



What: NCPA Annual Meeting & Scientific Session

When: September 14-17, 2017

Where: Marriott Grande Dunes, Myrtle Beach, SC

For more information including speakers, hotel reservations, and to register online visit www.ncpsychiatry.org/annual-meeting

A paper registration form is included on page 15.

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Registration Opens for the NCPA Annual Meeting & Scientific Session September 14 - 17 | Marriott Grande Dunes

Registration is now open for the 2017 NCPA Annual Meeting & Scientific Session, September 14-17, in Myrtle Beach, SC. The 2017 schedule builds upon NCPA's tradition of inviting nationally-known experts to provide the most up-to-date reports on the timeliest topics in psychiatric medicine and mental health care. Visit www.ncpsychiatry.org/annual-meeting or fill out the form on page 15 to register. "Early Bird" pricing ends July 13.

NCPA and the Psychiatric Foundation of North Carolina are proud to announce that David A. Lewis, M.D. is the 2017 recipient of the V. Sagar Sethi, M.D., Mental Health Research Award and will be presenting at the Annual Meeting. Dr. Lewis is a national expert in schizophrenia, his research focuses on the neural circuitry of the prefrontal cortex and related brain regions and the alterations of this circuitry in schizophrenia.

Other notable speakers include:

- **Rebekah Jakel, M.D., Ph.D.**, and **Burton Scott, M.D., Ph.D.** will be speaking on the psychiatric and neurological issues in Huntington's and Parkinson's Disease.
- **Christine Marx, M.D.**, **Bruce Capehart, M.D.**, and **Barbara Rothbaum, Ph.D.** will be speaking on both the clinical aspects of PTSD and translational neuroscience related to PTSD.
- **Grace Terrell, M.D.**, a national

expert in Quality Improvement, MACRA, and MIPs will present a plenary session on Friday morning followed by an afternoon workshop.

The schedule also has several in-state experts and NCPA members including:

- **Fred Jarskog, M.D.** will present a clinical update on the management of schizophrenia.
- **Moira Rynn, M.D.**, the new Chair of Psychiatry and Duke, will discuss treatment advances in pediatric anxiety disorders.
- **Sy Saeed, M.D.** will share the top ten research findings of 2016-17.

After years of alternating between the North Carolina coast and the mountains, this year NCPA is traveling to Myrtle Beach, SC. The conference will take place at the Marriott Resort & Spa at Grande Dunes just steps from the beach.



Continued on page 14...

From the Editor

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

My recommended reading for this issue is *Born on a Blue Day: Inside the Extraordinary Mind of an Autistic Savant* by Daniel Tammet.

Early in my psychiatric education, probably as a senior medical student, I remember a conversation with a UNC faculty member psychiatrist. I made the observation that we appear to understand very little about actually how the brain becomes dysfunctional in those who we call mentally ill.

He responded to me that this should not surprise me since we appear to understand very little about

how the brain works when it works well. He went on to talk about the remarkable diversity in thought, behavior, and capability among those who present for our services, not to mention those we call friends, family, and colleagues. The teaching moment concluded with caution about making assumptions about others without considerable study and reflection.

Forty-plus years later we certainly know more about brain function, but nowhere is this remarkable diversity of mental function and capability better illustrated than in Daniel Tammet's description of his

own remarkable abilities and experiences. He sees numbers and other concepts as represented in colors and shapes. The day of the week on which he was born is blue. He is capable of learning new languages to fluency in days, and his extraordinary memory includes memorizing 22,000 digits of pi.

Read this book not as a general description of autism, but rather to feel some degree of awe and humility about what remains to be studied and understood about this area of science that we as a profession have chosen.



NORTH CAROLINA
Psychiatric
Association

news

EDITOR

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

MANAGING EDITOR

Robin B. Huffman, Executive Director

ASSOCIATE EDITOR

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Mia McDaniel, Administrative Assistant

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To update your mailing address or if you have questions or comments about NCPA News, contact NCPA Staff, 919-859-3370 or info@ncpsychiatry.org.

