiatric hospitals across the state. Three worked in private outpatient practice, and one sole psychiatrist worked on the faculty of the only four-year school of medicine in the state (sorry Tar Heels, it was Duke). Yet these intrepid pioneers of our field knew something that we continue to hold dear — they could achieve more in unison than individually.

continued on page 3...

From the Editor

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

During my psychiatry residency in the mid-70s, I was surprised that the program offered almost no formal teaching about the history of our profession. Fortunately, I found Henri Ellenberger's *The Discovery of the Unconscious*, a work that filled in the blanks and to which I regularly returned for perspective about some things that confused me.

Those curious about psychiatry's origins — and future — now have an updated review and perspective in Dr. Jeffrey Lieberman's *Shrinks: The Untold Story of Psychiatry*. The book is highly acclaimed, well researched, and written in a style that entertains as well as informs. It is witty without being flippant, and thoughtful while avoiding hubris. Many in NC know Dr. Lieberman through his leadership of the Department of Psychiatry at UNC and his time as president of the APA.

Shrinks achieves its primary goal of offering "an honest chronicle of psychiatry with all its rogues and charlatans, its queasy treatments and ludicrous theories." After reading about the Orgone Accumulator, the ice pick lobotomies, and Mesmer's "animal magnetism," one could conclude that it makes sense that there has been a skeptical public view of our profession.

But the parts of the book that are equally informative include descriptions of those who genuinely struggled to make sense of the mysteries of diagnosis and intervention. Some of our forefathers, such as Benjamin Rush, deserve admiration and credit on the one hand, and forgiveness on the other for cringe-worthy activities. In our more modern era, the history of the development of the DSM should be required reading for anyone using it. (Random factoid: I still have my *DSM-II* from 1975.)

So are we there yet? *Shrinks* suggests a psychiatric "pluralism" as where to be now and cautions about "epistemic hubris." One thing seems certain: with "progress" such as genetic engineering and artificial intelligence now upon us, our profession will be challenged and changed, as has each generation or era that came before. Dr. Lieberman's book will help us think about how that might look.

NORTH CAROLINA Psychiatric Association news

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...President's Column continued from page 1

As I learned more about the origins of the NCNPA, I discovered something truly remarkable. The NCNPA welcomed all physicians who were interested in mental health, regardless of their specialty. General practitioners from across the state were invited to this inclusive organization, and they attended.

The idea that psychiatrists in our state organized themselves in partnership with what we would now call primary care physicians should not be taken lightly. Our organization's history is proud and visionary in this regard.

Interestingly, this willingness to include non-psychiatrists in our regular gatherings disqualified the NCNPA from attaining District Branch status with the American Psychiatric Association. So what did our ingenious forbears do?

They created a District Branch that operated concurrently with their existing organization and met APA criteria. They even used the same Executive Council members to fill the same positions in both organizations. Crisis averted!

NCNPA had decades of successful collaboration with non-psychiatric physicians. A crowning achievement for the organization was a joint report on the mental health of children in the state of North Carolina co-authored by the NCNPA and the Medical Society of the State of North Carolina.

This report was considered the first of its kind among District Branches, served as a model for other states, and was distributed widely.

> ***"Sometimes it seems like the more successful our outcomes, the less our patients are willing to acknowledge our role in their well-being when talking to friends and family."***

Although the name of the organization changed in 1985 to the North Carolina Psychiatric Association (some of you remember that transition!), the mission remains true to its roots. The mental health of all residents of our state remains our primary focus. By working on this noble cause together, we can achieve more.

Not only has a great deal of time passed since that 1935 meeting, but our numbers have also grown. We can now count more than 900 psychiatrists among our ranks. Over the course of this year, I would like to continue this spirit of inclusivity but with a 21st century spin. The NCPA is YOUR organization. It's not only a source of pride in membership, but it's also a place to find fellowship and common cause.

While the Executive Council and NCPA committees will continue to work on behalf of all psychiatrists in our state, we encourage casual members to peek under the hood of the organization. They will find ways to participate in ways that they may not have imagined.

