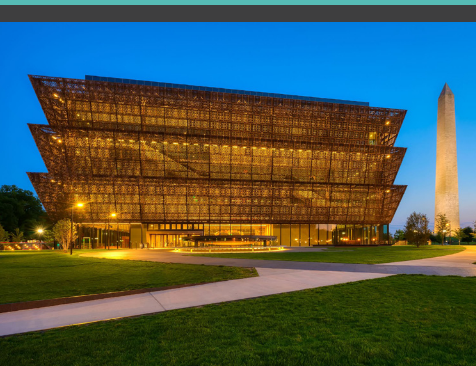
NORTH CAROLINA Psychiatric Association

news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SEPTEMBER 2021



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NCPA's New Mailing Address:
222 North Person Street, Suite 012
Raleigh, NC 27601
(NC Medical Society Headquarters)

COVID-19 Pandemic Update

"…at this stage in the pandemic, we need to change our playbook…we're playing against a new team."

Allan Chrisman, M.D., D.L.F.A.P.A. and Therese Garrett, M.D., M.P.H., NCPA Disaster Committee Co-Chairs

I have recently been experiencing a roller coaster of feelings and cognitive dissonance about our current state of pandemic affairs. After talking with colleague experts and reading through media and professional articles, I have summarized the following information and want to share my summary with my fellow NCPA members.

The Delta Variant is now the dominant strain of the COVID-19 virus and accounts for more than 82.2 % percent of new infections nationwide, according to the most recent data from the Centers for Disease Control and Prevention. Not only is the Delta strain more infectious (even vaccinated people can be infected and transmit) but it also appears to impact a younger population that is unvaccinated and causes more severe illness (younger, sicker, quicker).[1]

On July 23rd North Carolina experienced a rapid increase in COVID-19 spread among those who are unvaccinated. There were 9,053 cases reported over seven days compared to 5,441 cases in the preceding seven days — a 66% increase — and hospitalizations doubled since July 9 and are at the highest rate they have been since May 11.[2]

"The virus is replicating, and we're actually at the point where we have to adapt to the idea that the coronavirus will be a part of our daily lives. We need to adapt and protect and mitigate our risks against infections. There are going to be times when we'll be masking again or distancing again but accelerating vaccinations and preparing our immune system for future variants is the most protective act we can do," said Rebecca Weintraub, Assistant Professor at Harvard Medical School and the Director of the Better Evidence program at Ariadne Labs.

Citing new evidence that vaccinated people can also spread infections, the Centers for Disease Control and Prevention announced on July 27 that everyone living or working in high-transmission communities should resume wearing masks in indoor public spaces, including the vaccinated. The CDC also recommended that vaccinated people with vulnerable household members, including young children and those who are immunocompromised, wear masks in indoor public spaces.

CDC Director Rochelle Walensky has said that all three coronavirus vaccines authorized in the United States offer strong protection against severe disease and death from COVID-19. Preliminary data from several states over the past several months suggests that 99.5 percent of COVID-19 related deaths occurred among unvaccinated people.[3]

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Race, Ethnicity & Equity Diving Deeper

Art Kelley, M.D., D.L.F.A.P.A.

On June 8, 2020, North Carolina Psychiatric Association released a statement on racial justice that read in part that "we must be actively anti-racist in order to propel real, lasting change." And that NCPA is "committed to doing so by placing a greater emphasis on diversity in future nominations for leadership positions within NCPA." Beginning with this statement as a basis, the Race, Ethnicity & Equity Committee organized, created its work plan, began meeting monthly and held several NCPA-wide "Continuing the Conversation" events to share ideas on race.

Now the committee is taking a deeper dive into the ways NCPA can be anti-racist in our organizational structure, procedures and policies, and member education. We are seeking ways to promote diversity in our membership and leadership. The committee also wants to look at ways to combat health disparities and inequities that many of our patients experience.

The committee members quickly realized that in order to provide clear and actionable recommendations to the NCPA Executive Council, we needed to have a way to methodically look at all these elements. Thanks to committee member ***Nora Dennis, M.D.*** we now have a "gap" analysis tool--a series of questions related to equity and diversity in the work of NCPA—to begin this work. The committee began this analysis at its August meeting and has an aggressive timetable to create and present a report to the NCPA Executive Council. This report will include specific recommendations and the rationale for each. The committee invites any NCPA member to submit what they see as a "gap" to the committee chair, ***Nadyah John, M.D.*** at johnn@ecu.edu.

NORTH CAROLINA Psychiatric Association **news**

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President's Column

R - E - S - P - E - C - T

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

I am a Triple Boarded Physician. I am a CEO and President of NCPA. And yet, I'm still often introduced as "Alyson," while my male colleagues are typically referred to as Dr. Smith, Dr. Jones, or Dr. Kilpatrick. Has this happened to you? Or, at a national conference, have you been mistakenly referred to as a nurse, pharmaceutical sales representative, or a flight attendant? Probably not if you're a male physician.

Why does it matter? Is this a trivial, possibly unintentional double standard? Dr. Patricia Friedrich, a professor, linguist, and writer says that working on forms of address can change behavior and institutional policy. It is important to validate these issues when women encounter them in the workplace.

A physician colleague of mine at Harvard noted that just last month during his summer classes at the School of Public Health the speaker that day was introduced as Dr. X (male) and just the day before a "badass" female pediatrician was introduced simply by her first name. Unfortunately, it happens all the time and all over the place- from board rooms to classrooms to academic centers. I have spoken to many female physicians who have experienced not only this situation, but many other injustices.

In review of the literature, Medscape just released an article addressing why women are in fewer leadership positions and top-paying specialties. They cited the following factors: women are more attracted to specialties that have women in faculty and leadership positions; women prioritize work/life balance over pay, due to family responsibilities; women residents may be deterred from higher paying specialties because of gender discrimination and/or sexual harassment; and longer training periods for specialties may be a deterrent for women who want to have children.