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Do or Do Not. There is No Try.

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

Leadership is one of my passions (along with fishing and being married to my artist wife). Serving as your president over this upcoming year is both an exciting honor and a daunting task. Psychiatry is faced with changes at an accelerating rate, ranging from payment system reform (getting paid for doing, not for trying), to service delivery changes (doing and not just trying to integrate, communicate, collaborate and demonstrate), to role changes (doing and not just trying to do good supervision, to review and IMPACT care, to advise health-care systems, to influence legislators).

NCPA plays an invaluable role in guiding and supporting psychiatrists through these changes so we can do the work that is so meaningful and fulfilling. My job as your president is to alert, motivate, encourage, nominate and support you during these challenging yet exciting times.

Each of us has a story that helps explain why we do what we do. Let me share a bit of mine. It makes me proud to say I was born, educated, trained, married, and continue to be employed, taxed and to reside in the great state of North Carolina. My interest in leadership started in high school when I attended

a leadership camp and has been shaped by a variety of roles including coaching soccer and basketball teams, having various roles at my church, and leading a volunteer group in college.

While in residency I was influenced by *Drew Bridges* who supervised my community mental health experience during my second year AHEC experience in Vance County. He showed me how a psychiatrist could provide clinical and administrative leadership while providing excellent patient care--and being able to serve as NCPA president at the same time. I credit him (and some days blame him) for choosing to serve as medical director for different organizations.

NCPA sponsored me to attend the NCMS Leadership College which helped me understand the importance of being at the tables of change and not on the table. In February, I was asked to serve as interim CEO of my behavioral health agency, which is challenging me to use all I have learned. And to do my best. In the words of Yoda, "Do or do not. There is no try."

This is my challenge to NCPA and to you. Each of us can have a leadership role in improving the care for our patients (both psychiatric and



medical), improving outcomes, improving value, and improving job satisfaction while avoiding burn-out. NCPA is here to assist you in doing these things. Our excellent staff is here to help answer or find answers to your questions. Our committees and taskforces are here to give you opportunities to serve and to learn. Our meetings are filled with exciting trainings and opportunities to learn, network, and obtain CME. And NCPA leadership is here to represent you on both a state-wide and national level. So please let us know what challenges you are facing in your work so we can advocate for our own changes. 🌱

Engage with NCPA and Become a Leader of Your Professional Association!

In 2016, NCPA Executive Council adopted a strategic plan to set priorities for the next several years, a copy can be found on page 4, each NCPA committee and task force has been charged to help NCPA achieve its goals. If you are interested in becoming more engaged with NCPA, please consider joining a committee.

Committees are a great way to network with colleagues, gain leadership experience, and contribute to NCPA's overall goals. Committee work doesn't necessarily mean add-

ing time-consuming assignments to your to-do list – many committees meet electronically and tackle projects as needed. To see a list of current Committees and Committee Chairs, visit www.ncpsychiatry.org/committees.

To reach NCPA staff or leadership send an email to info@ncpsychiatry.org. Emails sent to this address are quickly routed to the appropriate staff member, Executive Council member, and/or Committee Chair. You may also call our office, 919-859-3370.

NC Psychiatric Association Strategic Plan 2016-2019

Goal 1: Improve access to psychiatric services in private practice and in the public mental health system

1. Advance the integration of psychiatry in Integrated Care by
 - a. Promoting the use Collaborative Care Model (CCM) by teaching members and policy makers
 - b. Promote opportunities for members to engage with primary care in CCM
 - i. Educate about CINS, ACOs, Outcome measures
 - ii. Explore opportunities through PTN grants, state CIN for psychiatrists to be “placed” in CCM with primary care
 - c. Population Health
2. Address the shortage of psychiatry services by promoting Telepsychiatry from psychiatrists within North Carolina
 - a. Study APA guidelines
 - b. Educate members on EBPs
3. Increase the number of physicians trained for Medication Assisted Treatment (MAT) to address the Opioid/Pain Epidemic
 - a. Participate in PCSS-MAT supported trainings
 - b. Consider developing technical assistance and supports for members and other physicians to implement MAT in their practices
 - c. Advocate with DHHS, legislature to reduce barriers to MAT

