

NCPA NEWS

North Carolina Psychiatric Association

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

From the President.....

A Critically Important Time for Medicine and Psychiatry

John Gilmore, M.D., President



As we begin the New Year, we are in the midst of significant and major changes in the health care system, both at the state and national level, against what has come to be the normal constant state of change in North Carolina's mental health system. There is enormous pressure to control costs and reimbursements to doctors. With the realization that psychiatric illness

is a major contributor to medical morbidity and cost, there is a real push to integrate psychiatry with the health care system as a whole. Psychiatrists will be expected to be part of large accountable care organizations and a reimbursement system that is based on outcomes, not the traditional fee for service. There is a new emphasis on objective, quantifiable outcomes and on an electronic medical record. Finally, a Medicaid waiver program is being rolled out in North Carolina that will have huge implications for how we care for patients in the public mental health system.

At last year's Harvard Medical School graduation, Dr. Atul Gawande observed that we are at a "cusp point between generations of doctors." Doctors used to be independent cowboys, but are now expected to be part of a pit crew, part of a larger, efficient and integrated system. And while I do not think psychiatrists are typically confused with cowboys, we have been isolated from the larger medical care system, and it will be a change and a challenge to become part of this new pit crew.

Thanks to the hard work of NCPA's leadership and members over the past several years, we are being asked to be LEADERS in the changing system – leaders in CABHAs, in CCNC Networks, and in State policy discussions. We are being asked to be at the table as the new system is constructed, but this requires we figure out how to be at the table and how to get the information we

need to make good decisions and recommendations. As an organization, we are being asked to do more than we have ever done. Our old ways of doing things aren't working so well. Our Executive Director, Robin Huffman, is finding it harder and harder to be at all the meetings and to get the information we need to make informed decisions.

The Executive Committee has discussed ways of addressing these exciting new opportunities and is in the process of developing a strategic plan and identifying high priority goals. To help with all that NCPA is being asked to do, we need to reorganize and re-invigorate NCPA's committee structure. We need fewer, more active committees addressing NCPA's strategic goals.

Let's be clear this is a critically important time for medicine and psychiatry. We can help determine what our profession will look like in the future. We need help from our members - your expertise, your passion, your time, and your body (to be at meetings). We all have full-time jobs, and NCPA's leadership is working to structure things so our time can be used as efficiently and effectively as possible. Don't be intimidated: there is nothing magical about committee work. It can be fun, something completely different from our day jobs, and a chance to learn something new. Help NCPA ensure good care for our patients, re-establish the relevance and importance of psychiatry as a specialty in the house of medicine, and let everyone know that we are, if not cowboys, a force to be reckoned with as the new healthcare system is developed.



Inside This Issue

Psychotropic Medications	Page 2
Medicare SGR Update	Page 3
Waiver Advisory Group	Page 5
Social Media	Page 6
Sethi Award	Page 11

The Cost of Psychotropic Medications

By Richard Brunstetter, M.D., D.L.F.A.P.A.

We live in an era of increasing utilization of medications. There is at least one drug and often many more for every disorder, and not infrequently it is what patients prefer in the way of treatment. However it is probably safe to say that many prescribers don't have up to date and accurate information about cost. Certainly the drug companies don't make a big point of discussing cost, and there may not seem to be a reason for the practitioner to find out. After all, it's paid for by insurance, it's covered by Medicaid or Medicare. You can get it free on the Internet. WalMart can supply it for much less. Why worry?

NC Medicaid is now spending in the neighborhood of \$300 million dollars on psychoactive drugs! That's a lot. Particularly it's a lot in current times when economic problems are being felt widely across the nation and in the state. The North Carolina legislature imposed a wide array of cuts in its 2012-13 biennial budget. The feeling was that the state had been overspending for many years, and that revenue and other resources were diminishing to the point where reductions were mandatory. For Medicaid, the cuts amounted to about \$360 million a year. Furthermore, because Federal approval or disapproval for the elimination or reduction of programs takes 3-6 months, the meter is still running and, consequently, it will cost another \$150 million before anything can be done. Tough times!

We need to be thinking about the cost of drugs as well as effects and side effects. Clinical judgment as to what is the best agent in any given situation remains the primary consideration, but when there is more than one possibility for beginning treatment and cost varies considerably over time, it is a factor to be considered.

Medicaid recently completed an analysis of paid claims for drugs. There are many interesting findings. Two drugs, Aripiprazole and Quetiapine (Abilify and Seroquel), account for \$100 million of the total of \$300 million! Why??

The entire analysis is available on the DMA website. It lists costs for brand name drugs and generics where available for an array of clinical disorders: ADHD, Anxiolytics, Benzodiazapines, Biopolar Disorder, Antidepressants and Antipsychotics. A lot of good information.

The gist of it is as follows:

- The ADHD drugs run between \$100 and \$200 a month. The only generic thus far is similarly priced for the time being.
- The Anxiolytics (Hydroxyzine, Buspar) are inexpensive, and the Benzodiazapines cost even less.
- The Bipolar drugs, except for Trileptal which isn't very expensive anyway, are all available in low cost generic form.
- Of the Antidepressants
 - The MAOI's cost about \$100/month
 - Wellbutrin, Remeron, and Trazadone can be had in generic form and are not costly
 - The SSRI's and SSNRI's, except for Cymbalta and Pristiq, are older, established drugs and are available as low cost generics
- Tricyclics are also generic and inexpensive.
- The First Generation Antipsychotics, when used, are generic and inexpensive.
- The Second Generation Atypical Antipsychotics account for most of the psychotropic costs. Risperdol is available as a generic, which reduces the cost from \$360 to \$21.75 (except for special preparations).
- Zyprexa has just gone generic but for the first six months or so is still retailing at \$440 per month. All the rest are in the \$5-700/ month range and are heavily prescribed.

That's basically what the cost situation looks like. Please do check the DMA and NCPA websites for details. Our goal is to bring this information to the attention of as many prescribers as possible. Information and education modify behavior. Medicaid is a big, sprawling, wonderful program that provides health care to upwards of a million and a half needy and disabled persons in the state. Efficacy and side effects, along with a lot of other clinical factors, go into decisions about prescribing psychotropic drugs and can outweigh questions of cost. But in so far as savings can be realized, it will make resources available for many people whose needs are great.

Dr. Brunstetter is a member of the NC Medical Care Advisory Commission and NC Rules Commission for MH/DD/SAS.



Medicare - What's Next?

Medicare cuts still await their fate as Congress convenes in January. At the 11th hour, December 23, both the House and Senate approved, by unanimous consent, a compromise two-month extension of expiring provisions—including a postponement of the 27% Medicare “SGR” payment reduction scheduled for January 1, 2012. Congress will now have time to work out a long-term postponement or fix of the SGR problem. While less than ideal, congressional action means that APA members should not see any reductions in their Medicare payment rate the beginning of January.

The APA has partnered with the American Medical Association, state affiliates, and other national medical specialty societies in this coordinated call to action to convince Congress to shift the focus from payment cuts to reforms that will stabilize the Medicare program.

Unless a gridlocked Congress issues a reprieve to the Medicare cuts or works out a better plan within the two-month reprieve, nearly 650,000 doctors nationwide, caring for millions of seniors will get a steep cut in Medicare payments. We also fear this cut could impact private insurance contract rates that are tied to Medicare rates.