A nurse practitioner colleague and friend said she was first hired as a new grad at $20 less per hour than her male counterpart with equal training. The stakes are even higher for physicians. How about when medical school loan repayment is offered to a male physician, but is not even mentioned to a female physician? Ludicrous, right? And, yet these things happen and are rarely talked about unless women share their stories. I would encourage a negotiation course in training programs, where real life examples are shared to enlighten trainees and prepare them for diplomatic negotiations. As another example of interesting practices, the same nurse practitioner mentioned also recalls that in another family medicine practice she was responsible for all pap smears and women's health issues because she was the only female provider in the clinic. Of note, they had almost all female medical assistants who could chaperone the male providers, and men's health was not treated the same way. Lastly, she was required to defuse and console upset mothers for all the pediatric patients.

An American Academy of Orthopaedic Surgeons (AAOS) survey of 927 orthopedic surgeons found 81% of women and 35% of men experienced gender discrimination, bullying, sexual harassment, or general harassment in the healthcare workplace. I, like many other

female providers, have experienced gender discrimination and sexual harassment throughout my career, and that has only fueled my fire to be a leader where I can positively impact workplace culture, communication, and equity.

Are we being too sensitive or needy to ask for the same respect men have been given for the same amount of time, investment, and passion spent on their education? What can we do to help turn the tides? An important part of effecting change will be leaders, policy makers, and male colleagues listening to women and believing them as they share their stories and experiences. Diversity in science and medicine is key. Leaders at all levels can send clear messages indicating that the work of women at all levels within the House of Medicine is valued.

Sending clear messages can include, but is not limited to, the following:

1. Be mindful of the Golden Rule as you aim to treat others as you want to be treated.

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Pandemic Antidote? Connect at the Annual Meeting

Mehul Mankad, M.D., D.F.A.P.A., 2021 Program Chair

When John Bowlby, the psychiatrist and psychoanalyst, was developing his theory of attachment, he could not have imagined the impact of a pandemic that would beset the globe in half a century. Although the readers of this newsletter are no longer children themselves, many of us may be feeling as if our "secure base" has been shaken. We may tell others that fear, isolation, and grief are our stock-in-trade. We may tell others that we are the purveyors of remedies for the psychic tolls of this era. We need to remind ourselves that we are also subject to these depredations. My entreaty to my colleagues is that meaningful connection with each other and with experts may soothe some of the wounds accumulated over the past 1.5 years.

As you likely know, the NCPA Annual Meeting Program Committee made the decision to retain the virtual meeting format this fall from October 1-3. Given the unpredictable nature of the pandemic, this decision was prescient. Another element gathered from our successful virtual meeting last year was the value it created for our attendees. With no prior experience in virtual meeting planning, NCPA was able to cultivate a genuine and meaningful meeting that could not be replicated by asynchronous learning.

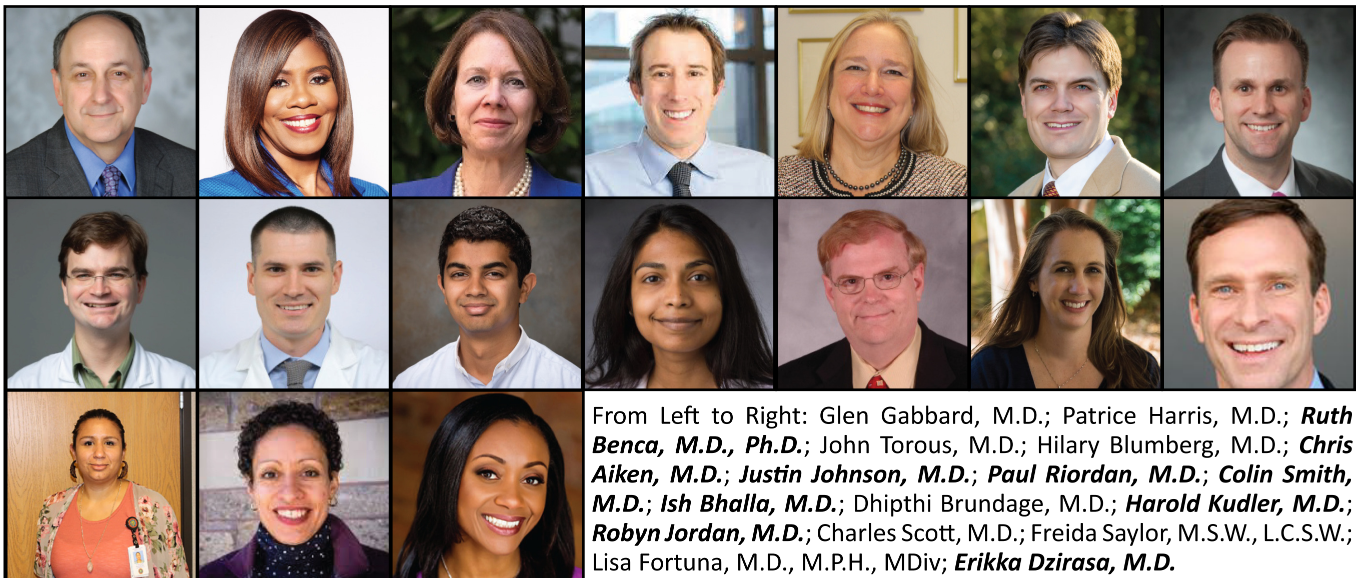
With the opportunity to iterate this year, NCPA is offering an event that cannot be missed. The Program Committee curated a weekend that will entice and enrich the practice of every psychiatrist who attends. We shot for the moon with our speaker list this year, and we were honored to find that our invitations were accepted by every national and local expert who was approached!

Beginning with our keynote speakers, Glen Gabbard, M.D. (Baylor), will discuss physician burnout from a psychodynamic perspective, and Patrice Harris, M.D. (AMA past president), will opine on diversity and inclusion. The Sethi Award winner in 2021, Hilary Blumenthal, M.D. (Yale), will enlighten us with her lab's work in several domains of neuroscience.

The plenary sessions are rounded out with extraordinary contributions by Charles Scott, M.D. (UC Davis), in forensic psychiatry, John Torous, M.D. (Harvard), in digital psychiatry, ***Paul Riordan, M.D.*** (Duke) and ***Colin Smith, M.D.*** (Duke), on COVID psychosis, ***Justin Johnson, M.D.*** (Hopeway) on veteran care, and ***Robyn Jordan, M.D.*** (UNC) in addiction psychiatry. And don't forget our wonderful Saturday morning child psychiatry track! Although the content is geared towards child psychiatrists, all attendees are welcome.