Goal 2: Advocate for our patients and the profession

1. Enhance the role of Psychiatric Medical Leadership
 - a. Finalize/promote Supervision Toolkit
 - b. Work with DHHS on its policy development
2. Proactively engage with DHHS and its divisions to include psychiatry in policy development
 - a. Medication Assisted Treatment
 - b. Possible changes to IVC statutes
 - c. Role of licensed independent psychiatrists in the carveout
3. Improve network adequacy (NA) and enforce mental health parity in North Carolina
 - a. Develop resources to assist members with Prior Authorizations and appeals
 - b. Advocate for members with payors—payments, administrative barriers, etc.
 - c. Participate on DOI NA workgroup and development of new statute
4. Payment Reform for both private and public insurers
 - a. Evidence Based Medicine
 - b. Study, educate members on Value Based Payments---MACRA, MIPS
 - c. Develop outcomes to educate/support members, guide policy
 - d. CIN Enrollment

Goal 3: Educate Members, other health professionals and the public regarding prevention and treatment of mental illness

1. Find ways to help the APA Foundation Stepping Up Initiative get traction in NC
2. Help advocate for and work to develop an NC Stepping Up Summit

Goal 4: Strengthen relationships with other physician specialties, family consumer groups, and other mental health organizations

1. Continue participation on The Coalition, Mental Health Coalition, Joint Insurance, PAC, PLLF, CCNC CIN Board, etc.

NCPA Executive Council Elected, Takes Office

Nominations and Election Procedures Explained

In March, NCPA members returned their electronic ballots, voting overwhelmingly to approve the slate of officers proposed by the Nominating Committee. The newly-elected officers began their terms at the conclusion of the APA Annual Meeting in San Diego, May 24. Congratulations and thanks to the incoming NCPA officers and new Executive Council members for 2017-2018!

The election is the result of several NCPA committees, each doing their share of the work.

The Nominating Committee begins its work each summer, selecting at least one candidate for each position open. The slate is then reported to the Executive Council and the full membership. Nominations may be received from the floor during the Business Meeting, held during the Annual Meeting and Scientific Session in the fall. Nominations may also be received by petition of 25 members within six weeks following the Annual Business Meeting.

The Tellers Committee is responsible for establishing an equitable

voting system and preparing the ballots for distribution to NCPA members. Voting is done by secret ballot, and all slated officers must receive a majority of votes cast to be elected.

The Constitution and Bylaws details the processes and procedures for the election. There are procedures in place to address run-offs, reruns, and vacancies. This year, we had to refer to the Constitution and Bylaws when Sonia Tyutyulkova, M.D., Ph.D., an officer on the ballot, moved out of state. The Nominating Committee went back to work to nominate **Stephen Oxley, M.D.** for Executive Council appointment to serve as Secretary until the 2018 election.

For more information about NCPA's Constitution and Bylaws and leadership, visit the "About Us" menu at www.ncpsychiatry.org. Members with questions about the election process or interest in becoming more active in NCPA should contact staff for more information, info@ncpsychiatry.org or 919-859-3370.



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Secretary
Stephen Oxley,
M.D.

Nominate a Colleague for the Hargrove Award

The nomination period for the 2017 Eugene A. Hargrove, M.D. Award is now open. This year, the award will focus on research related to Psychotic Disorders.

Entries must be submitted by June 15, 2017.

Submission Criteria & Details:

- Nominees must live in North Carolina and hold either an M.D. or Ph.D.
- Submissions should include a 1-page nomination letter explaining the significance of the nominee's research and the nominee's CV.

