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Don't Forget to Pay your Dues!

The deadline to pay 2018 membership dues is December 31, 2017.

To renew today, you can:

1. Pay online:
www.psychiatry.org/PayDues
2. Pay by phone: (888) 357-7924
3. Send a check to:

Prior to December 31, 2017:
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1000 Wilson Blvd., #1825,
Arlington, VA 22209

After January 1, 2018:
APA, Membership Dept, 800
Maine Avenue, S.W., Suite
900, Washington, D.C. 20024

Can You Afford Not To?

Don Buckner, M.D., D.F.A.P.A., President

Can I really afford to continue my NCPA membership? This yearly decision was put in front of me this past week. Each member faces this decision and likely shares some of the same realities, including how to convince my wife that our budget must include membership in this and other organizations such as the NC Medical Society and AACAP.

In reflecting on this past year, I realized there have been multiple experiences where my NCPA membership, annual meeting attendance and involvement in committee work have been so beneficial that I simply can't afford to *not* renew my NCPA membership.

Personally, I could never have been a salesperson. My decision to become a physician was driven in part by the reality that I am not good at persuading people to spend their money. Guilt and selfishness settle in, and that is what makes this president's column even more ironic. So please bear with me.

As a member, I receive breaking news from the APA around national issues and from Robin and Katy, our tireless NCPA staff, about state issues such as parity for mental health services, Medicaid "transformation" efforts, and better integration of primary care and psychiatry. It is hard for me to stay on top of everything that is happening, especially as it affects psychiatry, so these news channels are vital to keeping up to date.

We are truly blessed to have Robin and Katy helping us stay informed and



sounding the alarms when we need to respond quickly to things that challenge our ability to provide the highest quality of care to our patients, and to seize opportunities to advance the profession of psychiatry in NC.

At our annual meeting, presentations help me stay up to date on the science and practice of psychiatry. Having the opportunity to hear from national thought leaders on subjects such as neurosteroids in PTSD and their potential therapeutic uses, how chronic pain affects the brain, and how to prepare for the shift to value-based psychiatric care is exciting and informative. This is all possible right here in NC (or this past fall, just down the road in SC).

continued on page 3...

From the Editor

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

This issue's recommended reading is *Tribe: On Homecoming and Belonging* by Sebastian Junger.

Even clinicians who do not routinely treat military veterans or their families have almost certainly encountered individuals in their practice who have been affected by America's recent wars. Sebastian Junger's short book on the homecoming struggles of veterans offers useful information for those who wish to understand the experience.

Through his embedding as a journalist in military units in war, and through examining how other cultures -- both current and historical -- address the homecoming of a warrior, he offers insight into the

vast differences in rates of PTSD between societies.

His focus is on the loss a returning soldier can feel at the end of service, the loss of "tribal connectivity" to fellow soldiers. He goes further to talk about the experience of civilians who describe wartime as the most meaningful time of their lives, offering a time of unique connectivity to others. Junger suggests that loss of tribal connectedness haunts us beyond the war experience, in the way our modern world has evolved.

This is not entirely new information. Ambrose Bierce, Civil War Union soldier and later journalist and writer, wrote of his own war

experience in a similar way. In his essay "What I Saw at Shiloh" he begins with a gruesome description of the horrors of war, then describes his longing to return to the "magic" of the soldier's life. He writes "These were the days when all the world was beautiful and strange, when unfamiliar constellations burned in southern skies and the mockingbird poured out his heart to the moon-guilded magnolia."

Bierce concludes that he would gladly forfeit the dreary and forlorn "longer and tamer life" if he could return for just one moment to the battlefields of Shiloh.

Read Junger first, then seeking a deeper understanding, read Bierce.



NORTH CAROLINA
Psychiatric
Association

news

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The NCPA News is a publication of the NC Psychiatric Association, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606.

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...Presidents Column continued from cover
Involvement on committees, task forces, and the executive council has allowed me to work with colleagues and mentors in several capacities. It has included work on the psychiatry supervision toolkit for nurse practitioners and physician assistants, which was invaluable to my own practice and to many members I have spoken to.

Committee work has helped me stay in touch with colleagues in other parts of NC. It has allowed me to see how others approach problems and challenges we face and enact a problem-solving approach to finding solutions. My hope is that every NCPA member will consider getting involved in one of our committees or task forces.