Among this star-studded cast of speakers, I am looking forward to two special presentations—***Ruth Benca, M.D., Ph.D.***, is the incoming Chair of Psychiatry at Wake Forest and will share her research on sleep disorders. And we will be hosting a lively pros/cons discussion about measurement-based care v. patient privacy, featuring Dhipthi Brundage, M.D. (psychoanalyst), ***Ish Bhalla, M.D.*** (BCBS NC), and ***Harold Kudler, M.D.*** (Duke).

An antidote to our current predicament is to remain connected to each other. I cannot think of a better way to join with my colleagues than to immerse myself in the enterprise of improving my practice of psychiatry with all of you. I look forward to seeing you at the October meeting.



From Left to Right: Glen Gabbard, M.D.; Patrice Harris, M.D.; ***Ruth Benca, M.D., Ph.D.***; John Torous, M.D.; Hilary Blumberg, M.D.; ***Chris Aiken, M.D.***; ***Justin Johnson, M.D.***; ***Paul Riordan, M.D.***; ***Colin Smith, M.D.***; ***Ish Bhalla, M.D.***; Dhipthi Brundage, M.D.; ***Harold Kudler, M.D.***; ***Robyn Jordan, M.D.***; Charles Scott, M.D.; Freida Saylor, M.S.W., L.C.S.W.; Lisa Fortuna, M.D., M.P.H., MDiv; ***Erikka Dzirasa, M.D.***

NC Psychiatric Association Virtual Annual Meeting

Friday, Oct. 1 - Sunday, Oct. 3

NCPA's Virtual Annual Meeting is only a month away! If you haven't already done so, be sure to mark October 1-3 on your calendar as "booked!"

Given the surge of the Delta variant, NCPA Executive Council's decision to hold this year's meeting virtually feels validating. This decision was made to protect the health and safety of all attendees, exhibitors, and staff. NCPA is committed to preserving the best elements of our in-person meetings in a virtual format. If you attended last fall's meeting, you know that NCPA brought as close to a live, in-person meeting as possible straight to your home.

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

Our Program Committee received enthusiastic support from our talented lineup of speakers when we decided to keep the virtual format. They are interested in providing current information and will include opportunities for two-way interaction. This meeting is designed from the ground up as a virtual meeting and makes the most of available technology and learning styles. It promises to have a very different feel than passively watching lecturers, whether they are in-person or on a screen.

As with our in-person meetings, NCPA plans to offer many opportunities for you to network and connect with your colleagues. We are excited to continue the tradition of social programming for our meeting attendees and have some surprises in store.

The Race, Ethnicity and Equity Committee will be hosting our Saturday evening event, a virtual tour of the National Museum of African American History and Culture. Join us (and bring your family) as we spend an hour chatting with an expert who will provide backstories on several popular installations.

Get to know our registered lobbyists, Chris Hollis and Josh Lanier, in their Legislative Hospitality Suite. They will offer several times for you to drop in and chat about all things legislative…or football. It's up to you!

The Annual Meeting will also feature a women in psychiatry session, a resident's session, virtual cocktail hours, and more! Keep an eye on your inbox for more details.

All NCPA members are invited to participate in the NC Psychiatric Association's Annual Business meeting - regardless of attendance at the Annual Meeting.

Because of the virtual nature of this year's Annual Meeting, we are holding our annual business meeting as a separate meeting for all members to attend. This meeting is to give members an "annual report" and to conduct business as outlined in our constitution. We encourage you to attend and participate.

See page 15 to view the full schedule. To learn more and register: www.ncpsychiatry.org/annual-meeting

Member Notes...

Samantha Meltzer-Brody, M.D., M.P.H., is a recipient of the Forbes 50 Over 50: Vision List which spotlights women who are shaping the future of science, technology and art. Dr. Meltzer-Brody is UNC's Assad Meymandi Distinguished Professor and Chair, and Director of the UNC Center for Women's Mood Disorders.

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

Psychiatry Has a Seat at this Policy Table

Mark Mattioli, M.D., D.F.A.P.A.

Editor's Note: NCPA member Dr. *Mark A. Mattioli, M.D., D.F.A.P.A.* was appointed to the Commission on Children with Special Health Care Needs (CSHCN) in April 2018 and has served as chair since fall of 2020. The purpose of the Commission is to monitor and evaluate the availability and provision of health services to special needs children in this State, and to monitor and evaluate services provided to special needs children under the Health Insurance Program for Children. The COVID-19 pandemic has placed our most vulnerable neighbors at increased risk. The care of children with special health care needs has become especially urgent. We are grateful to Dr. Mattioli for highlighting the important work of the Commission.

Established by the NC General Assembly in 1998, the Commission on Children with Special Health Care Needs (CSHCN) is charged with monitoring and evaluating the availability and provision of health services for CSCHN in North Carolina. As part of its charge, the Commission continues to provide guidance to the Health Choice Program, the state child health insurance program.

The Commission consists of nine members appointed by the Governor: (1) Two parents, not of the same family, each of whom has a special needs child. In appointing parents: one parent of a child with chronic illness and one parent of a child with a developmental disability or behavioral disorder. (2) A licensed psychiatrist recommended by the North Carolina Psychiatric Association. (3) A licensed psychologist recommended by the North Carolina Psychological Association. (4) A licensed pediatrician whose practice includes services for special needs children, recommended by the Pediatric Society of North Carolina. (5) A representative of one of the children's hospitals in the State, recommended by the Pediatric Society of North Carolina. (6) A local public health director recommended by the Association of Local Health Directors. (7) An educator providing education services to special needs children, recommended by the North Carolina Council of Administrators of Special Education. (8) A licensed dentist who provides services to children with special needs, recommended by the North Carolina Dental Society.

Some of the Commission's powers and duties include:

- Study the needs of children with special health care needs in this State for health care services not presently provided or regularly available through State or federal programs or through private or employer-sponsored health insurance plans.
- Develop guidelines for case management services, quality assurance measures, and periodic evaluations to determine efficacy of health services provided to special needs children; NC General Statutes - Chapter 143 Article 72 2
- Review rules adopted by the Commission for Public Health pertaining to the provision of services for special needs children and make recommendations for modifications or additions to the rules necessary to improve services to these children or to make service delivery more efficient and effective.
- Review policies and practices of the Department of Health and Human Services and recommend to the Secretary of Health and Human Services changes that would improve implementation of health programs for children with special health care needs.
- Report to each session of the General Assembly a summary of the Commission's work and any recommendations the Commission may have on ways to improve the efficiency and effectiveness of health services delivery to children with special health care needs in this State.