According to APA, the recurring threat of cuts to doctors is perhaps the most visible symbol of Medicare's financial problems. Reductions are required by a 1990s budget law that failed to control spending but never got repealed. Instead, Congress passes a temporary fix each time, only to grow the size of cuts required next time around.

In an interview, Jonathan Blum, deputy administrator of CMS' Center for Medicare, said that the "conversion factor" -- the dollar multiplier used to calculate physician payments under the current reimbursement system -- will be cut by an estimated 27% in 2012, from \$33.98 to \$23.94.

The cut is mandated by the sustainable growth rate (SGR), a formula that ties physician reimbursement to the gross domestic product; the SGR has called for cuts in pay every year since 2002. Every year since 2003, Congress has voted at the last minute to push those cuts down the road.

Blum said the most recent bill passed by Congress to keep payment rates steady for an entire year is "critical," but not enough. "This short-term relief has been critical — but so too is a long-term solution," he stated. "We will continue to work with Congress to fix this untenable situation so doctors no longer have to worry about the stability and adequacy of their payments from Medicare."

The across-the-board Medicare physician pay reduction scheduled for 2012 shrank slightly from projections made earlier in 2011, but doctor organizations said the cut still would be catastrophically large. A 27.4% reduction to doctor pay would have devastating consequences on all physicians and the millions of patients who rely on

the insurance program for coverage, patient advocacy associations and organized medicine groups have warned. Beneficiaries would suffer from not being able to see the doctors of their choice, and physicians would weigh leaving the program and perhaps closing their doors.

"Many physicians are already struggling with inadequate Medicare payment rates and the ongoing threat of future cuts from this broken physician payment formula," said Peter W. Carmel, M.D., past president of the AMA. "Payments for Medicare physician services have fallen so far below increases in medical practice costs that there is a 20% gap between Medicare payment updates and the cost of caring for seniors."

To stay up-to-date with Medicare issues and Medicaid, be sure to go to the NCPA website for more information at <http://www.ncpsychiatry.org/Medicaid.html> and <http://www.ncpsychiatry.org/Medicare.html>. You can also get information sent to your email address. Be sure that NCPA has your current email address to send you alerts and information in our bi-weekly E-Newsletters.



Can You Give an Hour? Care For Our Service Men and Women

NCPA members are being asked, "Can you give an hour?" According to Barbara Van Dahlen, Ph.D., president and founder of Give an Hour™, "Over 2 million troops have been deployed in Iraq and Afghanistan thus far and though not all of them will return with trauma from what they experienced, most will return affected. It's estimated that their experience will also affect at least ten people within their social networks — spouses and significant others, children, mothers, fathers, and friends — which means some 20 million people right now could potentially benefit from access to mental health services."

Accessing these services is another story. Cost is always an issue, as well as the traditional reluctance of the military culture to embrace the need for mental health services. It's changing, but not at a pace that (at least so far) has kept up with the level of need.

Give an Hour, founded in 2005, has created a network of volunteer mental health professionals pledging an hour a week of their services, free of charge, to members of the military—including active duty, reserve, and guard—veterans of Afghanistan and Iraq, their families, and their communities. Services range from one-on-one counseling to substance abuse treatment, addressing the many needs of the individuals and families of the armed services. The

Continued on Page 7

North Carolina News

Secretary Cansler Resigns, Delia Appointed

Health and Human Services Secretary Lanier Cansler is leaving Gov. Beverly Perdue's Cabinet at the end of the month to return to the private sector. Perdue announced Friday, 1/13, that Cansler, a Republican in a Democratic administration, would head a new commission that the governor has yet to assemble on affordable health care in the state.

The governor's senior policy adviser - Al Delia - will become acting HHS secretary early next month. The department receives \$4.5 billion in state funds, or nearly one-quarter of the state's budget, to run Medicaid, mental health facilities, social services and other health programs. Cansler's last day will be Jan. 31, according to department spokeswoman Renee McCoy.

Cansler was quoted in Perdue's release as saying he had been honored to serve on Perdue's staff "as she steered the state through incredibly difficult times and stabilized North Carolina's fiscal house." "We cut spending, eliminated waste and consolidated agencies - all to make state government more efficient without neglecting our core mission of serving the people," Cansler, 58, said in a prepared statement.

Perdue said in the statement she will miss Cansler's "calm, wise advice" but that she would "continue to rely on his counsel." "The state is better for his service," she added.

Delia, a former East Carolina University administrator, is a "trusted adviser" to Perdue who will be ready to go to work when he assumes the post, Perdue spokesman Mark Johnson said. Asked why Delia was named an acting replacement, Johnson said Delia and the governor "will assess the long term leadership needs and structure at the department."

(Gary D. Robertson, The Associated Press 1/13/12)



Disability Rights Issues Report on Children

Disability Rights North Carolina (DRNC) is calling on state officials to provide necessary services to North Carolina's children with complex needs, following an investigation that revealed a lack of available mental health services, long waits in emergency rooms, hospitalizations or placements hours away from home, and institutionalization out-of-state. One 11-year-old child was subjected to excessive doses of medication leading to physical harm. Another was subjected to restraints in a state hospital that led to bruising on his arms, legs and

torso.

"These are not isolated cases. Sadly, they are examples of what happens everyday to North Carolina children with complex needs," said Vicki Smith, executive director of Disability Rights NC. "The state knows what to do, yet does not do it. Our children deserve better."

DRNC issued a report in January entitled, "Kids Caught in a Double Bind: North Carolina's Failure to Care for Children with Dual Disabilities," highlighting four cases. The report claims the children's experiences would have been different if the State's System of Care model had been implemented. This model requires community-based services be tried before more restrictive out-of-home placements. Funding cuts and a failure to hold the state's Local Management Entities (LMEs) accountable make implementation of the System of Care model nearly impossible. The report is available on the NCPA website.



State Medicaid Recredentialing has Begun!

CSC, the Enrollment, Verification and Credentialing (EVC) vendor for the N.C. Medicaid Program, must recredential active Medicaid providers every three years to ensure that provider information is accurate and current. The recredentialing process includes a check of criminal background, credentials, and qualifications to ensure providers continue to meet N.C. Medicaid participation guidelines. You can complete the recredentialing process entirely online! To make the process as simple as possible, an online recredentialing application has been pre-populated with the information CSC currently has on file for the provider. When the recredentialing process is scheduled to begin, providers will receive a Recredentialing Invitation that contains a personal Recredential ID, information about obtaining an NCID and detailed instructions for accessing the online application. Simply verify the Medicaid Provider information and provide any additional information requested within thirty (30) days of receiving your invitation.

If you have questions regarding the recredentialing process, please contact the CSC EVC Center at 1-866-844-1113 or by email at NCMedicaid@csc.com.



North Carolina News

Naftel Appointed to Waiver Advisory Group

By Robin Huffman, Executive Director, NCPA

Waiver (wā'ver), n. 1. an intentional relinquishment of a claim or right.

Psychiatrists need to get used to this word, “waiver.” In the context of the mental health delivery world, it means that certain federal Medicaid requirements are waived and services can be delivered in a fashion approved by the Centers for Medicare and Medicaid (CMS). The NC General Assembly last session passed legislation to require that the entire state deliver its Medicaid services in a fashion modeled after PBH (formerly Piedmont Behavioral Health LME) by 2013.