When I look back on my decision as a resident in 1992 to become a member of NCPA, I am impressed with how wise I was (at least there is one example of that from 1992). It is encouraging to see that not one, but several of our NC psychiatry residency programs belong to the APA's 100% club (more on the

100% club on page 13). These residents are our profession's future. Having the knowledge and experience of NCPA will prove invaluable in their professional training.

Our membership is growing and we are approaching the 1,000-member number, which is a milestone and would qualify NCPA for an additional representative at the APA assembly. This strength of membership would mean another voice at the national policy table for North Carolina psychiatrists.

My apologies for asking you to spend some of your hard-earned money especially as we approach the holiday season. Wait a minute—you should *thank* me for pointing out how renewing your membership will keep you informed about psychiatry both locally and nationally, keep you connected to colleagues, and continue to give NC a seat at the healthcare table both locally and nationally. This means we can continue to be a vital and crucial part of our healthcare system. Another wise decision for sure. 🌱

To renew today, you can:

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2. Pay by phone:
(888) 357-7924

3. Send a check to:

The APA is moving at the end of the year, please be sure to mail your dues payment to the correct address. (See page 11 for more information about the move!)

Prior to December 31, 2017:

APA, Membership Dept.,
1000 Wilson Blvd., #1825,
Arlington, VA 22209

After January 1, 2018:

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

Don't Forget to Deduct Your Dues!

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

For your 2017 NCPA dues, all but 12 percent of your dues are tax-deductible (in other words, you may deduct 88 percent of your 2017 NCPA dues). According to the APA, you may deduct 96 percent of your national 2017 dues (all but 4 percent) as a

business expense.

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

If you need assistance determining the amount you paid in 2017 for your APA and NCPA membership, please email info@ncpsychiatry.org.



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APA/SAMHSA Fellowship Bridges Access Gap

Christina M. Cruz, M.D., Ed.M., is a second year child and adolescent psychiatry fellow at UNC and obtained her medical and education degrees from Harvard. She is currently completing her second and final year as an APA SAMHSA/Minority Fellow.

“There’s one psychiatrist down the Himalayan mountains, 4 hours away. We need you.” This response came from my friend, Michael Matteredgia, when I asked why he wanted my “expertise,” that of a soon-to-be psychiatry resident.

He was recruiting for his school mental health initiative for Broadleaf Health and Education Alliance, his new but flourishing school health organization in Darjeeling, India. I had initially gone to medical school to combat health disparities within minority populations, and pursued a Master in Education along the way as a tool to further bridge the health access gap.

Mike’s offer seemed to be a great fit given my interests. With the appeal of Mike’s plea, though skeptical of my own capabilities, I decided to join Broadleaf anyway as its school mental health consultant. Still, in my first months with Broadleaf, the question remained - what could I really accomplish?

On reflection over the last five to six years since that offer, I can say that through collaboration and with support from mentors and from institutions such as the University of North Carolina Office of International Affairs, AACAP, and the APA/SAMHSA Minority fellowship, I have been able to accomplish much more than I ever dreamed of as a young medical student. I have had the privilege of creating a new school mental health system for the rural Darjeeling Hills, task-shifting basic behavioral analysis and CBT to classroom teachers and community leaders and targeting struggling children in grades K-4 who would not have access to any men-

tal health care otherwise.

With a few local teachers and Broadleaf’s School Health Advocates (SHAs), who are drawn from local high school graduates and paid to be the front lines of pediatric care, we successfully piloted the first iteration of the intervention in 2016, with continued anecdotal improvement in the lives of struggling children. The APA/SAMHSA Minority fellowship has since been instrumental in the blossoming of the task-shifting system I have created. Concretely, it has provided me with the funding to buy texts to reference as I technically leveled behavior analysis and CBT to a degree of understanding that high school graduates from the Himalayas could learn from and then execute.

The fellowship also allowed me to hire a statistician to help analyze incoming data and design my ongoing, formal proof-of-concept trial. It provided me with many opportunities to network with experts in various psychiatric fields to help me think more deeply and critically about my intervention, making it that much better.