Submissions may be emailed to info@ncpsychiatry.org, faxed to 919-851-0044, or mailed to:

Psychiatric Foundation of NC
Attn: Hargrove Award Selection Committee
4917 Waters Edge Dr., Suite 250
Raleigh, NC 27606

Dr. Moira Rynn Named Chair of the Department of Psychiatry and Behavioral Sciences at Duke

In January, Duke University announced the appointment of Moira Rynn, M.D. as Chair of the Department of Psychiatry and Behavioral Sciences effective July 1, 2017.

An internationally renowned expert in the treatment of pediatric mood and anxiety disorders. Dr. Rynn is an educator, practicing psychiatrist and researcher, whose most recent studies have examined treatment strategies for pediatric Obsessive-Compulsive Disorder as well as treatment models for adolescent depression in the primary care setting.

Prior to her appointment, Dr. Rynn served as professor of Psychiatry at Columbia University College of

Physicians and Surgeons and at the New York State Psychiatric Institute, Director of the Child and Adolescent Psychiatry Division in the Department of Psychiatry and Medical Director of the Columbia University Center for Anxiety and Related Disorders, and the Director of the Children's Research Day Unit in the New York Psychiatric Institute.

Dr. Rynn is board certified in general and child and adolescent psychiatry. She received her medical degree from Rutgers University and completed residency at the University of Pennsylvania Perelman School of Medicine, where she was chief resident. She completed a child and

adolescent psychiatry fellowship at the Children's Hospital of Philadelphia followed by a Neuropsychopharmacology research

fellowship sponsored by the NIMH at the University of Pennsylvania Perelman School of Medicine.

Dr. Rynn is a member of the APA and will be transferring her membership to NCPA this summer.



Attention All Members!

Do you prescribe any controlled substances to your patients?

Is your NC Medical License up for renewal after July 1, 2017?

If you answered yes to both of these questions, you are required to comply with the new Controlled Substance CME (CS CME) requirement.

Effective July 1, 2017, all physicians who prescribe controlled substances must ensure that three hours of the total CME

hours earned cover topics related to controlled substance prescribing. To qualify, CS CME must be Category 1 certified and cover the following education topics:

- Controlled substance prescribing;
- Controlled substance prescribing for chronic pain;
- Recognizing signs of abuse or misuse or controlled substances.

To learn more about the new rule visit www.ncmedboard.org/prescribingcme. If you have any questions please email cscme@ncmedboard.org.

Be sure to attend NCPA's Annual Meeting, our program will provide two hours of CS CME to help you meet the new requirement.

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- Insured's **Consent to Settle** is now required in the settlement of any claim – No arbitration clause!
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- **Medical Payments Coverage:** Increased limit to \$100,000 for Medical Payments to a patient or client arising from bodily injury on your business premises

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Science to Practice: Measurement Based Care Improving the Quality of Care

Arthur E. Kelley, M.D., D.L.F.A.P.A., Practice Transformation Committee Co-Chair

Fortney et.al. recently published an important review of 51 research papers related to the use of measurement-based care (MBC) in mental health.¹ This article will review the major findings of this paper and make the case for using measurement-based care in clinical practice, particularly for the treatment of major depression.

First, a definition. The authors of the paper define measurement-based care as *“the systematic administration of symptom rating scales and the use of the results to drive clinical decision making at the level of the individual patient.”*

How do you judge the effectiveness of the care you deliver to depressed patients in your practice? If you are like most psychiatrists, you base your decisions simply on what your patients say about their depression during a session combined with your clinical judgment. Only 17.9% of U.S. psychiatrists routinely use symptom rating scales in their practice. However, research clearly suggests that using clinical judgment alone gives less than stellar results. Using clinical judgment alone, we detect only 21.4% of our patients whose depressive conditions are deteriorating. Nor are we good at recognizing when treatment has stalled with only a partial remission.