There are opportunities for everyone, spanning medical students to retired psychiatrists. These opportunities will give you ways to share your passion for psychiatry in a manner that cannot be harnessed in direct patient care. And if your experience is anything like mine, you will cherish these interactions as much as you do the care of your patients.

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Member Notes...

Samina Aziz M.B.B.S., D.F.A.P.A. received the *Women of Excellence Award* from the APA Assembly Caucus of Women at the APA Annual Meeting in May, in recognition of her efforts to advance opportunities for women psychiatrists.

Dr. Aziz has also been appointed as a member of the APA Council on Minority Mental Health and Health Disparities.

Duke, ECU, and WFU resident teams placed first, second, and fifth, respectively, in this year's preliminary Mind Games competition rounds — an impressive accomplishment for NC's residency programs! Duke and ECU then competed in the final round at the APA Annual Meeting in May. Although the Alabama-Birmingham team ultimately won, both NC teams performed well and should be proud!

John Wagnitz, M.D., M.S., D.L.F.A.P.A. has been appointed as a member of the North Carolina Medical Society's Ethical and Judicial Affairs Task Force.

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

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

Robin Huffman, Samina Aziz, M.B.B.S., and Debra Bolick, M.D.

Duke: Erik Larsson, M.D., Alexandra Bey, M.D., Ph.D., and Paul Riordan, M.D.
ECU: Rachel Gooding, M.D., Vikas Gupta, M.D., and Roompa Wadhwa, M.D., M.H.A.

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Broughton Hospital, a 297-bed, state-operated psychiatric hospital, is in the midst of building a $154 million state-of-the-art facility due to be completed in the fall of 2018.

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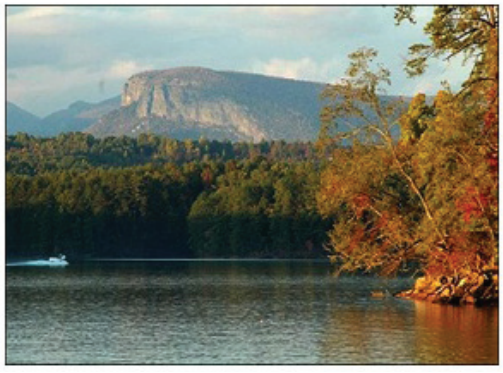

The city of Morganton retains a charming small-town ambience while just a short drive from exciting Asheville and Charlotte. *Reader's Digest* included Morganton in its list of top ten places to raise a family. The town was recently profiled in "The 50 Best Small Southern Towns."

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APA Fellowship Advances Child And Parent Mental Health Training

Winfield Tan, M.D.

The APA Child and Adolescent Fellowship Program has provided unique opportunity to further my knowledge and training in child and parent mental health. APA Fellows are invited to join an APA Council of their choosing, and I chose the Council of International Psychiatry to gain global perspective on advocacy and the advancement of clinical care in child and parent mental health.

My time spent with APA leadership on this council encouraged me to expand my training and professional development by designing an international clinical research observership focused on the delivery of perinatal psychiatric services for women and their infant children across the United Kingdom.

As a UNC psychiatry resident interested in perinatal mental health, I have been fortunate to gain a wide array of clinical experience at the UNC Center for Women's Mood Disorders. The center is able to provide a comprehensive scope of care, including specialized inpatient services for peripartum women with mental illness – rare in much of the U.S. My hope in the U.K. was to see how perinatal mental health services compared to those in the U.S. and learn more about the role research and advocacy play in the advancement of mental healthcare for parents, specifically mothers, and their infant children.

I was hosted during my visit by South London and Maudsley's Inpatient Perinatal Service team of Bethlem Royal Hospital's Mother and Baby Unit (MBU), which works closely with the Section of Women's Mental Health Institute of Psychiatry, Psychology, and Neuroscience (IoPPN) at King's College London (KCL). The clinical team was led by a perinatal psychiatrist and

Bethlem Royal Hospital

consisted of nursery nurses, occupational therapists, psychologists, and psychiatric nurses all working jointly to diagnose and treat mental illness while supporting the mother in developing a relationship with her infant in the hopes of limiting adverse effects the mother's illness may have on the developing child.