The Commission helped to shape the special needs component of the Health Choice Program when it began in 1998 and continues to make recommendations to support quality services for these children.

The Behavioral Health Workgroup of the Commission has shared recommendations regarding specific behavioral health services for CSHCN who have Health Choice and Medicaid. Some recommendations that have been incorporated in various service definitions include increasing the level of provider qualifications and training. The Commission has also worked to ensure more frequent utilization reviews and care coordination for Health Choice children and has monitored the volume of services being used and their overall costs through authorization data and claims paid data.

In collaboration with partner agencies, the Commission has also rec-

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..."President Column" continued from page 2

2. Introduce all providers by the title they have sacrificed so much to achieve.

3. Speak up and advocate for yourself and your colleagues.

4. Support your female team members with the same encouragement, mentoring, and support your male colleagues receive.

5. Policies and procedures are being created and decisions are being made. Work hard for a seat at every table at which your voice needs to be heard.

6. Seek supportive team members, a healthy work environment, and ask for help when needed.

7. Advocate for equal compensation packages, childcare support, and/or parental leave when possible.

8. Support flexibility in your workplace to recruit and retain the physician workforce.

9. Maintain joy in your everyday work or explore other options.

10. Lastly, stand proud and celebrate who you are and not who you are "supposed to be."

As we move throughout 2021 and continue our work against the pandemic, institutional racism, health inequities, and gender bias, we still have a lot to accomplish together. Please continue to maintain NCPA membership, join our committees, lead our teams, advocate for our profession, and support each other as we aim to improve the lives of all North Carolinians. Thank you for the work each of you do and for staying strong during these challenging times.

Wake Forest Names New Psychiatry Chair

As a new academic year begins, Wake Forest School of Medicine has much to celebrate. On July 1, ***Ruth M. Benca, M.D., Ph.D.***, joined the faculty as Enterprise Academic Chair, Wake Forest School of Medicine, Department of Psychiatry, and Professor, Kate Mills Snider Geropsychiatry Outreach Program. She is the first woman to hold this lead position and is ready to usher Wake Forest School of Medicine through growth and change. "I'm excited to do something transformational," Dr. Benca said. For Dr. Benca that transformation includes teaching and emphasizing behavioral health to new physicians, increasing the diversity in the student body, and building stronger mental health services into primary care. "Psychiatry is valued here in North Carolina," Dr. Benca observed. "I love being here because of that." She notes that there is a real commitment to mental health care in the state, and that is evident in the many newly established psychiatric and medical ventures. "I am very excited to work with Atrium and to be a part of the outset of that enterprise. The new medical school in Charlotte is an amazing opportunity," said Dr. Benca. "I want to build Wake Forest's clinical operation and strengthen our academic programs."

Dr. Benca comes to Wake Forest from the University of California, Irvine, where she was Professor and Chair of the Department of Psychiatry and Human Behavior. Dr. Benca's specialty is sleep medicine and she brings a wealth of passion, knowledge, and research on the subject. During her tenure at the University of California, Irvine she established a sleep medicine center, providing clinical care for sleep disorders as well as promoting translational research. Her research focuses on the interface between sleep and psychiatric disorders across the lifespan, the role of sleep and sleep disorders on Alzheimer's disease, with emphasis on insomnia and sleep apnea. Dr. Benca notes that sleep is essential for good mental health, and she is excited to grow and establish sleep programs in psychiatric care. "When psychiatric problems are present, sleep is a place to intervene," noted Dr. Benca. "Sleep is essential for healthy brain development and good sleep hygiene must be established early on and maintained throughout life." Dr. Benca has authored more than 150 articles, reviews and book chapters. She has served as President of the Sleep Research Society and on the Board of Directors of the American Academy of Sleep Medicine and is currently Editor-in-Chief of Current Sleep Medicine Reports and Insomnia Section Editor of UpToDate. "If I am at a party and tell someone I've just met that I am a psychiatrist, they are likely to shy away and shut down," Dr. Benca said. "But if I tell them I am a sleep doctor, they immediately light up. People love to talk about their sleep." Dr. Benca will present "Sleep Disorders in Psychiatry" during the NCPA Annual Meeting.

Since her arrival earlier this summer, Dr. Benca has been touched by the outpouring of hospitality and charmed by the culinary delight of barbeque (though which style she prefers, she did not say). "North Carolinians are so nice and welcoming," she remarked. "I really feel at home already." Welcome home, Dr. Benca.

John M. Diamond, M.D., D.L.F.A.P.A.

Editor's Note: This is normally an exciting time of year for school age children. The chance to go back to a safe place of learning, community, friends, and schedules. But this year is different. They are going back to uncertainty. Do I wear a mask? Do I not wear a mask? Do I get ANOTHER shot? Do I not get another shot? Can I see my friends? Do I even get to go to school? It is all up in the air it seems, changing day to day. These uncertainties can be most difficult for our younger population. They look for guidance from parents, teachers, and physicians. They look for stability and safety. We need to help provide tools for parents and educators to calm the fears and anxieties for this vulnerable population, this year more than ever. What is a psychiatrist to do? Where is the research? What are other psychiatrists doing? What do my child and adolescent psychiatry colleagues have to say? We asked *John Diamond, M.D., D.L.F.A.P.A.*, Director, Division of Child & Adolescent Psychiatry, ECU Brody School of Medicine.

The availability of COVID-19 vaccines began over eight months ago. Although masks and vaccines have not been readily accepted, the infection rates went markedly down. This led to an apparent complacency as well as wishful thinking. Unfortunately, the unvaccinated and unmasked served as reservoirs for this virus. Lo and behold, variants emerged and now we are struggling with the Delta variant. What makes this more concerning is an increased rate of infections and hospitalization among children and youth.

COVID has been a strange disease, if for no other reason than many people who got infected had relatively benign courses. That led to complacency, especially if no acquaintances or friends either died or had long haul symptoms. Many of my millennial friends and colleagues have been more dismissive of concerns because those they associated with had mostly mild symptoms. That was not the case with polio or smallpox, serious diseases eradicated in my lifetime with vaccines.