More broadly, support from the APA/SAMHSA Minority Fellowship has enabled me to learn more intricacies and nuances of providing mental health care to minority and low resources populations; this has further informed my bigger picture understanding of how to provide them with more effective and efficient care. The lessons to be learned in improving access to mental health care for minority populations are innumerable, lifelong, and only evident through



iterations of the work. I anticipate being able to draw from these lessons throughout my career. Moreover, the fellowship has enabled me to continue implementing and scaling-up my school mental health system, all but (happily) guaranteeing a career for me in working with minority and low resource populations domestically and internationally.

With a newly found confidence in my ability to bridge the access gap, even by just a step, I look forward to tackling future challenges posed with declarations like Mike’s, drawing from the lessons I will continue to learn in Darjeeling, lessons that will perpetually enrich, in unfathomable ways, my practice of psychiatry with minority populations. 🌱

Christina M. Cruz, M.D., Ed.M., was recently named a UNC OIA Global Health Scholar and awarded the AACAP Pilot Research Award for Junior Faculty and Child and Adolescent Psychiatry Fellows. She serves as a school mental health consultant for Broadleaf Health and Education Alliance and continues to work in global mental health.

Medicare Providers: There is Still Time to Avoid 2019 Rate Penalty

For those of you serving Medicare patients, please take note of this important information that will impact your practice financially.

Merit-based Incentive Payment System (MIPS) payment adjustments begin in 2019, but will be based on your performance score from two years earlier. And it is not too late to make a small effort to avoid a rate cut. **Now is the time to take action to avoid penalties in 2019.**

Action Steps to Take Prior to December 31, 2017

Step 1: Determine If You Must Do MIPS Reporting

Use the Quality Payment Program NPI Look Up Tool to check your participation status. Simply visit <https://qpp.cms.gov/> then enter your NPI number. You may have also received a MIPS Participation/Exemption Letter from the Medicare Administrative Contractor indicating your status.

Many psychiatrists will be exempt from MIPS reporting requirements and payment adjustments this year. The MIPS program only applies to physicians who see Medicare Part B patients or have "non-participating" status in Medicare. You will also be exempt if you see fewer than 100 Medicare Part B patients or have less than \$30,000 in Part B allowable charges per year. It is expected that nearly 50% of psychiatrists will be exempt in 2017.

If you are exempt, you may choose to voluntarily submit data to CMS to prepare for future participation, but you will not qualify for a payment adjustment in 2019.

Step 2: Start Collecting Data

You can begin data collection as late

as December 31, 2017 and still avoid a negative payment adjustment. To avoid 2019 MIPS penalties, **you only need to report one quality measure for one patient.** The APA has developed a list of quality measures relevant to psychiatrists including detailed reporting instructions, <http://tiny.cc/htlxoy>.

For example: *Quality ID 130: Documentation of Current Medications in the Medical Record*

Select a patient aged 18 years and older, then document a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medication's name, dosage, frequency and route of administration.

- eMeasure ID: CMS68v6
- Quality ID: 130
- Quality Data Code (QDC): G8427
- High Priority Measure: Yes
- Measure Type: Process

Step 3: Report Data

Decide how you will report your MIPS data to CMS. Individual providers or group practices may choose to report using any of these methods:

1. To CMS on their Medicare Part B Claims. Reporting via Medicare Claims can be submitted anytime during 2017. If you choose to do claims-based reporting of MIPS quality measures, you must include your selected quality measure(s)

when you file your Medicare claims. See instructions on the next page.

2. To a qualified Registry or a qualified clinical data registry, such as the APA's PsychPro. To learn more about PsychPro visit <https://www.psychiatry.org/psychiatrists/registry>. If you plan on reporting via a registry, you must wait until January 1, 2018 to submit data. The final deadline to submit all data for the 2017 performance year is March 31, 2018.
3. To CMS via a certified EHR technology (CEHRT).

Where Can I Get Help and More Information?

- Participate in the NCPA MACRA Learning Collaborative. The Learning Collaborative has been designed to help NCPA members understand and complete the requirements for MIPS. Our next call will take place on Friday, January 5 from 12:00-1:00pm. Please let us know if you are interested in calling in.
- The APA Payment Reform Toolkit (<http://tiny.cc/evlxoy>) includes detailed fact sheets and links to recorded webinars.
- APA members can consult with APA experts by sending an email to qualityandpayment@psych.org or by calling 1-800-343-4671.
- CMS has many resources on the Quality Payment Program website (<https://qpp.cms.gov/>)
- Send an email to CMS experts at OPP@cms.hhs.gov or speak to someone directly by calling 1-866-288-8292. NCPA staff

called the CMS experts while researching this article and found the experts very helpful!