Feedback from mothers on the MBU was positive with regards to having their infant in hospital with them. When asked, several patients expressed reluctance around receiving treatment if their infant could not have stayed overnight with them. This model differs from inpatient peripartum psychiatric treatment available in the U.S., which lacks resources to allow infants to stay full time with mothers in the hospital.

For clinicians, the opportunity to monitor the mother-infant relationship around the clock provides helpful data about the mother's mental progression and allows them to uniquely tailor treatment to help mothers address their babies' physical and emotional needs as well as provide her with feedback and guidance. Aside from inpatient peripartum treatment, I observed

King's College London

outpatient perinatal mental health services as well as community outreach services – a service also not widely available in the U.S. – that allowed teams to provide mental healthcare in mothers' homes throughout the country.

Observing how clinical perinatal psychiatric services offered in the U.K. differed from resources available in the U.S. raised questions, such as, "Would it be possible for these treatments to reach mothers with perinatal mental health disorders in the U.S., and what form would it take within the U.S. healthcare system?" as well as "How could we convince U.S. lawmakers to consider implementing some of these interventions and expand access to similar services that already exist?"

I had the opportunity to share my questions with perinatal psychiatrists in the U.K. at the Royal College of Psychiatry Annual Perinatal Psychiatry meeting. I quickly learned that the government's willingness to support these clinical services was motivated by research that clearly showed the value of intervening during the perinatal window to both the mothers receiving treatment as well as their offspring.

In addition to clinical experience in the U.K., I attended an array of didactics at IoPPN of KCL, starting with a well-timed journal club discussing the association between maternal childhood trauma and offspring childhood psychopathology and ending with a fitting finale of a Mental Health Question Time event led by a discussion panel of mental health policy makers. The Question Time session marked the launch of the new Mental Health Policy Research Unit for England commissioned by the Department of Health in collaboration with the National Institute for Health Research.

The forum began with the salient question, "How can research evidence have greater impact on mental health policy?" This question lies at the heart of the Mental Health Policy Research Unit's mission, whose establishment shows that the relationship between research and clinical practice (which led to the unique peripartum psychiatric care I observed) is recognized as paramount in the U.K.

Reflecting on this question, my experience abroad showed me how this research-based approach has benefited peripartum psychiatric care in the U.K., and that research impacting policy is a critical relationship that must continue to evolve as the U.S. healthcare system develops ways to better serve parents with mental illness and prevent negative sequelae in children.

My sojourn abroad provided an opportunity to expand my knowledge in child and parent mental health from an international perspective and gave insight into how another country advances mental healthcare to meet the needs of mothers and their children. I also saw how unique services offered in the U.K., such as Mother-Baby Units (MBUs) and home treatment teams, were a result of an effort to be responsive to current research.

Overall, these experiences fostered by the APA Child and Adolescent Fellowship allowed me to witness ongoing exploration of best methods of care in the field of perinatal psychiatry and how effective advocacy can improve child and parent mental healthcare.

Winfield Tan, M.D. is completing residency at UNC Chapel Hill and has been an active member of both NCPA and APA throughout residency. For the past two years, she has served as UNC Resident Representative to NCPA, participated in the APA Child and Adolescent Leadership Fellowship, and served on the APA Council of International Psychiatry.

APA Fellowships

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What Psychiatrists Need to Know About... Buprenorphine

Thomas Penders, M.D., M.S., D.L.F.A.P.A.

At the most recent APA Annual Meeting, after reviewing the increasingly alarming statistics on the current epidemic of opioid use, the Director of the National Institute on Drug Abuse, Dr. Nora Volkow, made an appeal to every psychiatric provider to become involved in the prevention and treatment of substance use disorders.

She, in particular, requested that every psychiatric provider become a prescriber of buprenorphine as one critical part of interventions for the many individuals caught up in the current wave of addiction to opioid drugs.

For those who wish to respond to this appeal – and those who might be a little wary – the following information is provided as an introduction in hopes of easing the way for your application as a waived provider of buprenorphine products.