However, what seems to be missing from the discussion too often are the public health concerns. Last week, a baby with COVID in Houston had to be flown 150 miles to find an intensive care unit bed. When hospitals reach capacity, bad things happen. I don't think any disease has overwhelmed the health care system in this way since the influenza pandemic in 1918, and certainly not in my lifetime. It would seem obvious that folks would be concerned about an inability to get a hospital bed for themselves and others, but somehow that has eluded us, not just as a nation, but as humanity across the globe.

Even before this new spike in cases from the Delta variant, there has been an explosion of mental health needs among youth. At ECU Brody School of Medicine, child psychiatry went from perhaps four or five inpatient pediatric consults per month at the hospital, to an average of five per week, mostly adolescent female overdose attempts. This epidemic within the pandemic has been noted nationwide, including the marked increase of suicide attempts by girls. But the pandemic has also led to other social concerns. Children have received less primary care, even basic measures such as routine labs and vital signs have been deferred. Many families have experienced economic hardships, leading to unemployment and evictions. Minority populations have been especially hard hit by these factors.

Now we are faced with increased risks for children and youth when schools are resuming in-person classes. In Pitt County schools, masks have been mandated to keep infections and transmission down. This is particularly relevant for those under 12 who have no option for a vaccine. Many counties have done the same, but not all. As the school year begins psychiatrists might be asked to write a letter on behalf of a child who won't wear a mask. This could be due to autism spectrum disorder, or perhaps oppositional defiant disorder. Our

initial response could be to provide support for our patients to attend school. But unfortunately, there will not be an easy solution.

It is far from clear if any physician note would trump a public health mandate. But it certainly defeats the purpose of the mask mandate to begin allowing exceptions. What can be done? Physicians may need to become more creative. Perhaps a note would not excuse mask wearing but would alert a teacher to a child's challenges and would support interventions designed to assist a child in learning to wear a mask. A note could also recommend teachers provide opportunities during safe times and in different environments for periodic mask removal.

Psychiatrists will be faced with enormous challenges as schools resume in-person classes. There will be no easy answers. It will require a positive spirit, as well as advocacy and collaboration with primary care and each other, to help children and families get through these trying times.

Back to School COVID Resources:

- Back to School and COVID? The AACAP Resource Page: https://bit.ly/3kmJVnl
- American Academy of Pediatrics COVID-19 Guidance for Safe Schools: https://bit.ly/3yeZhz0
- CDC Guidelines for Back to School: https://bit.ly/3B8YXDI
- CDC: Know What to Expect at Your Child's K-12 School or Early Care and Education Program: https://bit.ly/3j9wgjW
- NCDHHS: StrongSchoolsNC Website: https://covid19.ncdhhs.gov/guidance#schools
- NCDHHS: School Children and COVID-19: https://bit.ly/38ms8ap
- APA COVID Resource Page: https://www.psychiatry.org/psychiatrists/covid-19-coronavirus
- NCPA Compiled Resources: https://www.ncpsychiatry.org/covid-19#School

North Carolina COVID-19 Vaccine Portal:

NC DHHS now offers NC residents access to view and/or print their vaccination cards via the NC Covid-19 Vaccine Portal. The NC COVID-19 Vaccine Portal is a free, fast, and secure way for many North Carolinians to present proof of COVID-19 vaccination or print a copy of your COVID-19 vaccine information for other purposes. North Carolinians who can access the portal include anyone who received their COVID-19 vaccine from a North Carolina provider and provided an email address to a North Carolina vaccine provider.

If a patient received their vaccine from a pharmacy participating in the Federal Retail Pharmacy Program or from another federal vaccine provider such as the U.S. Department of Defense, they will need to get their vaccine information directly from that provider. It is not available in the North Carolina COVID-19 Vaccine Portal.

To access the North Carolina COVID-19 Vaccine Portal go to: https://covid-vaccine-portal.ncdhhs.gov/

For more information visit: https://bit.ly/3jh3VIR

With thanks to North Carolina Medical Society, Morning Rounds, for the information in this article.

..."COVID" continued from cover

What is the landscape regarding vaccinated versus unvaccinated people? According to a recent Kaiser Family Foundation survey, three in ten adults (31%) remain unvaccinated. Those who remain unvaccinated include 10% who say they want to "wait and see" how the vaccines work for other people before getting vaccinated, 3% who say they will get a vaccine "only if required" to do so for work, school, or other activities (down from 6% in June), and 14% who say they will "definitely not" get the vaccine.[4]

In North Carolina 59% of adults are fully vaccinated and 64% have one shot.[5] We have a robust effort to continue with the vaccination effort in rural areas and underserved populations. However, there are persistent vaccine deserts—areas where someone needs to drive, walk, or use public transportation for at least fifteen minutes. To address these barriers statewide, Disability Rights NC (DRNC) launched a vaccine initiative called Project ACCESS (All Communities Count Equitably for Safety and Support), which collaborates with local partners to boost access to vaccines in communities with low vaccination rates, with a particular focus on equity.

In August, North Carolinians who are moderately to severely immunocompromised and received the Moderna or Pfizer vaccines could begin receiving an additional dose to better protect themselves from COVID-19. The U.S. Food and Drug Administration has amended the Emergency Use Authorizations for both vaccines to allow for the use of an additional dose in some immunocompromised individuals, which was then recommended by the CDC's Advisory Committee on Immunization Practices (ACIP). A full list of conditions can be found on the CDC's website.[6]

On August 23rd the U.S. Food and Drug Administration approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine and will now be marketed as Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 disease in individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization (EUA) for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.[7]

Now we are hearing about the need for booster shots based on evidence of waning antibody response after several months. If FDA authorizes and ACIP recommends a booster dose, the goal is for the first people eligible for a booster dose to be those who were the first to receive a COVID-19 vaccination (those who are most at risk). This includes healthcare providers, residents of long-term care facilities, and other older adults.[8]

Many people who are not vaccinated and not "die hard" resistant to accepting a vaccine are eager to discuss their concerns. As Dr. Rebecca Weintraub noted, "In conversations with folks at vaccination sites, all the questions that I'm being asked are good questions. People want to understand immunology. They want to understand how a vaccine is developed, how it's manufactured, how it's stored in a vial, what type of syringe I am using. People are asking excellent questions about the safety and efficacy of the vaccine. And they also want to talk about the stressors of the pandemic. And I found that, in all the conversations, people are also looking for a bridge toward wellness, and the vaccine's just the beginning. It's not the sole intervention to get back to wellness."[9]

So where does this leave us? The answer I believe lies in managing cumulative stress which includes practicing self-compassion, something my yoga group has adopted as its August theme. The basic precautions remain along with the reassurance that being vaccinated protects us all from severe COVID-19 illness, all the while building a healthier future.