How to Report MIPS Quality Measures on Medicare Claims

1. Complete boxes 1 through 20 on your 1500 Medicare claims form as you normally would, including box 21, the patient's diagnoses and procedure codes.
2. Find one or more MIPS quality measures by consulting the CMS search tool at www.gpp.cms.gov/measures/quality. Write down the 3-digit quality ID number for each measure you'd like to report.
3. Go to <http://tiny.cc/f420oy> and find the "quality measures specifications" ZIP file, organized by Quality ID number. Download it to your computer and "unzip" it then open the folder.
4. Using the quality ID number(s) you recorded in step 2, find the claims document for each measure you are reporting. Write down the Quality Data Code (QDC) for each measure.
5. On your 1500 claims form, enter the QDC code(s) in box 24D and one cent (\$0.01) in box 24F.
6. Complete boxes 25 through 33 and submit your 1500 claims form to your Medicare Administrative Contractor (MAC).

APA's PsychPRO Makes Quality Reporting Easy

The deadline for signing up with APA's new mental health registry, PsychPRO (Psychiatric Patient Registry Online), to meet quality reporting requirements under the Medicare Quality Payment Program this year is December 15. PsychPRO is a free benefit to NCPA/APA members.

Sign Up Today!

- To track and demonstrate a high level of care
- To reduce the burden of submitting Performance-in-Practice data and obtaining ABPN MOC Part IV credit to maintain board certification and hospital credentialing
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What Psychiatrists Need to Know About...

Christie Burris,
NC Health Information
Exchange Authority

NC HealthConnex
Powering Health Care Outcomes

Having knowledge of a patient's complete medical record at your fingertips can not only help you, it can improve diagnoses and treatment as well as save time and money.

Benefits of Connection

North Carolina's state-designated health information exchange (HIE), NC HealthConnex, helps bridge the gap between behavioral health/IDD providers and other providers with whom they share patients. With 3.9 million unique patient records and over 850 connected facilities and growing, NC HealthConnex links disparate systems and existing HIE networks together to deliver a holistic view of a patient's record. It will allow you to access your patients' comprehensive records across multiple providers, as well as review consolidated lists of labs, diagnoses, allergies, medications and more.

In the general hospital system/primary care environment it is easy to recognize the advantages of accessing a patient's medical record—decreased redundancy of labs and other diagnostic testing; more efficient diagnoses, recommendations and treatment; and improved coordination of care. From a psychiatrist's perspective, where physicians are working to "reattach" the head to the body and dispel stigma about mental illness as well as understand the intersection of all the

systems of the body, NC HealthConnex will provide an invaluable conduit to the clinical information psychiatric physicians may need in assessing and treating your patients, and in providing collaborative coordination of care with your medical colleagues.

The NC HIEA understands the importance of patient confidentiality and is working on technical and consent management strategies that are sensitive to the special confidentiality standards that exist in treating mental illness. In fact, the Authority formed a Behavioral Health Work Group more than a year ago, of which the NCPA is an active member, to provide an educational forum for behavioral health/intellectual disability disorder providers, industry trade organizations, state agency partners, and vendors to work together in a collaborative environment. The group meets quarterly and is working to inform a connection strategy to "onboard" behavioral health providers to NC HealthConnex as well as develop use cases for the integration of physical and behavioral health. If you are interested in learning more about this work group, please email: hiea@nc.gov.

"We have been pleased that the NC HIEA has been receptive to feedback expressed by NCPA and the mental health community and has met with our Joint Insurance Committee several times in the past year

to gain greater understanding of members' concerns," says Robin Huffman, NCPA Executive Director.

Additionally, NC HealthConnex is working on a pilot for clinical notifications. These notifications will allow you to receive alerts when your patients have touched the health system, such as a visit to the ED.