Buprenorphine was discovered in 1966 in a laboratory of a U.K. pharmaceutical company. Researchers were exploring agents with chemical structures similar to morphine but with more complex structures that might retain the analgesic effects and shed the undesirable consequences, such as addiction. After several failures, buprenorphine was identified as a unique molecule with agonist effects similar to morphine but with limited toxicity.

Early addiction researchers at Johns Hopkins published studies of its effectiveness in treating heroin-addicted patients in the late 1970s. During the 1980s, the drug was released in the U.S. and several European countries as an analgesic. The effectiveness of Methadone in improving opioid treatment outcomes for opioid dependent patients was established in the 1960s. It was approved for treatment of opioid use disorders (OUD) patients in 1974.

Because of its potential toxicity, however, Methadone has been heavily regulated and prescribed only through federally-licensed and regulated opioid treatment facilities. While effective, the many restrictions have limited access to opioid maintenance treatment. The biggest obstacle to patients accessing Methadone maintenance has been distance to an approved clinic.

Buprenorphine was identified as a potential treatment for the OUD patient through a variety of trials. Because of its improved safety profile and effectiveness, a sublingual formulation was approved for use by the FDA in 2002.

The passage of the Drug Addiction and Treatment Act of 2000 made it possible for a physician to utilize schedule III medications approved by the FDA for the treatment of certain opioid disordered patients within the confines of their office practice. This allowed for the advantages of medication-assisted treatment (MAT) to be broadened. The law specified that any physician wishing to make this effective treatment available to their patients obtain a waiver to his or her current DEA license.

The requirement to obtain the waiver includes the completion of eight hours of training to assure basic knowledge in the treatment of the OUD patient; the medications currently approved for treatment and, in particular, the pharmacology; and practical use and regulations around the use of buprenorphine as an office-based treatment. Today, a significant limitation in the availability of treatment is the number of providers offering this life-saving treatment.

Buprenorphine is indicated for individuals who meet *DSM-5* criteria for moderate and severe opioid use disorder. Several clinical trials have demonstrated its safety and efficacy in reducing relapse, as well as limiting morbidities and mortality associated with misuse of opioid drugs.

Because of its "ceiling effect" on respiratory depression, the risk of overdose is much lower than full opioid agonists. Because of its strong attachment to the opioid receptor, initiation of treatment requires that patients be in a mild to moderate state of opioid withdrawal prior to the initiation of buprenorphine.

The product is now available in several forms: tablet, film, implant, and more recently, a long-acting subcutaneous injection. The typical sublingual preparation comes in two forms: 1) as a combination product with a 4:1 ratio of buprenorphine to naloxone, and 2) as a "mono" product consisting of buprenorphine alone. The use of the "combo" form is advised, as the presence of naloxone serves to reduce the potential of injection.

> ***"Many, including myself, can attest to the gratifying experiences in utilizing this agent and can provide witness for the many grateful patients whose life courses have been changed in the stabilization of their disease."***

Initiation to buprenorphine treatment can be done in the home, office, hospital, or even an emergency department setting. Patients will experience relief from opioid withdrawal symptoms within 30 minutes. Adjustment of dosage can then be completed during a transition phase with the goal of eliminating opioid craving, a common factor leading to relapse.

Maintenance dosages vary with individuals, generally 4 to 16 mg per day. Post-marketing trials have demonstrated the effectiveness of buprenorphine maintenance combined with psychosocial interventions in reducing relapse and facilitating entry into sustained recovery.

Prior to the availability of MAT, results at follow-up were quite discouraging – a 90% relapse rate in the year following acute withdrawal. This has led many medical professionals to view treatment of OUD as an exercise in frustration.

Contrary to this, many, including myself, can attest to the gratifying experiences in utilizing this agent and can provide witness for the many grateful patients whose life courses have been changed in the stabilization of their disease.

But still, physicians seem reluctant to treat patients with opioid addiction. Is it stigma? Lack of interest? NCPA's Addictions Committee has been debating ways to encourage more psychiatrists to offer MAT to their patients. This includes offering the eight-hour "waiver" training course, encouraging physicians to participate in the ECHO projects across the state that provide a combination of didactic training and participatory case discussions via video technology, and providing mentorship opportunities for those uncertain how to build MAT into their office workflow.