The PBH model is a managed care, capitated carve-out that allows PBH to contract with only the providers it wants to include in its network, to manage care as it deems clinically necessary, and to set its own pricing and rates for services. It can even use its savings to provide other, additional services to the patients who are its “covered lives.”

It can be a good thing—PBH is no longer forced to include “any willing provider” into its network, regardless of quality. Or it can be a bad thing—will there be too much of an incentive to save money at the expense of patient care? It depends on your perspective. Regardless, the state is now moving to have every LME become either an “LME/MCO” or to merge with another LME/MCO.

More than a year ago, NCPA was told by DHHS Secretary Lanier Cansler that he intended to move slowly with the waiver concept so that its success and consequences could be adequately evaluated. The move by the legislature sped up this plan. When this change was being considered, NCPA sent letters to Secretary Cansler and to the Governor to outline psychiatry’s concerns and included specific questions that members had raised about the move to waivers. (These letters and the list of questions are posted on the members-only section of the NCPA website.)

The state Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) has crafted a plan for its role in the implementation process. One of those actions is to create a Department Waiver Advisory Committee, currently called DWAC. NCPA is pleased to announce that **Jack Naftel, M.D.**, one of two members NCPA nominated, has been appointed to the group. NCPA was glad that the makeup of the group leaned heavily to consumers. We did, however, strongly urge the Department to choose at least one clinician in the group.

We are grateful for the Department’s apparent respect for our argument and its inclusion of a clinician (a psychiatrist

at that!) to the DWAC. We appreciate as well that DMHDDSAS named **Nnenna Lekwauwa, M.D.** as one of its representatives to the working group. And all of us are indebted to Jack Naftel for his willingness to serve in this capacity. DWAC meetings began January 24 and are open to the public. We will try to have these meeting dates on the NCPA website calendar. The DMHDDSAS waiver page on its website can be found at: <http://www.ncdhhs.gov/mhddsas/providers/1915bcWaiver/index.htm>. ☞

From the Office of... MHDDSAS Medical Director

By Ureh Nnenna Lekwauwa, M.D., D.F.A.P.A.,
Medical Director NC DMHDDSAS

As mentioned above, the expansion of Medicaid waivers sites across the state and the transition of Local Management Entities (LMEs) into LME/MCOs (Managed Care Organizations) was mandated by the General Assembly last summer. The Division of MHDDSAS and the Department of Health and Human Services (DHHS) have been planning for the implementation of this major change to the public mental health delivery system. Here is an update of the waiver progress so far:

Alamance/Caswell merged with PBH October 2011
Western Highlands became the second LME/MCO to enter the waiver world with MCO operations that started January 3, 2012

Five County merged with PBH January 1, 2012
East Carolina Behavioral Health to become an LME/MCO April 1, 2012

OPC to merge with PBH April 2012
Sandhills Center and Smoky Center to become LME/MCOs July 1, 2012

Pathways, EastPointe, The Durham Center/Wake County Entity, Mecklenburg, CenterPoint Human Services and **Southeastern Center** each become LME/MCOs by January 1, 2013

Emergency Department Waits Studied

Last spring DHHS asked DMHDDSAS to convene a stakeholder workgroup to develop recommendations for reducing the number of patients entering into and being boarded in North Carolina community hospital emergency departments. The final report has been published and is available on the website. (There is also a link on the NCPA website.) <http://www.ncdhhs.gov/mhddsas/services/crisisservices/edlengthofstayplan.pdf>

“Incident To” Billing

Questions have been asked recently about “incident to” billing. The most current information about this topic is on the NC Medicaid website in its Policy 8C.” Read section 6.2, pages 8-10. <http://www.ncdhhs.gov/dma/mp/8C.pdf>. ☞

Safety and Security Issues with the Use of Social Media

By Kristen Lambert, JD, MSW, LICSW

Social media impacts us personally and professionally on a daily basis. Most of us could not have envisioned the effect that social media has had upon us within the healthcare sector, including the field of psychiatry. In the coming years, social media use will only increase, potentially causing risk management and legal concerns within your practice. Although there is minimal case law of statutory regulations nationally concerning social media, it is anticipated that legal challenges will arise.

There are a multitude of issues when using social media including boundary issues, ethical issues, confidentiality issues, standard of care issues, and privacy issues. This column will address specifically safety and security of patient information with respect to the use of social media.



Social media refers to the use of web-based and mobile technologies to turn communications into an interactive dialogue. Social media is used to connect individuals with each other in an online format. It can take on a variety of forms including electronic mail, Facebook, MySpace, Google+, LinkedIn, Twitter, YouTube, Skype, Foursquare, blogs and on-line dating sites. The use of social media spans across all ages and all professions, including psychiatry.

A critical issue when accessing or using a social media site when communicating with and about patients, is the degree of privacy and security available within that medium. As you all know, patients are entitled to confidentiality and whichever form of social media outlet you use, it remains of the utmost importance.

The use of social media could potentially expose you to liability under HIPAA privacy laws. Consider if one of your office staff breaches HIPAA when posting information online concerning a patient. For example, your office assistant dealt with a difficult patient and later that day posts on Facebook about his/her interaction with the patient. Although you may not have interacted with the patient directly, may not have been in the office at the time and may not have observed the interaction, this posting

could expose you to liability. Not only could a post like this result in a breach of privacy under HIPAA, the Federal Trade Commission could impose liability. (FTC may impose liability upon businesses for statements made by their employees on social networking sites even if the company itself had no actual knowledge.)

There are a number of other ways privacy could be breached by the use of social media, such as the use of Skype. Since the inception of Skype's video conferencing in 2006, it is becoming more widely used in healthcare, including within the behavioral health sector. If using Skype in treatment of patients, there are certainly a variety of risk management and legal issues concerning safety and security. First, how are you visualizing the patient and what safety precautions do you have in place in the event that something adverse were to occur? Further, how do you know that it is a secure connection? Skype claims to be secure and encrypted; however, it is impossible to verify that the algorithms are used correctly, completely and at all times. Skype has been found to have a number of security issues.

Security issues can also occur with use of other forms of social media, including use of Facebook and email. One case involves a Rhode Island physician who was reprimanded by the state licensing board and her privileges were revoked due to posting information online. The physician did not include the patient's name; however, sufficient information was conveyed such that others within the community would be able to identify the patient. Another case from California involves patient communication with a therapist through a work email account. The California Appeals Court found that the patient's communication with her therapist may lose protection under patient-therapist privilege when there is a transmission from a workplace device. These cases involve very distinct and separate issues with different forms of social media but are examples of how issues may arise when engaging in online communication.

While this column touches upon some safety and security issues when using social media, it does not constitute an exhaustive list of issues to consider. Social media is a moving target that evolves with every click, post and blog. Engaging in the use of social media should not be entered into lightly, and its impact on psychiatry is far-reaching.

Author Kristen Lambert, JD, MSW, LICSW, is Vice President of Healthcare Risk Management for AWAC Services, a Member Company of Allied World.



Drug Shortages - Not Just a Psychiatric Problem



Drug shortages are not only frustrating, but also a potential patient safety issue. Patients are at risk when prescribers must use unfamiliar alternative agents. The dosing, adverse effects, and drug interactions for these alternative agents may be quite different from the product they are used to using. Medication shortage is not new news, but organizations (APA, AMA, etc.) are leading the effort to get the FDA to do something about it.