Research indicates we would help more patients achieve complete remission if we combined our clinical judgment with a valid symptom rating scale (such as the PHQ-9) to monitor the treatment process. This has been most clearly demonstrated in the multitude of studies looking at the implementation of collaborative care in primary

care.² All show improvement in the quality of depression care through MBC. We should think of MBC as a quality improvement exercise for ourselves.

Not only does MBC improve the quality of depression care, it can also help us demonstrate to payers that we practice population health. As our health care system moves to value-based contracting, payers will be interested in the quality of care we deliver to our entire population of depressed patients, not just individual patients. If we want to be viewed as valuable partners to payers, it will not be enough to say, “trust us, we deliver good care.”

We will be asked to report such metrics as what percentage of our depressed patients achieve remission, what percentage of our patients are at least 50% improved and/or what our patient relapse rate is. It’s metrics like these that will determine what incentive payments we will receive from the value-based contracts. By instituting MBC using the PHQ-9 and a patient registry that calculates the percent change in the measure when a new one is obtained, we can easily ensure we are delivering quality depression care and demonstrate that quality to payers.

As the Fortney paper points out, though, treatment of depression cannot be based solely on symptom rating scales. Although a diagnosis of major depression places the patient in a “population” of depressed patients, each patient has his/her own recovery needs and goals that must be addressed. This requires expertise on the part of the treating psychiatrist. Patients can’t be treated simply as a PHQ-9 score.

However, when properly informed, patients see the value of the monitoring of their treatment progress with a symptom rating scale. Patients expect their blood pressure to be taken when being treated for hypertension; they appreciate the use of the PHQ-9 when in depression treatment.

Although the research is most compelling for the use of MBC in the treatment of depression, MBC is now being used in the treatment of other disorders: panic disorder, generalized anxiety disorder, PTSD, alcohol misuse, and bipolar disorder. If there is a symptom rating scale shown to be sensitive to treatment changes, it can be used in a MBC care program.

We owe it to our patients and to our own professional development to bring MBC into our clinical practice. NCPA’s Practice Transformation Committee has a goal to establish a learning collaborative between now and the Annual Meeting in September, inviting NCPA members to join a program to bring MBC into their practices. The committee has recently spoken with Cara Lewis, PhD, an implementation science researcher at Kaiser Permanente to learn how best to roll out such a program. Getting research findings into clinical practice is fraught with difficulties. We on the committee want to do the best we can to disseminate a program that is of value to patients and clinicians. And one that is sustainable in busy practices. If you are interested in helping plan the program, participating in the program, or have questions, please email me at psyaek812@gmail.com.

¹ Fortney, et.al. Psychiatric Services February 2017 68:2 179-188.
² Huffman et.al., Psychosomatics March/April 2014 55:2 109-122.

Mandy Cohen, M.D., Takes Office as New DHHS Secretary

Last January, newly elected Governor Roy Cooper appointed Mandy Cohen, M.D., M.P.H. to serve as the Secretary of the N.C. Department of Health and Human Services. Dr. Cohen began her appointment on January 30; although she was not confirmed by the state Senate until March 29. Dr. Cohen succeeds Rick Brajer who had served as Secretary since August 2015.

"I look forward over the coming days and weeks to getting to know the DHHS Team and the work you are doing," said Secretary Cohen. "As a physician and policy maker, I know how much your work impacts the people of North Carolina every day. I am excited to be part

of this team that is working to improve the health, safety and well-being of all North Carolinians."

Dr. Cohen is an internal medicine physician with experience leading complex health organizations. Her prior experience was with the Centers for Medicare and Medicaid Services (CMS), serving as Chief Operating Office and Chief of Staff, as well as other positions at CMS overseeing Health Insurance Marketplace and private insurance regulations and coordinating the Affordable Care Act implementation.

Dr. Cohen received her medical degree from Yale School of Medicine, a Master's in Public Health from



NCPA continues to bring DHHS attention to pressing issues related to psychiatry. Marvin Swartz, M.D. and Robin Huffman met with the Secretary in March.