One concern is that North Carolina statute mandates an additional, yearly in-state registration on top of the federal registration — one more paperwork hurdle for providing MAT that delays access to treatment for those in need – that NCPA is trying to address with policy leaders. (NC DHHS instructions, forms and FAQs can be viewed online at https://bit.ly/2BpD8Wk.)

Whatever the reason, North Carolina has one of the highest rates of overdose deaths in the U.S. and one of the lowest numbers of MAT providers. NCPA would like to impact both problems.

We encourage members to learn more about waiver training and to reach out to our Addictions Committee for information, education, and support. (Links to resources to treat OUD are posted on the NCPA website, www.ncpsychiatry.org.)

With tens of thousands of lives profoundly impacted or tragically lost secondary to opioid disorders, psychiatrists are essential to the critical efforts to intervene in this terrible epidemic. The provision of MAT is something we all can do to make a difference.

What are your thoughts?

OTHER RESOURCES:

The Provider Clinical Support System: https://pcssnow.org.

Renner, J, Levounis P, LaRose AT. Office-Based Buprenorphine Treatment of Opioid Use Disorder, 2nd edition. 2018. APA Publishing. Arlington, Va.

SAMSHA. Treatment Improvement Protocol 63. Medications for Opioid Use Disorder. Available for free download at https://bit.ly/2s4Wys0.

Volkow, N, Frieden TR, Hyde PS et al. Tackling the Opioid Overdose Epidemic. New England Journal of Medicine. 2014. 370 (22):2063-66.

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NC Hosts Reception at APA Annual Meeting

For the first time ever at an APA Annual Meeting, North Carolina colleagues and friends had the chance to catch up and make new connections at a special NC Psychiatry Reception.

Organized by ***Moira Rynn, M.D.***, Chair for the Department of Psychiatry at Duke, this reception was co-hosted by the NC Departments of Psychiatry (Duke, WFU, UNC, ECU, and MAHEC) and NCPA.

Held at the New York Marriott Marquis on Sunday night of the Annual Meeting in New York City, it was a wonderful opportunity to remind current residents, alumni, and faculty from each of our state's residency programs just how much North Carolina has to offer!

Our hope is that this NC Psychiatry Reception will become a yearly tradition at the APA Annual Meeting, which will next take place May 18-22, 2019 in San Francisco. And if you attended this year in New York, please let us know if you have any ideas for how to make the event even better!

Left to Right: NCPA President Mehul Mankad, Samantha Meltzer-Brody (UNC), Rahn Bailey (WFU), Robin Huffman, Moira Rynn (Duke), and Sy Saeed (ECU).

Classified Advertisement

The Year at a Glance

Robin Huffman, Executive Director

NCPA's 2018-19 fiscal year and governance year recently began in May. Now is a perfect time to give a quick "Annual Report" on 2017-18 progress and 2018-19 goals!

Membership is Growing

From April 2017 to April 2018, our total membership numbers increased by 6%, from 847 to 899, with the greatest increase in residents and fellows. (And at press time in June, we are already back up to 924!) Our numbers — thanks to the new and existing residency training programs who joined the APA's 100% Club —have jumped by 42%, from 81 psychiatrists in residency or fellowship training to 115. While these members pay significantly reduced dues, they are the future of the profession and add a "growing young" component to the work of NCPA. We are grateful for the leadership of our Membership Co-Chairs, ***Steven Oxley, M.D.*** and ***Samina Aziz, M.B.B.S., D.F.A.P.A.*** this past year.

Fellowship Honors

NCPA boasts a large number of members who are APA Distinguished Fellows (D.F.A.P.A.) and Fellows (F.A.P.A.), including "lifers." More than 20% (187) of our members have undergone the intensive invitation and application process to achieve the D.F.A.P.A. professional designation; almost 12% (105) NCPA members are Fellows. In January, seven new D.F.A.P.A.s and 13 new F.A.P.A.s from North Carolina were named. The 2018 application process is currently underway, led by Fellowship Committee Chair ***Michael Lancaster, M.D., D.L.F.A.P.A.***

Financial Health is Good

We are still compiling our year-end financial reports, but the good news is that we are in the "black" for the year, with higher revenue than expenses. NCPA runs an operational budget of around $400,000. Our revenue is primarily from membership dues and our annual meeting; our greatest expenses, similarly, are annual meeting costs and personnel costs for the NCPA staff that provide the services, communications and supports for our membership.