Shortfalls in drug supply have increased in the United States, with 178 shortages of products reported in 2010, up from 61 in 2005, according to Dr. Edward Cox, coordinator of the FDA's drug shortage program. Disproportionately affected are generic drugs and sterile injectable products.

Very often, drug shortages have been due to manufacturing quality problems. Other reasons cited include drug industry consolidation and business decisions to discontinue production. In many situations, there's a clear window of opportunity for drug makers to send news of a potential shortage further down the supply chain.

According to the AMA, "A comprehensive approach is needed to resolve the shortage situation, one that provides systematic changes and offers an early warning system when drugs grow scarce." Along those lines, the AMA House of Delegates in November declared this issue to be a national public health emergency and directed the AMA to advocate that the FDA or Congress require drug manufacturers to create a continuity plan to supply vital and life-sustaining medications and vaccines.

Psychiatric/ADHD Drugs:

While the FDA monitors the safety and supply of the drugs, it is the DEA that accepts applications from manufacturers to make the drugs, analyzes how much was sold the previous year, allots portions of the expected demand to various companies, and then sets manufacturing quotas that are designed to control supplies and thwart abuse. How each manufacturer divides its quota among its own medicines, preparing some as high-priced brands and others as cheaper generics, is left up to the company.

The FDA reports that Adderall and other medications used to treat attention deficit hyperactivity disorder (ADHD) may be in short supply this year. However, since some higher-priced pills appear to be readily available, DEA believes that ADHD drug supplies are adequate. Some sources attribute the supply disruptions to decisions made by manufacturers to produce smaller quantities of the lower-priced generic versions of their drugs.

In addition, shortages of amphetamine-based drugs like Adderall have become so endemic that many doctors switched patients to methylphenidate-based drugs like

Ritalin, creating shortages among those medicines as well, according to the FDA.

Manufacturers are not required to report information, such as reasons for shortages or the expected duration of shortages. However, many companies voluntarily provide shortage information that FDA posts on its website. <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/default.htm>

NCPA members have contacted the office in recent months about the drug shortages in their areas of the state. **Carey Cottle, M.D.** was featured recently on his local television news station in Greensboro discussing the issue. Please keep NCPA posted on what you and your patients are experiencing in the coming months.

Information for this article was collected from APA, AMA, FDA and DEA sources.



Give an Hour - Continued from Page 3

approximately 6,000 licensed mental health professionals working with Give an Hour™ have contributed tens of thousands of hours to support our troops and their families. These volunteers include psychiatrists, psychologists, social workers, pastoral counselors, and other mental health professionals from across the country—in all 50 states, Washington, D.C., Puerto Rico, and Guam.

Give an Hour is a partner with the APA, and our members, are being asked to commit to giving an hour of your time each week, for a minimum of one year, to provide free mental health services to military personnel and their families. Psychiatrists are asked to provide the type of services you currently provide in your offices, as well as (if you choose) to give an hour to engage in public education and to provide consultation to other agencies and organizations tasked with responding to the needs of our military community.

Their web site, www.giveanhour.org, allows veterans and their families seeking support to enter their zip code and search for available providers in their area; even if there aren't mental health professionals volunteering in that region, there are services available by telephone. The web site also makes it easy for mental health professionals to join the network and provides materials, links to articles, and resources on mental health and the military. While no additional training is required, a variety of training opportunities to professionals who might be interested. In addition, participants will have the opportunity to interact with each other, to share information about their experience and to seek feedback and additional resources.

Visit www.giveanhour.org to learn more about becoming a Give an Hour provider.



NCPA Committee Updates

NCPA Clinical Committee

By Khalil Tanas, M.D., D.L.F.A.P.A., Chair

The Clinical Committee met in September, and the following drug issues were discussed:

- Citalopram should not be used at a dose larger than 40 mg per day on a routine basis. Citalopram causes dose dependent QT interval prolongation and arrhythmias including Torsade de Pointes, which can be fatal. The dose to treat PTSD may be as high as 60 mg/day. Patients with underlying heart conditions as well as those with hypokalemia are especially susceptible to this. The recommendation was to have an EKG, informed consent and, if possible, to lower the dose to 40 mg or below.
- Current drug shortages include Prolixin-Decanoate. Reason for the shortage is that Teva/Sicor discontinued production of Prolixin Decanoate in 2007 for unknown reasons. Apotex also discontinued the same medication for unknown reasons. Bedford discontinued Prolixin-Dec in May 2011 for unknown reasons. Only APP continues to produce Prolixin-Dec, but, is in short supply due to increased demand. The recommendation is to not initiate any new patients on Prolixin-Dec until supplies are available for all patients, and if there are patients not responding to Prolixin-Dec, now is the time to consider other options. Oral Prolixin and parenteral Prolixin HCl are not affected by this shortage. Related shortages are Haldol-Decanoate and Trazodone Tablets.
- Hyponatremia is often observed in some of our patients who are elderly. This may occur as a result of treatment with SSRIs and SNRIs. The risk is greater in the elderly and those on diuretic medication. Signs and symptoms may include headaches, confusion, unsteadiness, hallucinations, syncope and falls. Recommendation: Discontinuation is usually associated with a reversal of the low sodium.



Community & Public Psychiatry Focusing on Medical Leadership

By Burt Johnson, M.D., L.M.A.P.A., Chair

The Community and Public Psychiatry Committee of the NCPA (CPPC) is probably the largest committee in the Association. Over the last decade, its membership, which previously had been composed of psychiatrists in the NC community mental health center network, has increasingly been made up of psychiatrists working with Critical Access Behavioral Health Agencies or CABHAs. In Wilmington, more than half of the city's roughly 45 psychiatrists are working in the public mental health system, mostly in

CABHAs. About 30% of the 45 psychiatrists are CABHA Medical Directors.

While the Wilmington numbers are not typical, the large number of psychiatrists in new leadership roles has led the committee to focus on providing educational opportunities for CABHA Medical Directors and those interested in medical leadership in general. This effort has benefitted from our partnership with the Center for Excellence in Community Mental Health (CECMH), part of the UNC Chapel Hill Medical School Department of Psychiatry. With an AHEC grant, they have been able to hold an annual education program for CABHA Medical Directors (the first of which took place in June 2011) and also to sponsor a listserv for CABHA Medical Directors.

A group of NCPA members has been talking regularly about this issue with the goal of developing a series of educational programs aimed at CABHA Medical Directors (and other psychiatrists interested in medical leadership roles) that could be presented at any of the several meetings held each year that are geared to psychiatrists. In addition to the CECMH program this past June, there was a module on quality management at the NCPA Annual Meeting at Asheville in September, and a full day symposium on Medical Leadership at the annual meeting of the North Carolina Council of Community Programs (the guild organization of the LMEs) held in Pinehurst in December. The NCPA Community & Public Psychiatry Committee met in conjunction with both the Asheville and Pinehurst meetings, with twenty to thirty of our committee members meeting each time.

These meetings provided opportunities for discussion of some of the most immediate issues facing community psychiatrists in North Carolina including shortened visit times for medical management, the future of CABHAs as Medicaid waiver managed care agencies replace LMEs, and the roles of CABHA Medical Directors.

Another training opportunity will present itself during the annual Clinical Update conference, which will take place in Fayetteville in March 2012. For the first time, there will be a module for CABHA Medical Directors at the Clinical Update, organized by our partners from the Center for Excellence in Community Mental Health. Information about this conference, along with many other resources and information links, is available on the NCPA website.