Editor's Note: Due to space limitations, this article with cited references is available on the NCPA website at www.ncpsychiatry.org/COVID-Update. You may also email info@ncpsychiatry.org for a copy.

Treating Patients with Clozapine?

Effective November 15, 2021 the FDA approved modifications to the Clozapine REMS will go into effect. These changes include:

- **All prescribers must be re-certified by November 15, 2021, or they will no longer be able to prescribe clozapine.**
- **Prescribers must re-enroll their patients who will continue clozapine by November 15, 2021. Patients who are not re-enrolled by that day will no longer be able to receive clozapine.**
- **A new Patient Status Form will document absolute neutrophil count (ANC) monitoring for al outpatients. This form must be submitted monthly. Patient monitoring must continue per the Prescribing Information.**

For more information and to re-certify and re-enroll in the Clozapine REMS, visit www.newclozapinerems.com

NC Legislature Still In Session

This is the September issue of the newsletter, when we intend to give a legislative update that is the final report for the legislative session. Not so this year. With the budget still in negotiation at press time, numerous bills on hold, and redistricting work ahead, some lobbyists are placing bets on being in Raleigh through Thanksgiving.

Some bills that are major priorities for NCPA are not moving but have been included in the language of the budget bill. Nothing will be certain until a budget bill is passed and not vetoed by the Governor. (For the past several legislative sessions, a budget has not been agreed upon and the state has been functioning under continuing resolutions and "minibudgets.") Here is an update of progress to date.

House Bill 96, Allow Pharmacists to Admin Injectable Drugs is one of numerous bills introduced this session involving the expansion of the scope of practice for pharmacists. The initial language in the bill provided significant changes to the scope of practice for pharmacists, going so far as to enable certain pharmacists to order and prescribe medications without any real oversight by a licensed physician.

With our lobbying team, we participated in many stakeholder meetings with other concerned specialties and the bill sponsors to voice our concerns and were able to substantially narrow the language and scope aspects of the bill. In its current form, signed into law by Governor Cooper August 20, there is no longer any language on "prescribing" or "ordering." The bill, now S.L. 2021-110, still provides immunizing pharmacists the ability to dispense and administer a greater range of medications and immunizations. Some of these include COVID vaccines, nicotine replacement therapy, HIV post-exposure prophylaxis, and Glucagon.

Based on feedback from our members, we worked on the administration of long acting psychiatric injectables (LAIs) by immunizing pharmacists, with the provision that the prescribing physician be contacted within 48 hours of administration of the psychotropic medication –or when the injection did not take place within 48 hours of the receipt of the prescription. A 72-hour notice is required of other LAIs. These LAI provisions of H 96 go into effect October 1.

Other Bills of Interest

NCPA member Rep. ***Kristin Baker, M.D.*** helped introduce a number of bills of interest to psychiatry and has been a strong leader during her first full session. She was a primary or secondary sponsor to a number of NCPA's priority bills:

H 149 Improving Access to Care Through Telehealth (Rep Kristin Baker, MD, passed the House, is in the Senate, and has been included in the preliminary budget draft.)

H 209/SB 161 Support Statewide Telepsychiatry Program (Rep Baker sponsored the House bill; neither have moved, but language for additional funding for the NCSTeP program is in both the Senate and House versions of the budget.)

H 395 HIE Deadline Extension (Rep Baker co-sponsored; the bill passed and was signed by the Governor in late May. This bill delays the mandatory connection to the NCHIE for psychiatrists and other mental health professionals to January 2023.)

S 300 Criminal Justice Reform (Many recommendations by a special legislative task force co-chaired by Rep Baker were rolled into this bill, including requiring law enforcement officers to intervene and report excessive use of force, additional training on mental health and juvenile issues, and allowing a health care provider to transport a patient under IVC orders. This bill was presented to the Governor at the end of August.)

H 585 Fail to Report Crime/Privilege Exemption (Another Baker bill that would add psychiatrists and LMFT to the existing waiver from duty to report years-old crimes against juveniles to law enforcement. This bill will likely move once the budget is finalized and lawmakers can start to shift their focus to the numerous bills that have been sidelined during the months-long budget negotiations.)

H 653 Mental Health & SUD Parity (Rep Baker, a parity enforcement bill to require insurers to report; still in House Rules.)

S 207 Various Raise the Age Changes (On the Governor's desk to sign at press time. Original bill tried to raise from 6 to age 10 the age that children could be prosecuted in juvenile courts. The bill as passed moved the age to 8.)

Other Legislation

Medicaid Expansion is not moving although we encourage members to press their legislators to support this plan to close the health insurance gap. Various versions of the budget bills include small expansion for certain populations under certain conditions, such as expanding coverage to 12-months post partum.

We are continuing or efforts to hold down H277 The SAVE Act (independent nursing practice), SB 607 (limits needle exchange), H 93 (require naloxone prescriptions when writing opioid prescriptions).

Psychiatry opportunities available

Novant Health Psychiatric Medicine employment opportunities

At Novant Health, we bring together world-class technology and professionals – like you – to help make our patients' healthcare experience easier and more personal. Your commitment to care and our model of creating a seamless system of care for our patients are the foundation of our success.

The team member's No. 1 job responsibility is to deliver the most remarkable patient experience, in every dimension, every time, and understand how he or she contributes to the health system's vision of achieving that commitment to patients and families. Novant Health Psychiatric Medicine is comprised of experienced and compassionate psychiatrists, registered nurses, counselors and clinical social workers who provide multiple treatment options tailored to a patient's specific needs.

Our services include inpatient, outpatient, intensive outpatient and partial hospitalization, as well as an addiction, telepsychiatry, and a 24/7 assessment center that each provide a safe and encouraging environment that can make a difference in the lives of our patients.

For more information, email nbrandon@NovantHealth.org.