So, how do you connect? The first step is to sign a Participation Agreement with the North Carolina Health Information Exchange Authority (NC HIEA), a state agency that manages NC HealthConnex. There is no cost from the NC HIEA to sign up or connect and use NC HealthConnex. (Note: There may be vendor costs to the Participant, but this varies by EHR vendor.) The Participation Agreement requests that Electronic Health Records/Electronic Medical Records (EHRs/EMRs) are minimally capable of sending HL7 messages, version 2.0 and higher to enable the technical connection and data submission to NC HealthConnex. There are then two ways to access patient records: via the Clinical Portal (a web-based portal), or through your EHR directly (if the EHR is capable of bidirectional integration).

Additional benefits of NC HealthConnex include:

- Efficient access to comprehensive patient records at the point of care

- Elimination of duplicative tests
- Improved coordination across levels of care
- Improved diagnoses and treatment plans
- Access to secure, encrypted email through Direct Secure Messaging
- Access to public health registries
- Access to a directory of over 16,000 provider DSM addresses
- HIPAA-compliant, automated sharing with other providers

State Requirements – What Does the Law Mandate?

All North Carolina providers are eligible to connect and reap the benefits of NC HealthConnex. And, if you receive state funding for the provision of health care services, you must connect by certain dates in 2018 as required by state law.

Specifically, per changes to the law in the 2017 Appropriations Act:

- Hospitals as defined by G.S. 131E-176(3), physicians (licensed to practice under Article 1 of Chapter 90 of the General Statutes), physician assistants and nurse practitioners who provide Medicaid services and who have an electronic health record shall connect by June 1, 2018. This deadline also includes practices that employ or include physicians, physician assistants, and/or nurse practitioners. All three criteria should be met in order to fall under this deadline.
- All other providers of Medicaid and state-funded services shall connect by June 1, 2019.
- LMEs/MCOs are required to submit claims and encounter

data by June 1, 2020.

Additionally, the General Assembly directed the NC HIEA, in partnership with DHHS and the State Health Plan, to conduct a feasibility study that will consider the following with respect to health care providers who fall under the mandate but who do not have the technology to connect:

1. The availability of connection, exchange, and data submission standards established by the Office of the National Coordinator for Information Technology within the U.S. Department of Health and Human Services.
2. The adoption of national standards for the connection, exchange, and data submission standards by provider type.
3. Cost estimates by provider type to connect and submit data to the HIE and any availability of federal or State funds to meet connection or submission requirements.
4. Data captured in the treatment of patients, segmented by provider type.
5. Activity of other states and payor plans with respect to the establishment of an HIE Network.
6. Alternatives

to the connection and submission of demographic, clinical, encounter, and claims data through the HIE Network.

The results of the study will be presented to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Information Technology at the beginning of the legislative short session.

Conclusion

The NC HIEA works directly with its technical partner, SAS Institute, to continually audit, strengthen and optimize the HIE. This helps to ensure the highest levels of patient security, data security and participant satisfaction.

continued on page 11....

LIFE AWAITS.....



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Please note that APA will be closed from December 21 to January 1 while the move is under way. It will be back to business as usual on January 2.

As of January 2, 2018, APA will once again be located in Washington, D.C., after being housed in Arlington, Va., for the past 15 years.

Here is the new address and telephone number:

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

Phone number: (202) 559-3900

(APA's toll-free numbers remain

In anticipation of the end of APA's lease on its current headquarters, APA's Board of Trustees reviewed a number of real estate options and voted in August 2015, to move back to D.C. Trustees selected the location on Maine Avenue because of the favorable terms APA was offered and its proximity to the U.S. Capitol and other agencies and organizations with which APA interacts on a regular basis. The building

is part of a new development called The Wharf that features many state-of-the-art amenities that are not only eco-friendly but also cost-efficient.

"When APA members are in Washington, D.C., we hope they will stop by the new headquarters and visit their professional home," said APA Medical Director and CEO Saul Levin, M.D., M.P.A. "I am very proud of a special room that we designed specifically for members' use—a 'home away from home' in which they can work or relax when in town for leisure or business. Members will also be able to view wall panels that recount APA's history and the history of psychiatry in America and visit the Rare Books Room, where some of APA's treasures will be on display."[†]

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...NC HealthConnex continued from page 9

Over the next two years alone, the NC HIEA expects to connect a majority of the state's health care providers to NC HealthConnex. With access to this breadth of patient data in a consolidated, usable format, imagine the effect these benefits will have on your practice and daily patient care.