2017 NCPA Annual Meeting

Despite hurricanes that threatened and hit the coast last summer, the 2017 NCPA Annual Meeting and Scientific Session in Myrtle Beach was a strong event — both financially and clinically. The new Chair of Psychiatry at Duke, ***Moira Rynn, M.D.***, kicked off the meeting with a discussion of treatment advances in pediatric anxiety disorders, and Sethi Award winner David Lewis, M.D. presented on brain circuitry related to schizophrenia.

Other national and state experts spoke about various topics, including PTSD, managing psychiatric symptom in neurologic disease, treating patients with co-morbid pain and anxiety, and marijuana use in adolescents. Almost as important was the time and wonderful beach venue to be with family, friends, and colleagues.

Staffing

This year, we welcomed Kelly Crupi as our new communications and events coordinator. In July, Assistant Director Katy Kranze will return part-time from her maternity leave. Our lobbying firm, Christopher Hollis & Associates, is working for psychiatry and NCPA in the legislature. All of us work together to support our members in your work, in advocacy for the profession and patients, and in answering questions, researching issues, and representing psychiatry in coalitions and policy meetings.

Meetings of Note

In April, NCPA was invited to meet with Governor Roy Cooper and DHHS Secretary Mandy Cohen, M.D., M.P.H. at the Governor's Mansion. While the discussion was primarily focused on Medicaid, then-President ***Don Buckner, M.D., D.F.A.P.A.*** and I were able to advance ideas specific to psychiatry and the administrative burdens that impede access to psychiatric care. (See the picture of us on the Governor's Mansion steps!) During his year as president, Dr. Buckner invited special guests to participate in our Executive Council meetings, including Secretary Cohen, DMA Director Dave Richard, Sam Muszynski of the APA's Healthcare Systems & Financing section, and Chip Baggett, J.D. of the NC Medical Society.

Issues that Matter to You

NCPA works hard to advocate for a healthcare delivery system that values psychiatrists and your work. We sit at policy tables related to everything from private practice and public-sector psychiatry, to prison and school mental health, to urban issues and rural psychiatry access. For example, NCPA works closely with the NC Department of Insurance and DHHS to promote improvements in network adequacy and parity for mental health. We are trying to drive home the point that

insurance and provider panels that do not have enough psychiatrists (network adequacy) are frequently the result of poor reimbursement rates, lack of parity in reimbursement rates, retrospective reviews, medical necessity standards, and contract terms. Fix those problems, and there will be more psychiatrists to provide specialized care!

Electronic Health Records and the Health Information Exchange

NCPA Executive Council appointed a Task Force to survey our members on electronic health records and members' ability to connect to the state's health information exchange by June 2019 (a legislative mandate for all services paid for by state dollars). ***Zach Feldman, M.D., F.A.P.A.*** — NCPA's new Vice President and a private-practice psychiatrist — is leading this effort to determine how NCPA can assist our members with technical support and advocacy.

Medicaid

Granted, only a small percentage of psychiatrists in NCPA treat Medicaid patients, but the reality is that Medicaid is a $14 billion dollar enterprise in our state. As such, it will impact all health care delivery. As North Carolina moves closer to the legislatively mandated, fully capitated Medicaid delivery system, its impact will be felt on all insurers.

A Place at the Table

NCPA pushes to ensure our members are asked to serve in advisory roles to various groups and insurers. Currently, ***Carey Cottle, M.D., D.F.A.P.A.*** serves on the Palmetto GBA (Medicare) Advisory Group for the region that encompasses North Carolina. ***Gary Gala, M.D.*** is soon replacing ***Jack Naftel, M.D., D.L.F.A.P.A.*** on the State Health Plan MH Advisory Committee and the Department (DHHS) Waiver Advisory Committee.