Harvard School of Public Health, and completed a residency in internal medicine at Massachusetts General Hospital.

Classified Advertisement

Child/Adolescent Psychiatrist - FT or PT Southern Pines, North Carolina

Sandhills Pediatrics is a fully-integrated practice with 12 pediatricians, 5 nurse practitioners, 1 pediatric psychiatrist, 2 psychiatric nurse practitioners, a PhD psychologist, and a licensed professional counselor. We wish to secure the services of a child/adolescent psychiatrist with interest in integrated mental health care and our mission to develop a comprehensive program for children from toddlers to adulthood. Our current program was started by a triple-board graduate who primarily practices child psychiatry; however, a triple-board graduate's schedule could be adapted to include outpatient pediatrics as well as child psychiatry. Unlike many other integrated practices, because of the shortage of services in the area, we continue to serve children with all levels of mental health needs including more severely mentally-ill children. We have regular team meetings and extensive clinical and billing support is available for our Providers. Medication management appointments are 30 minutes and therapy appointments are scheduled for 60 minutes. We see children with a wide range of diagnoses and acuity and strive to give evidenced-based treatment in their medical home. Sandhills Pediatrics is centrally-located in NC's Moore County, known for its championship golfing facilities, and is an easy drive to the state's mountains and beaches. The county has been rated in the top 10% of all micropolitans in the United States based upon economic strength and offers outstanding quality of life, perfect for raising a family. Sandhills Pediatrics offers a competitive salary. Full Time providers receive an excellent benefit package with paid medical, dental, vision, and life/disability. Forward your resume to Rhonda Olinger: rolingerhr@gmail.com.



Sandhills
pediatrics

All Psychiatry is Local

John Nathan Copeland, M.D., M.P.H., Child and Adolescent Psychiatry Fellow at UNC

As I near the end of my advocacy fellowship with the North Carolina Psychiatric Association, I've been reflecting on the multitude of formative opportunities I've experienced.

I've nervously spoken in front of the State House Health Committee, spent an informative Friday morning having coffee with Representative Verla Insko, watched lobbyists deftly navigate a world with countless unspoken rules, worked with the North Carolina Hospital Association on IVC issues, read and analyzed dozens of bills, and worn a tie more often than I did in my previous six years of training combined.

In March, the Raleigh News and Observer (N&O) published an Op-Ed I wrote on emergency department boarding and the condition of North Carolina's mental health system, "*NC Mental Health System Needs Rebuilding*."

I had been following ED Boarding for the past few years and wanted to communicate the dire situation to others because I believe it is an issue in a more critical condition than many are aware. However, deciding where to publish was a challenge. My intended audience was my neighbors, fellow North Carolinians, and legislators, and many of the usual publication routes for physicians didn't seem appropriate.

Fortunately, I have friends much smarter than me, and one of them recommended I try my hand at an Op-Ed. It would be the most daunting and time-consuming 740 words I'd ever penned.

I am aware that some do not want to hear how bad circumstances are, and given how many have worked

on mental health reform in the state, there was a high possibility I could upset the wrong person. On more than one occasion, my wife mostly in jest, I think, remarked "Why don't you publish this *after* you sign a job contract?"

My mentor, *Dr. Jack Naftel*, said "Nathan, I'll be honest, I don't know if this is going to help or hurt you." Not exactly reassuring.

But I had to write it.

And after many edits and editors, including said wife and Dr. Naftel, I sent it to the N&O. When I received notification that it would be published, I was elated. Though I believe my first words were, "What have I done?"

Luckily, it struck a chord. Within two weeks the article had been shared more than 2,000 times on Facebook, retweeted by legislators, and sparked many conversations.

A week later, the Office of the Department of Health and Human Services reached out to me because the new Secretary, Dr. Mandy Cohen, had read my Op-Ed and wanted to meet. This led to a whole new bag of anxieties, "Did I upset the wrong person? Is she going to ask me to return my medical license? Maybe I will have time to build those garden boxes."