The NC HIEA is committed to its vision of linking all North Carolina health care providers, enabling participants to access information to support improved health care quality and outcomes. Let's work together as we all strive to continue to improve health care in our

state. For more information, visit NCHealthConnex.gov.

About the North Carolina Health Information Exchange Authority (NC HIEA) and NC HealthConnex: In 2015, the North Carolina General Assembly established a state-managed Health Information Exchange Authority (NC HIEA) to oversee and administer the NC Health Information Exchange Network (NCGS 90-414.7). Housed within the NC Department of Information Technology's (DIT) Government Data Analytics Center (GDAC), the NC HIEA operates North Carolina's statewide health information exchange--now called

NC HealthConnex. NC HealthConnex is a secure, standardized electronic system in which providers can share important patient health information. The use of this system promotes the access, exchange, and analysis of health information to help improve care coordination, quality of care, and enable better health outcomes.[†]

Nominations Open for 2018 V. Sagar Sethi, M.D. Mental Health Research Award

The Psychiatric Foundation of North Carolina invites you to submit nominations for the 2018 V. Sagar Sethi, M.D. Mental Health Research Award. Nominations will be received through January 15.

The award was established in 2011 through an endowment from the late Dr. Sethi, a long-time psychiatrist in Charlotte and NCPA member.

This national award seeks to honor a scientist for significant contributions to basic research in the neurosciences, psychology, or pharmacology at a molecular, cellular or behavioral level. The awards criteria include:

- Significant contribution to basic research
- Research has had a significant impact or is highly likely to have a significant impact on clinical psychiatric care

- The nominee is a physician or Ph.D. who is conducting active research in the United States.

To nominate a candidate for the 2018 Sethi Award, please send the nominee's name, complete mailing address, email address and CV, along with a one-page letter of nomination by January 15, 2018.

Self-nominations are not accepted, however, the nominee can assist in providing information.

Send nominations by email to info@ncpsychiatry.org; fax: 919-851-0044; or mail: Psychiatric Foundation of North Carolina, Attn: Sethi Award Selection Committee, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606.

The winning candidate will receive \$5,000 and travel support to attend and present a lecture during the NC Psychiatric Association's Annual Meeting & Scientific Session,

held in Asheville, NC, September 27-30, 2018.

While only in its seventh year, the V. Sagar Sethi, M.D. Mental Health Research Award has already seen six outstanding researchers honored: Patrick Sullivan, M.D. from the University of North Carolina – Chapel Hill; Charles Nemeroff, M.D., Ph.D. from the University of Miami; P. Jeffrey Conn, Ph.D. from Vanderbilt University; Nora Volkow, M.D. from the National Institute on Drug Abuse; Helen Mayberg, M.D. from Emory University, and David A. Lewis, M.D. from the University of Pittsburg.

We encourage you to identify and nominate a qualified candidate for this prestigious award by the January 15, 2018 submission deadline.

For more information visit www.ncpsychiatry.org/sethi-award.

NCPA Announces 2018-2019 Slate of Officers

Voting begins in January

In accordance with NCPA's Bylaws, all voting members will receive election materials in January. Again this year, in an effort to make voting more convenient, we will offer electronic voting to all eligible members who have an email address registered with NCPA. Electing leadership for the association is one of your most important duties as a member of NCPA. Please read the election letter and ballot carefully and submit your anonymous vote by the deadline indicated in the voting materials.

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

President-Elect: Jennie Byrne, M.D., Ph.D., D.F.A.P.A.

Vice President: Zachary Feldman, M.D., F.A.P.A.

Secretary: Alyson Kuroski-Mazzei, D.O., F.A.P.A.

Treasurer: Christopher Myers, M.D., D.F.A.P.A.

Councilor at Large: Robin Reed, M.D.

Councilor at Large: Constance Olatidoye, M.D.

APA Assembly Representative: Manny Castro, M.D., F.A.P.A.

Please contact the NCPA office with any questions, 919-859-3370 or info@ncpsychiatry.org.

Four NC Programs Hit 100% Club

The APA established the 100% Club to encourage residents throughout the United States and Canada to become APA members and take advantage of the variety of membership benefits available to them.