Several other NCPA members serve on the DHHS Mental Health Commission, the Medical Care Advisory Committee and its Work Groups, the Medicaid Drug Utilization Review Committee, the Medicaid Physician Advisory Committee, the Medicaid Preferred Drug List Review Committee, the Commission for Children with Special Needs, and the Blue Cross Blue Shield Pharmacy & Therapeutics Committee. (Let us know where you may be representing psychiatry in the state!)

Please continue to share with <u>your</u> NCPA the office issues that make your practice of medicine more difficult. It is your feedback that becomes our messaging to policy makers, insurers, and regulators. And also let us know how we are doing and how we can better assist you!

NCPA leaders Jennie Byrne, M.D., Ph.D., Mehul Mankad, M.D., and Robin Huffman met with APA President Anita Everett at the APA Annual Meeting in May and in North Carolina in February.

With then-NCPA President Donald Buckner, M.D. for a meeting at the North Carolina Governor's Mansion

Other national and state initiatives that NCPA and its members are helping to promote include:

- The opioid crisis and efforts to promote Medication Assisted Treatment and a stronger addiction treatment infrastructure
- Mental health parity enforcement with insurers
- ED boarding and how to get patients with mental illness into appropriate treatment settings
- Formularies and Preferred Drug Lists
- Simplifying Medicaid enrollment so more psychiatrists are willing to enroll
- Stepping Up Initiative to reduce the number of people with mental illness in jail
- Advocacy with the NC Department of Public Safety to improve psychiatric treatment in state prisons
- The inclusion of psychiatrists in the growing efforts related to whole-patient care. NC has one of the highest numbers of psychiatrists trained in the evidence-based collaborative care model

2018 NCPA Annual Meeting & Scientific Session

September 27-30| Renaissance Asheville Hotel

NCPA's 2018 Annual Meeting and Scientific Session in Asheville is only a few short months away! If you haven't already done so, be sure to mark September 27-30 on your calendar as "booked!"

This year's Program Committee has put together a clinical conference that features nationally recognized speakers from across the state and country. Sessions will span various formats, such as lectures, hands-on workshops, panel discussions, and case studies.

One session of note, to be presented by former NIMH scientist Robert Post, M.D., is *Lithium's Greater Range of Effectiveness and Fewer Side Effects than Previously Imagined.*

Here is a brief glimpse of some other speakers and topics you can expect this year:

- Kelley Johnson, Ph.D., *Sexual Behavior in the New Millennium*
- James McCullough, Jr., Ph.D., *CBASP: Evidence-based Therapy for Chronic Persistend Depressive Disorder*
- Tom Penders, M.D., M.S., D.L.F.A.P.A. and Chris Aiken, M.D., D.F.A.P.A., *Light and Dark Therapy in Unipolar and Bipolar Disorders*
- Robyn Jordan, M.D., *Pharmacotherapy for Addictions: A Practical Guide*
- Karen Graham, M.D., *Treating the Whole Person with Schizophrenia: An Integrative Medicine Approach*
- Asa Cordle, M.D. and Mehul Mankad, M.D., D.F.A.P.A., *What to Do When Your Patient is Still Depressed? A Debate on Interventional Treatments: TMS, Ketamine, and Beyond*
- Vladimir Maletic, M.D., *Biomarkers, Inflammation, and the New Mind-Body Science of Depression*
- Margaret Rukstalis, M.D., *Clinical Update on POWER to Prevent and Treat Addictions*
- Sy Saeed, M.D., M.S., FACPsych, *Top 10 Research Findings of 2017-18*

On Saturday morning, there will also be a concurrent adolescent track hosted by the North Carolina Council of Child and Adolescent Psychiatry (NCCCAP).

While attending these and other sessions, visiting the exhibit hall, and networking with psychiatrists and other mental health professionals, you'll be able to take advantage of all that beautiful Asheville has to offer. The city is consistently named a top travel destination for its local arts community, outdoor adventures, craft breweries, cuisine, and more!

Meeting Registration

Complete the form on the opposite page, then mail it with a check to the NCPA office.

Or, register online at www.ncpsychiatry.org/annual meeting.

Hotel Reservations

Reserve your room at the Renaissance Asheville Hotel early before the discounted room block is full!