The CPPC welcomes feedback and information on the issues facing NCPA members. We want to provide a voice for quality medical leadership in our system and ensure that NCPA's resources are being used to support our members. Please contact me or the NCPA office with your thoughts and suggestions or through email at bjohnson@secmh.org.



Elections & Updates

NCPA 2012 Elections

Voting for the 2012 Election has begun. The ballots were mailed the week of January 15, 2012. All eligible NCPA member voters were mailed a paper ballot, which should have arrived. Please take a minute to look at the information, get to know the members who have agreed to represent you and the profession on the NCPA Executive Council, and, even if the slate is uncontested, **please return your completed ballot!!** A return envelope has been provided for your convenience. Ballots must be returned by **March 1, 2012** to be counted.

PRESIDENT: (not on ballot)

Debra A. Bolick, M.D., D.F.A.P.A.
Elected 2011 for a one-year term

PRESIDENT-ELECT:

Ranota T. Hall, M.D. (1-year term)

VICE PRESIDENT:

Burt P. Johnson, M.D., L.M. (1-year term)

TREASURER:

Harold Carmel, M.D., D.L.F.A.P.A. (2-year term)

COUNCILOR AT LARGE:

Venkata R. "Amba" Jonnalagadda, M.D. (2-year term)

COUNCILOR AT LARGE:

Daniel L. Johnston, M.D. (2-year term)

APA ASSEMBLY REPRESENTATIVE:

Debra A. Bolick, M.D., D.F.A.P.A. (3-year term)

APA 2012 Elections

Voting for the 2012 Election began on January 3, 2012.

Eligible voters without a valid email address on file were mailed a paper ballot. Voting was also available on line. To see the election results, go to the APA website: log in as a member:

<http://www.psych.org>.

A+KIDS Program Update

By Brian Sheitman, M.D.

The A+KIDS (Anti-psychotics-Keep It Documented for Safety) program was initiated last March as an effort to make sure that children in the Medicaid program prescribed an anti-psychotic medication were being monitored adequately for the possible emergence of metabolic and neurologic side effects. The program has been successful with a large proportion of prescribers entering data in the registry (documentforsafety.org).

Despite the willingness of most prescribers to use the registry, the program to date has allowed for pharmacies to provide medication to children even if providers have not entered data in the registry or sent in a faxed copy. The reason this was done was that some providers might have needed some extra time to familiarize themselves with this new initiative. Starting March 1, 2012 (almost 1 year into the program) pharmacies will be instructed to no longer use an "override" to provide medication if the registry was not used or a fax was not sent. If you do prescribe anti-psychotic medications for children, please be aware that this change will go into effect. You can go to the website at any time to register if you have not yet done so: <http://aplus-schools.ncdcr.gov/howeare.html>. There is also a phone help line available if you encounter any difficulties, (919) 807-6500.



APA Assembly Report:

For the most recent information from the APA, go to:
<http://www.ncpsychiatry.org/APAnews.html>

Clinical Update and Psychopharmacology Review 2012

March 22-23, 2012

Cape Fear Botanical Garden
536 N. Eastern Blvd.
Fayetteville, NC

Jointly Sponsored By:

Southern Regional AHEC
Duke Department of Psychiatry
UNC Department of Psychiatry
North Carolina Psychological Association
North Carolina Psychiatric Association
National Association of Social Workers-NC



In affiliation with Duke University Medical Center
Part of the AHEC Program

The *ONLY* APA-endorsed Medical Malpractice Program

Why would you want to use anyone else?

If you are not already insured with The American Psychiatric Association's endorsed program administered by the American Professional Agency, Inc. don't get left behind!

Join your fellow members who have found their protection with the APA-endorsed insurance product that best serves their needs.



- Great LOW rates are available
- Years in APA's prior program count towards tail coverage
- Fire Damage Legal Liability Coverage included
- Occurrence and Claims-Made forms available
- Information Privacy Coverage (HIPAA) included
- Coverage for telepsychiatry and ECT is included at no additional charge
- Licensing Board Coverage with no aggregate
- Credit card payment is available
- 10% Discount for New Insureds who are claims free for the last six months
- 10% Claims Free Discount if you have been claims free for the last ten years
- No Surcharge for claims



Above coverage features are subject to individual state approval.



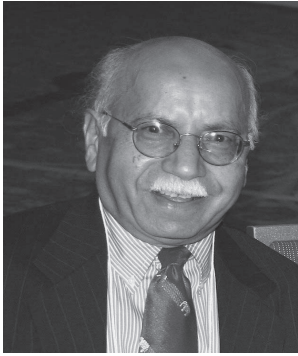
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New Award Established to Recognize Basic Research



Introducing the V. Sagar Sethi, M.D. Mental Health Research Award

A new research award designed to recognize psychiatrists and other medical professionals for basic research has been established by The Psychiatric Foundation of North Carolina. The V. Sagar Sethi, M.D. Mental Health Research Award was created with an endowment from Dr. Sethi, a practicing psychiatrist in Charlotte and a long-time member of the North Carolina and American Psychiatric Associations.

The V. Sagar Sethi, M.D. Mental Health Research Award was established to honor a scientist for significant contributions to basic research in the neurosciences, psychology, or pharmacology at a molecular, cellular or behavioral level.

The inaugural winner of the 2012 V. Sagar Sethi, M.D. Mental Health Research Award will be announced in early 2012 by a selection committee that includes leadership from the Departments of Psychiatry at North Carolina's four medical schools. The award includes a financial prize and travel support to present a lecture at the Annual Meeting and Scientific Session of the North Carolina Psychiatric Association September 28-30, 2012.

The Psychiatric Foundation of North Carolina and the North Carolina Psychiatric Association invite you to submit a nomination for the 2012 V. Sagar Sethi, M.D. Mental Health Research Award.

Criteria:

- Significant contribution to basic research
- Research shows evidence of impact on clinical expression
- Evaluate science and application – either psychiatric or professional
- Self-nominations will not be accepted, although the nominee can assist in providing information to the nominator.

Deadline:

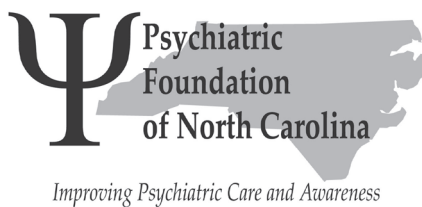
- February 1, 2012
- Selection will be made by end of February

Award:

- Winner must agree to present a talk during the September 28-30, 2012 Annual Meeting of the NC Psychiatric Association in Wrightsville Beach, NC.
- Award will be for \$7000 plus travel to the meeting.

Nomination Submissions:

- Mail to the Psychiatric Foundation of North Carolina, Attention: Dr. Gilmore and Sethi Award Selection Committee, 4917 Waters Edge Drive, Raleigh, NC 27606.




Foundation Goes PayPal!

The Psychiatric Foundation of North Carolina thanks everyone who has supported the Foundation, but our work is a continuous process and we need supporters like **YOU!**

You can now make your "Tax-Deductible" donation to the Foundation in just a few clicks!

INTRODUCING - PayPal Donate!

You can now make an instant donation to the Foundation with just a few clicks of your mouse! Choose level donations (Platinum, Gold, Silver and Bronze) or choose your own donation. You don't have to have a PayPal account to use this quick and easy option!