For those unaware, Secretary Cohen was most recently the Chief Operating Officer and Chief of Staff at the Centers for Medicare and Medicaid Services. She is abundantly qualified. I, of course, thought "Now I am out of my league."

The meeting was delightful. Secretary Cohen is dedicated and driven and was interested in learning as much about mental health and sys-

tems innovations. She also said this, "Please tell your colleagues that we read the paper. And we especially read it when someone writes an Op-Ed like this."

Secretary Cohen's comment reflected something I've noticed all year. Legislators and government officials crave information from their constituents that will help them make an informed decision.

Unfortunately, making an informed decision is harder than it looks. In the past month, Senator Valerie Foushee, my state senator in Chapel Hill, has voted on bills addressing DMV Changes, Mecklenburg Police, K-12 Schools, the use of Outdoor Grills in Restaurants, Military Affairs, Motor Vehicle Insurance, Pharmacist Licensure, Retirement Benefits of Judges, Sales Tax, State Parks, Immigration, Plumbing &



Heating, Handicap Parking, LME/MCOs, Law Enforcement Agencies, Light Bars on Motor Vehicles, Child Support, Abolishing a Coroner's Office, Oyster Leasing, Veterinary Practice, Computers for Low Income Students, Salvage Yards, Federal Fisheries, and... you get the point.

Any of these topics could take months, if not years, to understand the outcomes and unintended consequences of a given vote. Yet legislators do not have that time and must rely on people that are already experts. So, who are these mythical experts?

You are. The readers of this newsletter are the experts.

And if they don't have you, they rely on who shows up. Being a physician, I know we have many good reasons to not show up. Not only do we have to *work*, but we also have anxieties about rocking the boat (see above), uncertainties about being experts, and trust that someone more qualified than us will handle it.

But there is no one more qualified than you.

In North Carolina, our legislators are voting on bills to address the opioid epidemic, expand Medicaid, revise IVC laws, better manage ED boarding, improve access to mental health, and more. They need you.

Despite all the happenings in DC, our state has and will continue to have the power to dramatically improve the health of its citizens and the practice of psychiatry.

To this end, the NCPA has recently embarked on a mission to help you stay abreast of bills pertinent to your profession and your patients. Just log on to the NCPA website and, look at the bills we are tracking. Then call your legislator. Get together with your colleagues and fellow stake-holders, make an appointment at your legislator's home office, and have a face-to-face discussion on your needs and the needs of your patients. And please remember that they are trying to learn and many genuinely want to help. *Always be kind and respectful.*

Also, consider joining some of the many NCPA committees and help the organization amplify your voice.

This past year has taught me many things, but the most important is that we have the ability and responsibility to make this better. We are the qualified experts the legislators want and need. We just need to show up.

Finally, I would like to thank Robin Huffman who was my shepherd in this adventure, Chris Hollis for teaching me about the minds and habits of lobbyists, *Dr. Marvin Swartz* for his ongoing expertise and dedication to mental health, *Dr. George Corvin* for showing me how to bridge being an advocate and practicing physician, *Dr. Jack Naftel* for his insights and copious skill in navigating the system, Katy Kranze at NCPA for keeping the gears turning, and everyone at NCPA for their hard work and commitment to mental health in North Carolina. 🌿

How to Get Involved, in 3 Easy Steps

Log on to the NCPA website and look at the bills we are tracking www.ncpsychiatry.org/2017-bill-log

(Helpful Hint: Your username is your APA number)

1

Find out who your Legislator is by visiting www.ncleg.net/representation/WhoRepresentsMe.aspx then enter your home address to find your NC Representative and NC Senator

2

Make an Appointment with your Legislator to discuss your needs and the needs of your patients

Always be kind and respectful

3

ROBUST RISK MANAGEMENT EDUCATION



Malpractice insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:



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NC Steps Up to National Initiative - Mental Illness in Jails

THE STEPPING UP INITIATIVE

Some of the major names in the national effort to reduce the number of people with mental illness in jail convened in Raleigh in May, and NCPA helped!