NCPA is excited to announce four out of the six residency programs in the state are in the 100% Club! Congratulations to the residency programs that have achieved 100% Club status!

The Platinum Level is the highest level of membership in the 100% Club—these are programs that have remained at the 100% Club Gold Level for the past five consecutive years. Gold Level programs have 100% of their residents as APA members. Silver Level programs have 90 to 99 percent of their residents as APA members, and Bronze Level programs have 80 to 89 percent of their residents as APA members.

Platinum Level

Wake Forest University School of Medicine

Gold Level

Carolinas Medical Center

Mountain Area Health Education Center

Silver Level

Duke University Hospital

The benefits of 100% Club membership, revamped for the 2016-2017 academic year, are designed to support the educational and career-development needs of psychiatry residents and build a collaborative community of psychiatric programs. More information can be found at psychiatry.org/100club.

This past February, Saul Levin, M.D., (pictured below) APA Medical Director and CEO, presented a grand rounds at Wake Forest University School of Medicine as part of their platinum level benefits.

Resident Benefits

- SET for Success, featuring more than 60 free on-demand courses on the APA Learning Center
- A unique practice resource gift
- Priority access to new learning formats on the APA Learning Center
- Priority access to moderator positions at the Annual Meeting and IPS: The Mental Health Services Conference (includes

meeting registration reimbursement)

Program Director Benefits

- Access to SET for Success courses (including free CME credit)
- A unique practice resource gift
- Welcome kits for all incoming chief residents
- Exclusive to Platinum Level: on-site grand rounds presentation with an APA leader/expert

Community Benefits

- Recognition in *Psychiatric News*
- Recognition certificate for the residency program
- Opportunity to showcase program highlights in *Psychiatric News*
- Access to opportunities and special events to engage with other programs

The deadline for enrolling residents is December 31, 2017 in order for a training program to qualify for the 100% Club membership. Contact us to learn more! 🌱



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

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

One way the Foundation works toward this goal is by sponsoring psychiatric residents (RFMs) to attend the NCPA Annual Meeting & Scientific Session. This year, the Foundation paid the registration fees for 40 RFMs to attend the Annual Meeting and awarded three monetary awards for the Annual Poster Session. While continuing this tradition is a goal for both NCPA and the Foundation, the donations that fund their attendance have not kept pace. Are you able to make or increase your current contribution to sponsor a resident? As you consider your year-end donations to charitable organizations, please include the Psychiatric Foundation of North Carolina.

In addition to sponsoring residents, the Foundation also recognizes researchers who make outstanding contributions to the field of mental health research through the Eugene A. Hargrove, M.D. Mental Health Research Award and the V. Sagar Sethi, M.D. Mental Health Research Award. This year, the Sethi Award was presented to David A. Lewis, M.D. for his research on the neural circuitry basis for the core clinical features of schizophrenia, and the Hargrove Award was presented to Lars Fredrik Jarskog, M.D. for his research on schizophrenia.

We were fortunate that this year both recipients presented a lecture at the NCPA Annual Meeting, and as a result, attendees benefit by learning directly from world-class researchers each year.

Earlier in the year, the Foundation finished a multiyear project publishing *Cannabis Use and Mental Health: A Critical Review of Risks and Benefits*. The monograph was written by members of the NCPA Addiction committee, it is intended to meet the need for a summary statement of what is known from scientific research efforts about the effects of use of cannabis products on the mental health of those who are using at varying ages and levels of vulnerability. The monograph is now available on Amazon (<http://tiny.cc/monograph>) and at Barnes and Noble.

The Foundation also sponsored a networking reception following the first statewide Stepping Up Summit, that attracted 200 mental health professionals, law enforcement officers and elected officials to hear from national and state speakers. Stepping Up is a national initiative with the APA Foundation as a primary partner. At last count, 42 NC counties have passed resolutions to commit to reducing incarceration of citizens with mental illness and addictive diseases.

Tax-deductible donations may be made online at www.ncpsychiatry.org/make-a-donation or by mailing a check to the Psychiatric Foundation of North Carolina, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606. You may also choose to contribute while paying your annual NCPA/APA dues.

Thank You 2017 Foundation Supporters!