Making healthcare remarkable

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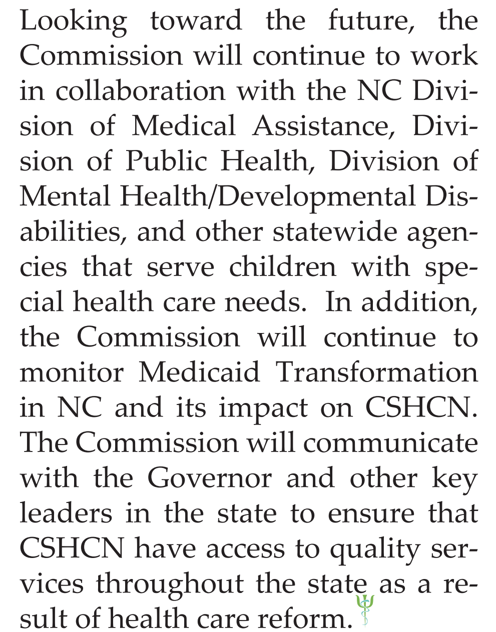
..."Seat at the Table" continued from page 6

ommended that the General Assembly support Health Choice funding to serve additional children in the program. In addition, the Commission has communicated with members of Congress regarding the reauthorization of the Child Health Insurance Program and will continue to support its reauthorization in the future.

Throughout the Medicaid Transformation process, the Behavioral Health Workgroup has reviewed and provided recommendations on policy papers released by the Department of Health and Human Services. In addition, the workgroup has been asked to provide feedback on numerous behavioral health service definitions.

The Commission has an Oral Health for CSHCN Workgroup, which is focused on education and outreach to families and dental providers. The workgroup developed a checklist for families of CSHCN to find an appropriate dentist to accommodate their child's special needs. A part-time staff person has been hired to distribute the checklist and share information about the importance of a dental home for children and youth with special health care needs.

Looking toward the future, the Commission will continue to work in collaboration with the NC Division of Medical Assistance, Division of Public Health, Division of Mental Health/Developmental Disabilities, and other statewide agencies that serve children with special health care needs. In addition, the Commission will continue to monitor Medicaid Transformation in NC and its impact on CSHCN. The Commission will communicate with the Governor and other key leaders in the state to ensure that CSHCN have access to quality services throughout the state as a result of health care reform.



Closing the Insurance Coverage Gap

Care4Carolina, the statewide coalition working to secure a North Carolina solution for closing the state's health insurance coverage, gap, is continuing its work to convince the members of North Carolina's General Assembly that 2021 is the year to finally take action to provide an affordable insurance solution for 600,000 of our neighbors and friends.

"We have been advocating for some sort of solution for the past seven years," said Peg O'Connell, Chair of the coalition. "I am hopeful that seven will be our lucky number and that North Carolina will join the ranks of the other 38 states that have either expanded their Medicaid programs or come up with a state specific program to help the people who are caught in the coverage gap," she said.

The coverage gap refers to those who make too much to qualify for the state's Medicaid program but make too little to qualify for a subsidy on the Affordable Care marketplace.

Governor Roy Cooper included Medicaid Expansion in his 2021 budget proposal, and the North Carolina Senate included a limited expansion of Medicaid benefits for postpartum mothers in its budget proposal.

"It is our hope that when all is said and done, the final state budget will contain a comprehensive solution to close the coverage gap," O'Connell said. "This is so important for the physical, mental and economic health of our state."

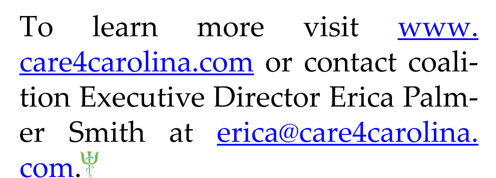
The North Carolina Psychiatric Association was an early advocate for Medicaid Expansion and the work of Care4Carolina. Members of NCPA see first-hand the impact that the inability to access treatment has on people and our state as a whole.

According to O'Connell, states that have closed their coverage gap are able to provide greater access to mental and behavioral health services. "Closing the gap is associated with a 6% lower rate in total opioid overdose deaths, a reduction in new entrants into the jail system and reduced re-incarceration rates."

"If you will pardon the terrible pun, closing the coverage gap is a 'no-brainer' for mental health professionals. Members of NCPA have been so supportive of closing the gap and providing services for those in need, now we need your help one last time."

"We are down to the wire on healthcare coverage and we hope that members of NCPA will let their voices be heard by signing our resolution Act Now - Care4Carolina and contacting their legislator," said O'Connell. "Now is the time for action, there are 600,000 people counting on us."

To learn more visit www.care4carolina.com or contact coalition Executive Director Erica Palmer Smith at erica@care4carolina.com.



Point of Personal Privilege:

The More Things Change, the More They Stay the Same

Robin B. Huffman, Executive Director

There is much going on in North Carolina these days, and at NCPA--big changes impacting the house of medicine and big changes at NCPA. But within those changes, there is also a feeling that "we've been here before."

At NCPA

On the NCPA front, staff has adjusted to a virtual office, having spent 18 months of working from home. With the surge in COVID cases, we are working with renewed enthusiasm on the successful implementation of another not-to-be-missed scientific conference, at peace with the early decision to protect our members' safety and hold this conference with national and regional speakers virtually. This feels like last year, but with a year's experience under our belts.

On a very positive note, we have new staff to introduce! Katie Cashwell joins NCPA in the full-time role of communications director and event planner, having moved to Raleigh just before the pandemic from a position as Director of Programs at Montreat Conference Center. Katie has spent her career in the nonprofit sector. She is a graduate of Davidson College and Union Presbyterian Seminary. I am also pleased to announce that Lana Frame has returned to NCPA. Lana served as NCPA Office Manager and Membership Coordinator from 1998-2003 and 2010-2012. We are so excited to have Lana with us once again—her administrative skills and her history with and passion for NCPA. Having a strong team in place to serve our members feels right.