For more information about the Foundation, PayPal donations or to print out a donation brochure, go to <http://www.ncpsychiatry.org/foundation.html>. 



InSight Telepsychiatry Opportunities

Based on a belief that high-quality, affordable, psychiatric healthcare should be available to anyone, anywhere, at anytime. InSight Telepsychiatry has pioneered a service delivery model for psychiatric evaluations. For over a decade, InSight's team of clinicians has provided services to a variety of mental health settings allowing for patient-to-provider interaction that closely replicates onsite treatment. Remotely performing over 8,000 telepsychiatry consultations annually, our expertise can readily be available to meet the needs of each individual.

Qualifications:

- Child/Adolescent/Adult Board Certified
- North Carolina licensed
- Multiple shifts/PT/FT

Benefits of Practicing Telepsychiatry with CFG:

- Quality of Life – Work from Home
- Flexible Work Schedule
- Paid malpractice, licensing and Credentialing
- Generous Salary and Compensation package
- No call
- Equipment and IT support

Become a part of our growing team of Telepsychiatrists!

Contact: Frank Zura, M. Ed - Physician/Nurse Practitioner Services

Phone: (856) 797 4760, (609) 304-7504 - Email: fzura@cfgpc.com - Web: www.in-sight.net



Good Opportunities in Unique Private Practice

Carolina Partners in Mental HealthCare is seeking BE/BC psychiatrists to fill full-time positions in Raleigh and Durham, as well as several part time positions in Raleigh, Durham and Wake Forest. Control your own practice – good income, great flexibility. Carolina Partners has grown organically over the past twenty years from two clinicians to more than 60 mental health professionals in twelve North Carolina private practice locations.

What does any professional want from a psychiatry job?

- Good income – check! Our doctors consistently earn market, or better- than- market incomes.
- Job security – check! You are the boss at Carolina Partners – no one can fire you, cut your budget, or lay you off! Your place with Carolina Partners will remain secure far into the future because we have removed much of the risk from private practice. We're a relatively large group, so we have more financial depth and can weather business misfortune.
- Opportunity – check! We all need to see a pathway to improved opportunity and advancement in our career. Our unique Capital Investment Program features a number of ways for our Partners to pool resources and invest together for opportunity toward a bright future.
- Quality of Life – check! No one at Carolina Partners will tell you how, why, or when you should practice medicine! At Carolina Partners, every clinician is a partner with a voice in management and the freedom to design his/her practice the way he/she wishes.

Carolina Partners:

Private Practice that emphasizes Good Income, Job Security, Opportunity, and Quality of Life.

If interested, please visit us on the web at carolinapartners.com; or send CV to Carolina Partners in Mental HealthCare, 1502 NC Hwy 54, Suite 103, Durham, NC 27707, Attn: Executive Director; Email carolinapartners@bellsouth.net; Phone 919-967-9567.

APA Honors NCPA Members

The North Carolina Psychiatric Association is proud to report that all nominations from North Carolina for Distinguished Fellowship and Fellowship were approved by the APA! The effort that was put forth from this committee should be commended. These members, along with those who have recently moved to "Life Status," will be honored at a special reception during the 2012 Annual Meeting in Wrightsville Beach.

New Fellows & Distinguished Fellows:

Distinguished Fellows

Denisse Ambler, M.D.
John Kraus, M.D., Ph.D.
German Molina, M.D.
Eric Morse, M.D.
Ashwin Anand Patkar, M.D.
Haresh Tharwani, M.D.

Fellowship

William Clement Bowens M.D.
David Watterson Branyon M.D.
Silas Bodie Coley MD
Scott Lance Cunningham MD
David Gacengeci M.D.
Susan Gillette M.D.
Mukesh Nautam Kamdar M.D.

Fellowship

Mizanur Rahman M.D.
Lance Reger M.D.
Deborah Rosalie Ross M.D.
Thomas Schell M.D.
T. Glen Snyder M.D.
Jane Laura Steiner M.D.
Kyle Worsham M.D.

50 Years Life Members:

Distinguished Life Fellow

Willis J. Grant, M.D.
Pedro J. Irigary, M.D.
Charles R. Keith, M.D.
Robert D. Phillips, M.D.
Roger F. Spencer, M.D.

Life Members:

Distinguished Life Fellow

George Davis Bussey, M.D.
Harold Carmel, M.D.
Craig Mell Martin, M.D.
Joseph Patrick McEvoy, M.D.
Frank Shapley Highley, M.D.
James Almer Smith, M.D.

Life Fellow

John Edward Humphrey, M.D.
Herbert Rowland Pearsall, M.D.

Life Member

Andree Mariller Allen, M.D.
John Milton Billinsky, M.D.
Douglas Michael Conrad, M.D.

Ramamohana P. Degala, M.D.
Robert Mark Harris, M.D.
Barbara Ballow Lankton, M.D.
Robert George Lucking, M.D.
Eugene D. Maloney, M.D.
Sarah Peters, M.D.
Walter Lee Schmalstieg, M.D.
Nathan R. Strahl, M.D.

Life Fellow

William O. Wheeler, M.D.

Are You Qualified? Apply for APA Distinguished Fellowship

Distinguished Fellowship in the American Psychiatric Association is a national honor and is awarded to those members of the profession who are outstanding in their field. They must have achieved distinction in special areas; also they must have a recognized depth and scope of knowledge, and a breadth of skills and interests.

NCPA membership is approximately 900 members strong, with 183 who have achieved "Distinguished" status. The Executive Council believes that there are qualified members who may wish to be considered for this honor, but who are unknown to the members of the Fellowship Committee.

The Council, therefore, invites NCPA members who are interested in Distinguished Fellowship to contact the chairperson of the Fellowship Committee, **Elizabeth Pekarek, M.D., D.F.A.P.A.** to initiate consideration as a nominee for Distinguished Fellowship.

The nominee must have eight consecutive years of membership in APA as a General Member or Fellow and have made significant contributions in at least five of the following criteria in order to be considered for

Distinguished Fellowship:

- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board.
- Involvement in the work of the District Branch or other components of the APA.
- Involvement in other medical and professional organizations.
- Participation in non-compensated mental health and medical activities of social significance.
- Participation in community activities unrelated to income-producing activities. (Mere membership or donation earns no credit.)
- Exemplary skill, knowledge, diagnostic ability, and therapeutic expertise in clinical contributions to psychiatric services.
- Administrative contributions to psychiatric services that demonstrate increasing responsibility and advancement.
- Teaching contributions in medical school or other academic institution, and in non-institutional settings.
- Psychiatric or related research, published in the form of books, book chapters and/or articles in journals.

All nominations are the responsibility of the District Branch and must be invited by the Fellowship Committee and the Executive Council of the North Carolina Psychiatric Association.

To be considered, please contact Lana Frame at the NCPA office (919) 859-3370 or lframe@ncpsychiatry.org.

A message from the president...

Thank you.



Dear Doctor:

On November 1, PRMS celebrated 25 years of serving psychiatrists.

It has been our honor to have provided you with your medical professional liability insurance through these decades. We are humbled by the trust you and so many of your colleagues place in PRMS to safeguard and protect your practices and professional reputations.

Throughout the years, there have been many changes in the practice of psychiatry and to PRMS itself. But the one thing that remains constant – and that will never change – is our commitment to protect psychiatrists by helping them manage their risks.