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Theresa Yuschok, M.D.

2017 Membership Report

New & Reinstated Members

Maria Aguilar Donis, M.D.
Lalita Akers, M.D.
Fernando Cobos, M.D.
Ronit Dedesma, M.D.
Cheryl Dodds, M.D.
Alexander Eksir, M.D.
Dawn Fyer, M.D.
Carol Gibbs, M.D.

Predrag Gligorovic, M.D.
Celeste Good, M.D.
Marilyn Granger, M.D.
Elizabeth Hill, M.D.
Darlene Ifill-Taylor, M.D.
Archana Kumar, M.D.
James Lefler, M.D.
Amy Newhouse, M.D.

Anne Richardson, M.D.
Amishi Shah, M.D.
Steven Szabo, M.D.
Carol VanderZwaag, M.D.
LaKeisha Watson, M.D.
Jiang Wei, M.D.
Kimberly Willis, M.D.
Sheue-Mei Wu, M.D.

New Resident-Fellow Members

Fouad Alami, M.D.
Jessica Allen, M.D.
Melinda Asbury, M.D.
Mihika Batavia, D.O.
Alexandra Bey, M.D.
Rebecca Bottom, M.D.
Thomas Campbell, M.D.
Sheritta Carmichael, M.D.
Avee Champaneria, M.B.B.S.
Margaret Cinderella, M.D.
Nkechi Conteh, M.B.B.S., M.P.H.
Stephanie Cripps, M.D., M.S.
Nickolas Culpepper, M.D.
Ayeh Darvishzadeh, M.D.
Requita Demery, M.D.
Aaron Feiger, M.D.
Desmina Friday, M.D.
Rachel Frische, M.D.

Jennifer Hamilton, M.D.
Maureen Hayes, M.D.
Susmita Hazarika, M.D.
Neha Husain, M.D.
Steven Khoubian, M.D.
Sarah Kim, M.D.
Matthew Krause, D.O.
Cecilia Lau, M.D.
Kayla Lyon, M.D.
Nandhini Madhanagopal, M.D.
Ronald Magee, M.D.
Afrayem Morgan, M.D.
Sandra Morris, M.D.
Mohammad Mubbashar, M.B.B.S.
Sarah Nelson M.D.
Thai Nguyen, M.D.
Nona Nichols, M.D.
Sara Olack, M.D.

Christine Pao, M.D.
James Perry Mayo, III, M.D.
Tony Pham, M.D.
Sean Prater, M.D.
Shazma Rajani, M.D.
Veronica Ridpath, D.O.
April Schindler, M.D.
A. Scott Parker, M.D.
Raj Shah, M.D.
Hira Silat, M.D.
Colin Smith, M.D.
Michael Sun, M.D.
Vijay Swahari, M.D.
Caitlin Tillberg, M.D.
Sravanthi Utpala, M.D.
Jason Yan, M.D.
Jonathan Young, M.D.
Hiba Zaidi, M.D.

Members Transferring In

Satwant Ahluwalia, M.D.
Heather Anne Laughridge, M.D.
William Cannon, M.D.
Julie Chilton, M.D.
Brandon Corbett, D.O.
Brent Coyle, M.D.

Krystle Graham, D.O.
Nathan Harper, M.D.
Jason Jerry, M.D.
Srinivas Kolipaka, M.D.
Rhonda McMillian, M.D.
Nadia Meyer, M.D.

MM Naveen, M.D.
Ikenna Obasi, M.D.
Moira Rynn, M.D.
Layla Soliman, M.D.
Michael Stevens, M.D.
Nina Yokochi-Funkhouser, D.O.

Members Transferring Out

Mandeep Bagga, M.D. (CA)
Leah Fennel Barahona, M.D. (SC)
Alycia Brown, M.D. (IN)
Oliver Glass, M.D. (GA)
Doris Iarovici, M.D. (MA)
Lisa Lindquist, M.D. (AK)
Reina Maeda, M.D. (WA)
Saif-Uddin Mohsin, M.D. (PA)

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Laura Willing, M.D. (DC)



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

Calendar of Events

December 21, 2017

Addictions
Committee Meeting

January 5, 2018

MACRA Learning Collaborative

February 3, 2018

Executive Council
Raleigh, N