NCPA staff meet daily to coordinate our work. From top left: Lana Frame, Robin Huffman, Katie Cashwell, Katy Kranze

Medicaid Transformation

Outside of our internal NCPA workings (and COVID), we have been monitoring Medicaid Transformation. While these changes to Medicaid are big and impact psychiatry as well, our world has not been as up ended as it has for the rest of the house of medicine. Mental health, addictive disease, and IDD coverage transitioned some eight or nine years ago to Medicaid managed care. You psychiatrists have been through this before. This time, when the change to full managed care for the Medicaid population went into effect, there were many lessons learned from the behavioral health transition, and plans were put into place to try to reduce administrative burdens, multiple credentialing processes and other challenges that faced psychiatrists and mental health professionals previously.

This latest change to Medicaid is important to you and the citizens of the state whose mental health conditions have never been identified or treated. Mental health services and professionals are included in the Medicaid reform that went into effect July 1. Psychiatrists are needed in the delivery of behavioral health care to patients whose Medicaid "insurance" is through one of the state's five Prepaid Health Plans—PHPs—in the Standard Plan. The "old" behavioral health Medicaid managed care through the LME/MCO system is now called "Medicaid Direct" until the Tailored Plan system is implemented.

It is complicated. I encourage you to bookmark the NCPA resource page with Medicaid updates: www.ncpsychiatry.org/nc-medicaid-transformation

But I encourage you to understand the new system, because psychiatrists are welcome there; the Collaborative Care Model of integrated care is paid in the Standard Plan, and you have a chance to help and encourage your primary care colleagues as they navigate this massive change.

At the very least you can look at them sympathetically and tell them you know how they feel. The more things change, the more they stay the same.

SCIENTIFIC AND SOCIAL SCHEDULE

Friday, October 1

9:45 - 10:00 am **_Welcome Remarks_**
Alyson Kuroski-Mazzei, D.O. D.F.A.P.A., NCPA President

10:00 - 11:00 am **_Pathways to Burnout_**
Glen O. Gabbard, M.D.

11:00 - 11:15 am Break; Virtual Exhibit Hall

11:15 - 12:15 pm **_The Future of Healthcare_**
Patrice Harris, M.D.

12:15 - 1:30 pm Virtual Cocktail Hour & Exhibit Hall

1:30 - 2:30 pm **_Psychiatric Complications of COVID-19_**
Paul Riordan, M.D. and Colin Smith, M.D.

2:30 - 4:00 pm **_Pros & Cons of Measurement Based Care_**
Harold Kudler, M.D., Ish Bhalla, M.D., and Dhipthi Brundage, M.D.

4:00 - 5:30 pm NCPA Annual Business Meeting

6:00 - 7:00 pm NCCCAP Social Event

7:00 - 8:00 pm NCPA Social Event

Saturday, October 2

8:00 - 9:00 am NCCCAP Annual Business Meeting; Virtual Exhibit Hall

9:00 - 10:00 am **CONCURRENT TRACKS**

General Track: **_Military and Veteran Mental Health_**
Justin Johnson, M.D.

NCCCAP Child & Adolescent Track: **_It's Not Posttraumatic; it's Current Traumatic: Tackling the Pressing Needs of Latinx and Immigrant Youth and Families_**
Lisa Fortuna, M.D., M.P.H., M.Div

10:00 - 10:15 am Break; Virtual Exhibit Hall

10:15 - 11:15 am **CONCURRENT TRACKS**

General Track: **_2021 Updates on the Opioid Epidemic: COVID-19 Impact on Overdose and Medical Co-Morbidities Associated with Opioid Use Disorder_**
Robyn Jordan, M.D., Ph.D.

NCCCAP Child & Adolescent Track: **_U wa shv u da nv te lv/ The One who Helps You from the Heart: Historical and Present Day Lessons and Considerations in Work with American Indian/Alaskan Native Youth and Families in Healing from the Pandemic_**
Freida Saylor, M.S.W., L.C.S.W.

11:15 - 12:30 pm Break; Virtual Exhibit Hall

12:30 - 1:30 pm **CONCURRENT TRACKS**

General Track: **_Treatment of Antisocial Personality Disorder and Psychopathy: Hopeful or Hopeless?_**
Charles Scott, M.D.

NCCCAP Child & Adolescent Track: **_Panel Discussion_**
Lisa Fortuna, M.D., M.P.H., M.Div, Freida Saylor, M.S.W., L.C.S.W., Erikka Dzirasa, M.D., M.P.H.

1:30 - 2:30 pm **_Incorporating Behavioral Healthcare Apps into Your Practice_**
John Torous, M.D.

2:30 - 3:00 pm Break; Virtual Exhibit Hall

3:00 - 4:30 pm **_Evaluating Mental Health Apps_**
John Torous, M.D.

5:00 - 7:00 pm Dinner Break; Virtual Exhibit Hall

7:00 - 8:00 pm "Museum Storytelling Tour" National Musuem of African American History and Culture (Families Welcome!)

Sunday, October 3

8:00 - 9:00 am Women's Breakfast; Virtual Exhibit Hall

9:00 - 10:00 am **_Brain Circuitry in Mood Disorders_**
Hilary Blumberg, M.D.

10:00 - 11:00 am **_Sleep Disorders in Psychiatry_**
Ruth Benca, M.D., Ph.D.

11:00 - 11:30 am Break; Virtual Exhibit Hall

11:30 - 1:00 pm **_Top Ten Treatment Updates From The Past Year_**
Chris Aiken, M.D.

1:00 - 1:05 pm **_Closing Remarks_**

Meeting Adjourns

Note: Program schedule subject to change at any time. Please visit www.ncpsychiatry.org/annual-meeting for the latest updates.

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and North Carolina Psychiatric Association. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement
The APA designates this live activity for a maximum of 13.5 *AMA PRA Category 1 Credit ™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NORTH CAROLINA
Psychiatric
Association

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

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Calendar of Events

September 16, 7:00 - 8:00 pm
Living Room Chat

September 24, 1:00 - 3:00 pm
Public Psychiatry and Law Committee

October 1-3, 2021
NCPA Virtual Annual Meeting

October 6, 5:30 - 6:30 pm
Practice Transformation Committee

October 7, 6:00 - 7:00 pm
Race, Ethnicity and Equity Committee

October 21, 7:00 - 8:00 pm
Living Room Chat

November 4, 6:00 - 7:00 pm
Race, Ethnicity and Equity Committee

November 18, 5:30 - 6:30 pm
Addictions Committee

November 18, 7:00 - 8:00 pm
Living Room Chat

November 20, 9:00 - 11:00 am
Executive Council