The PRMS Psychiatrists' Program is the single largest source of liability insurance for psychiatrists. As the market leader, we wear that title proudly; and never take it for granted. On behalf of all of us at PRMS, in this season of "thanks" we want to make sure you know how greatly we appreciate the opportunity to be your insurance program.

Again, thank you.

Sincerely,

A handwritten signature in black ink that reads "Martin G. Tracy".

Martin G. Tracy, JD, ARM
President & CEO
Professional Risk Management Services, Inc.

P.S. Questions, concerns? Never hesitate to call me directly at 703-907-3872.

Manager of:

The Psychiatrists' Program

www.PsychProgram.com
TheProgram@prms.com
(800) 245-3333, ext. 389

Follow us on Twitter @PsychProgram

NCPA Membership Report

Please welcome the following new and reinstating members and say goodbye to our transferring members. (5/2011 - 12/2011)

New & Reinstating Members

Michael Bhatt-Mackin, M.D.—Durham
 Thomas Boeker, M.D.—Wilmington
 William Chen, M.D.—Burlington
 Isabelle Eustice, M.D.—Hickory
 Anthony Frasca, M.D.—Morganton
 Dionne Harrison, M.D.—Raleigh
 Lee Larcade, M.D.—Raleigh
 Philip Lartey, M.D.—Hendersonville
 Scott McClelland, M.D.—Greenville
 Victoria Payne, M.D.—Durham
 Gardy Rigaud, M.D.—Spring Lake
 Saima Zia, M.D.—Fayetteville
 Svetlana Zoueva, M.D.—Elizabeth City

Transfer In

Timur Akinli, M.D.—Wilmington
 Aaron Avallone, M.D.—Pinehurst
 Jack Bonner, M.D.—Asheville
 Felicitas Bugarin, M.D.—West Jefferson
 Suzanne Collier, M.D.—Asheville
 James Disney, M.D.—Youngsville
 David Litchford, M.D.—Charlotte
 Craig Martin, M.D.—Waynesville
 Elizabeth Park, M.D.—Chapel Hill
 Elizabeth Yoder, D.O.—Jacksonville
 Junesik Yong, M.D.—Spruce Pine

New Members-in-Training

Shahzad Ali, M.D.—WFU
 Louisa Ayafor, M.D.—ECU
 Xavier Belcher, M.D.—WFU
 Tiffani Bell, M.D.—WFU
 Lee Bourgeois, M.D.—WFU
 James Christensen, M.D.—UNC
 Richard Gestring, M.D.—ECU
 Katherine Johnson, M.D.—UNC
 Suzanne Kerns, M.D.—Duke
 Rebecca Kuhns, M.D.—UNC
 Moya Kombrinck, M.D.—UNC
 Ryan McQueen, M.D.—WFU
 Samir Patel, M.D.—Duke
 Dana Rosca, M.D.—Duke
 Sandarsh Surya, M.D.—WFU
 Stephen Szabo, M.D.—Duke
 David Tatum, M.D.—WFU
 Garth Watkins, M.D.—UNC

Transfer Out

Todd Augustus, M.D.—MD
 Lisa Batson, M.D.—KY
 Nicholas Batson, M.D.—KY
 Harold Elliott, M.D.—TN
 Susan Ehrlich, M.D.—WA
 Michael Gribetz, M.D.—NY
 Nitika Gupta, M.D.—OH
 Mohammed Iqbal, M.D.—IA
 John Looney, M.D.—TN
 David Novosad, M.D.—OR
 Amber Ratchford, M.D.—SC
 Sara Saqib, M.D.—FL
 T. Scott Stroup, M.D.—NY
 Sandra Thomas, M.D.—GA

Have your Residency Training Program join the ranks of an exclusive organization within APA...

The 100% Club



The Psychiatric Residence program at WFU announced all of their residents joined APA.

Wake Forest University Joins the Ranks of the 100% Club!

The 100% Club was established to encourage residents throughout the United States and Canada to join APA and to do so with other trainees in their programs.

Mohammed M. Ahmed, M.D.
 Aaron D. Albert, M.D.
 Shahzad K. Ali, M.D.
 Jennifer K. Beckman, M.D.
 Nathan Carter, M.D.
 Gregory Caudill, M.D.
 Heather M. Clark, M.D.

Debbie Davis, M.D.
 Asha S. Davis, M.D.
 Todd M. Derreberry, M.D.
 Jessica C. Derreberry, M.D.
 William Carson Felkel, II, M.D.
 Tara-Willow Ferren, M.D.
 Gabriel R. Garza, M.D.

Jennifer L. Gillis, D.O.
 Patrick Harmon, M.D.
 Richard D. Jackson, M.D.
 Melanie Johnson, M.D.
 Adam C. McDonough, M.D.
 Frantz Pierre, M.D.
 Mariam Qureshi, M.D.

Omar Rana, D.O.
 Noah Richason, M.D.
 Madlena T. Rush, D.O.
 Steven E. Sand, M.D.
 Sandarsh Surya, M.D.
 Jennifer L. Wildpret, D.O.
 Lao P. Yang, M.D.



PSYCHIATRY POSITION IN RALEIGH

Wake County Human Services is currently recruiting for a full-time staff psychiatrist position in outpatient adult psychiatry.

Two half-time staff psychiatrists could be considered.

Duties include psychiatric evaluation and treatment of two outpatient caseloads: adults with MI/DD diagnoses and adults with SPMI diagnoses. Both caseloads are located on the Raleigh campus, behind the WakeMed complex. There are no on-call duties.

Questions may be directed to
Dr. Tim Isley, Chief of Psychiatry, WCHS at tisley@wakegov.com or (919) 250-3102.

Applications may be completed online at: <http://www.wakegov.com/employment/default.htm>

Classifieds

OTP Psychiatrist, 12+ hrs/week. Medication assisted treatment experience with MH/SA clients, NC Board certification. For more information and to apply: www.southlight.org.

Looking for Legislative Information?

Everything you need to know is right at your fingertips! Go to www.ncpsychiatry.org

Be sure to check out the NCPA Website!

- APA feed
- Medicare/Medicaid information
- Mental Health Resources
- DHHS and State News
- Legislative updates
- Committee information
- Disaster Preparedness
- Psychiatric Foundation Updates
- Awards & Fellowship Information
- Classifieds
- Upcoming events...and more!

www.ncpsychiatry.org

Interested in Advertising?

Contact Linda Brochin at lbrochin@ncpsychiatry.org to place an ad.

Advertising Rates:

Classified Ad: 50 words or less - \$45.00
\$1.00 per word after that

Quarter Page: \$125.00

Half Page: \$200.00

Full Page: \$375.00

Ads will be posted on this website for 60 days.

Be sure to check out our On Line Classifieds at

www.ncpsychiatry.org/Classifieds.html



North Carolina Psychiatric Association

A District Branch of the American Psychiatric Association

Getting the Most from Your Membership in 2012!

Have you moved or has any of your contact information changed?

Let us know the **best way to be in contact** with you so that we can keep you informed on issues important to psychiatry in the coming year. You can go to the NCPA website to change your contact information or call the NCPA office.

Accepting new patients?

The NCPA website has a public “Find a Doctor” searchable database. Let us know if you are **accepting new patients**, have a new practice or treatment interest. We get calls daily from residents across the state looking for a doctor.