Reservations must be made by August 29 to receive our group rate of $204 per night. Be sure to mention the NC Psychiatric Association.

Renaissance Asheville Hotel
31 Woodfin St
Asheville, NC 28801
Phone: 1-800-359-7951

REGISTRATION FORM
2018 NCPA Annual Meeting & Scientific Session - September 27-30
Mail registration form with check to NCPA, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606
Register Online: www.ncpsychiatry.org/annual-meeting

Name:_____ Degree(s): _____ 1st Annual Meeting? _____
Email: _____ First Name for Name Badge: _____
City: _____ State: _____
Dietary Restrictions (Circle): Vegetarian Gluten Intolerant No Seafood/Shell Fish No Pork/Pork Products
Guest Full Name for Name Badge (Not for CME): _____
Guest Dietary Restrictions (Circle): Vegetarian Gluten Intolerant No Seafood/Shell Fish No Pork/Pork Products

Please indicate # attending for CME:	**Early Bird Before 7/27**	**General After 7/27**
_____ NCPA / NCCCAP / APA Member	$450	$550
_____ Psychiatry Resident	Paid for by the Psychiatric Foundation of NC	
_____ Non Member	$550	$650
_____ NP / PA / LCSW	$400	$500
_____ Single Day Registration (Indicate Day)	$250	$250

Please indicate # of guests attending:	**Registration Fees**
_____ Spouse / Guest (Non-CME)	$100
_____ Children 6-17	$25
_____ Children 5 and under	Free

Please indicate the number of Registered Guests (including yourself) attending the following events. (activities below are included in Registration Fees):
_____ Welcome Reception, Thursday, Sept. 27
_____ NCPA Business Lunch (NCPA Members ONLY), Friday, Sept. 28
_____ NCCCAP Social (NCCCAP Members & Residents ONLY), Friday, Sept. 28
_____ NCCCAP Business Lunch (NCCCAP Members ONLY), Saturday, Sept. 29
_____ Poster Session Reception & Awards Dinner, Saturday, Sept. 29

Handouts: NCPA will provide electronic handouts online and via USB to all registered attendants. Paper handouts are available for advance purchase only.

Do you want to purchase paper handouts?
_____ Yes ($25) _____ No

TOTAL FOR NCPA MEETING: $_____ (Check payable to NCPA)

Registration and Payment Confirmation Will Be Emailed Upon Receipt.

Cancellation Policy: Cancellations on or before September 16 will receive a full refund, less $50.00 for administrative fees. Refunds are not granted for no-shows.

Hotel Reservations
The Renaissance Asheville Hotel is now taking reservations for the 2018 Annual Meeting.

Renaissance Asheville Hotel
31 Woodfin St
Asheville, NC 28801
Phone: 1-800-359-7951

Single/Double: $204 per night

Mention the **NC Psychiatric Association** to receive the discounted rate.

The discounted room block expires August 29, 2018.

Additional conference information is available on the NCPA website: www.ncpsychiatry.org/annual-meeting

Please Support the Psychiatric Foundation of NC

You can sponsor the registration fee for a psychiatric resident attending the Annual Meeting with a tax-deductible contribution to the Psychiatric Foundation of North Carolina. The Foundation also accepts general donations.

Please indicate your tax-deductible donation amount: $_____
(Mail check payable to Psychiatric Foundation of North Carolina to above address)

Donations also may be made online at www.ncpsychiatry.org/foundation

Please Note: Only donations made to the Foundation are Tax-Deductible as Charitable Contributions.

NORTH CAROLINA
Psychiatric
Association

North Carolina Psychiatric Association
A District Branch of the American Psychiatric Association

4917 Waters Edge Drive, Suite 250
Raleigh, NC 27606
P 919.859.3370
www.ncpsychiatry.org

2018 NCPA Annual Meeting: Important Dates

July 27, 2018
Early-Bird Registration Ends
Price increases $100 July 28

August 29, 2018
Discounted Room Block Closes
Renaissance Asheville Hotel

September 27-30, 2018
NCPA Annual Meeting
Asheville, NC

For more information, visit www.ncpsychiatry.org/annual-meeting.