Membership has its privileges! Are you getting the valuable information we post for member psychiatrists on the Members Only section of the NCPA website?

While there is much information on the public pages of the NCPA website, we do keep **certain information in our members-only section**. You will find easy links to information to do your work, special tips and information, letters and communications that are designed to help you in your practice.

Forgotten your password?

Call the NCPA office (**919-859-3370 or 800-553-1935**) and we will easily set you up with a temporary password to help you access this helpful information.

Do we have your email address?

Things happen so quickly with state government, insurers, legislation, etc that NCPA is doing more communication electronically. We try NOT to abuse the medium (we get too many emails too!), but there is important information we sometimes need to share with you if you will let us.

Networking with other psychiatrists.

One of the best ways to stay informed and learn the latest information about therapeutic practices, public policy and practice management is talking to your colleagues across the state. Consider **joining a committee** (see the reverse side) and put the information below on your calendar to **attend the next NCPA Annual Meeting and Scientific Session!**

NCPA Annual Meeting and Scientific Session, September 27-30, 2012, Wrightsville Beach.

Hotel reservations can be made now for the Holiday Inn Resort, 1706 North Lumina Ave, Wrightsville Beach, NC. Call hotel reservations at (910) 256-2231 (or 877-330-5050) and ask for the NC Psychiatric Association group rate of \$159 (standard) or \$189 (oceanfront). There is a link to more information about the hotel on the NCPA website at www.ncpsychiatry.org. Click on events at the top of the page.

Call the NCPA Office if you need answers, direction, support or just to make sure we know what it going on across the state from your perspective! We are here to help!



Mark Your Calendars & Book Your Reservations
NCPA Annual Meeting
Sept. 27-30, 2012

Remember to mark your calendars for the 2012 NCPA Annual Meeting & Scientific Session. We will be at the Holiday Inn Resort Wrightsville Beach.

You now have access to electronic booking.

Go to the NCPA Website at <http://www.ncpsychiatry.org/2012annualmtng.html>

Click the link for the hotel's reservation web page. Enjoy the convenience of confirming your room reservations online. If you wish to extend your stay outside of these dates, you will need to book a separate reservation on the website or contact the hotel at (910) 2562231 Ext: 111.

Attention Residents - 2012 Poster Session!

2012 Poster Session - Here is your opportunity to shine! We will be sending out information soon on how to register and be a part of our Annual Poster Session at the NCPA Annual Meeting. We want to recognize you for your outstanding research!

All resident poster submissions will be judged by each member of the judging committee.

Residents not attending the session can hang their poster but are not eligible for judging. Prizes will be awarded to four posters. The child poster with the highest overall rating will be awarded the NCCCAP poster award. The other three posters with the highest overall ratings once all of

the judges' scores are tabulated will be awarded the NCPA poster awards, first, second, and third place.

The process will take place during the poster session, at the NCPA/NCCCAP Annual Meeting and Scientific Session, September 27-30, 2012 in Wrightsville Beach, NC. The resident presenters should be at their poster and available to answer questions at this time.

For More Information on submissions go to <http://www.ncpsychiatry.org/12poster.html>.



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 Malpractice Insurance Program!

Members In The News

NCPA member **Palmer Edwards, M.D., DFAPA**, was elected Vice-Speaker of the House of Delegates for the North Carolina Medical Society (NCMS). Edwards has been active in organized medicine for much of his career. He has served on the NCMS board since 2009 and led the Forsyth-Stokes-Davie Medical Society as president in 2010. He was NCPA president in 2006.

NCPA members attending the October NCMS Annual Meeting:

John Wagnitz, M.D., DLFAPA (NCPA delegate)

Palmer Edwards, M.D., D.F.A.P.A. (NCPA delegate)

Mark Mattioli, M.D., DFAPA (NCCCAP delegate)

Stephen Kramer, M.D., DFAPA (Forsyth Co. delegate)

Warren Pendergast, M.D., DFAPA attended the meeting

Donald Buckner, M.D., D.F.A.P.A. attended the meeting as part of the 2012 "Class" of NCMS Leadership College.



NCPA member **Donald T. Buckner, M.D.** was accepted to the 2012 class of the North Carolina Medical Society Leadership College.

Dr. Buckner worked in a private psychiatric practice in a rural and underserved area before becoming Medical Director for a local area mental health center. In that capacity, he interacted with elected officials and testified before legislative committees.

Dr. Buckner is currently the Medical Director of a well-respected Critical Access Behavioral Health Agency (CABHA), directly serving patients in an area with few psychiatric resources. In 2010, he achieved national recognition as a Distinguished Fellow of the American Psychiatric Association. ~

NCPA member **Burton Reifler, M.D., D.L.F.A.P.A.**, has been appointed Vice Chair of the APA Ethics Committee, term ending 2012.



Upcoming Meetings

Access to Care - Tuesdays, Mar. 27 & Apr. 24, 5:00 PM

Executive Council - Sunday, Feb. 5, 10:00 AM

Practice Management - Sunday, Feb. 5, 1:30 PM

Psych & Law - Friday, Feb.3, 1:00 PM

Dr. **John G. Wagnitz, D.F.A.P.A.**, a wonderful photographer, submitted photos to the North Carolina Medical Society for its 2012 calendar. His photo of Yosemite Waterfall was chosen for the November picture. Congratulations, Dr. Wagnitz!



In Memorium

Margaret Burns, M.D.

Margaret Burns, M.D., was born in Asheville in 1912. The death of an infant brother helped inspire Margaret to study medicine and become a doctor. She went to Duke University, where in 1937 she became the second woman ever to earn a medical degree at that school.

In the early 1950s she became a psychiatrist and practiced at Highland Hospital. She entered private practice in Asheville, continuing to see patients well into her eighties.

Dr. Burns was medical director of Wellspring Counseling Service in Hendersonville. She joined the APA in 1954.

Abdallah Askar, M.D.

The NCPA Office just recently learned of the passing of Dr. Askar in 2009.



NCPA Dues Deductibility Statement

NCPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. NCPA estimates that **85%** of your dues are deductible as a business expense. The other 15% is allocatable to lobbying activities of the NCPA, and therefore are not deductible for income tax purposes.

EXECUTIVE COUNCIL

President..... John Gilmore, M.D.
 President-Elect..... Debra A. Bolick, M.D., D.F.A.P.A.
 Vice President..... Elizabeth Pekarek, M.D., D.F.A.P.A.
 Secretary..... Arthur Kelley, M.D.
 Treasurer..... Harold Carmel, M.D., D.L.F.A.P.A.
 Assembly Representative..... Debra A. Bolick, M.D., D.F.A.P.A.
 Assembly Representative..... Stephen Buie, M.D., D.F.A.P.A.
 Immediate Past President..... B. Steven Bentsen, M.D., D.F.A.P.A.
 Past President..... Stephen E. Buie, M.D., D.F.A.P.A.
 Councilors-at-Large..... Samina A. Aziz, M.D., F.A.P.A.
Donald T. Buckner, M.D., D.F.A.P.A., Linda Francis, M.D.
 Dan Johnston, M.D.
 MIT Representatives..... Heather Clark, M.D., Bethany Geib-Rosch, M.D.
 Richard Gestring, M.D., Kelly Schofield, M.D.
 Forsyth County Chapter President..... Chris B. Aiken, M.D.
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