NCPA was involved in the May 9 "Stepping Up in North Carolina" Conference that attracted almost 250 participants and featured presentations by Fred Osher, MD, Miami/Dade County Judge Steve Leifman, and San Antonio mental health administrator Leon Evans. This day-long, free conference brought together county commissioners, sheriffs, LME/MCOs, hospitals, psychiatrists, state prison officials, community corrections, jail staff, patient and family advocates, substance abuse treatment professionals, psychologists, social workers, and judges—all of them united by a common interest in avoiding the use of jails for those needing mental health and addictions treatment.

NC Department of Health and Human Services Secretary Mandy Cohen opened the conference, which was an official Practice Improvement Collaborative (PIC) event sponsored by DHHS through a SAMHSA block grant to the Division on Mental Health, Developmental Disabilities and Substance Abuse Services. This PIC meeting was a little different than most. The DMHDDSAS planning committee also included staff from the NC Association of County Commission-

ers (NCACC), NAMI, a couple of LME/MCOs, and Robin Huffman of NCPA. In addition, NCACC provided some financial support for the conference, and the Psychiatric Foundation of North Carolina hosted the post-meeting reception.

Stepping Up is a national initiative that is primarily sponsored by the National Association of Counties (NACo) the Council of State Governments Justice Center, and the American Psychiatric Association Foundation (APAF).

Stepping Up has strong ties to North Carolina. It was unveiled at the national NACo conference when it was held in Charlotte August 2015. North Carolina already has 40 counties whose commissioners have passed resolutions to support efforts to reduce the number of those jailed with mental illness. Two NC counties—Alamance and Pitt—were selected from 250 applicants to attend the first National Stepping Up Summit held in Washington, DC in April 2016. And now, with a little encouragement from NCPA, our state become one of the first few states to hold its own state Stepping Up Summit.

Why Should Psychiatrists Care About Stepping Up?

NCPA became involved early on in Stepping Up, primarily because Robin Huffman was trying to figure out how the state office could or should be involved and vol-

unteered to serve on her county's steering committee. "That early involvement at the county level helped me realize that our association could play an important role in this project of the APAF.

"NCPA's Executive Council had already made the issue of Emergency Room 'boarding' of psychiatric patients a priority and had been working with other statewide groups to find solutions to this problem. It was very apparent to me that the problems of ED boarding and the jailing of people with mental illness were connected. The default safety nets in our communities have become jails and emergency rooms."

With that idea in mind, NCPA has been working to bring together our traditional advocacy colleagues and partners to help promote the vision of Stepping Up. Huffman was pleased to see several psychiatrists attending the May 9 Summit and is even happier to hear when NCPA members become engaged in this effort in their counties. "In Alamance, *Jim Ryan* has joined the steering committee and *Aarti Kapur* is part of the county task force. I—and I believe the APA as well—would like to see even more psychiatrists bringing their clinical expertise to the groups working in their communities. As psychiatrists become involved in networking and volunteering for these efforts, we stand a real chance in making a difference in both of these problems," she says.

To learn more about the initiative and to get involved please visit www.stepuptogether.org/what-you-can-do or contact Robin Huffman via email (info@ncpsychiatry.org) or phone (919-859-3370).¹

Member Notes...

Samina Aziz, M.B.B.S., D.F.A.P.A. has been appointed as a Corresponding Member of the APA's Council on Children Adolescents and Their Families.

The latest book written by **Drew Bridges, M.D., D.L.F.A.P.A.**, *The Family in the Mirror*, has been selected as one of five finalists in the Next Generation Indie Book Awards, in the general fiction genre.

Gregory Brown, M.D. was recently published in *Psychiatry Services*. To read the article *Discussing Out-of-Pocket Expenses During Clinical Appointments: An Observational*

Study of Patient-Psychiatrist Interactions visit <http://bit.ly/2pZux6F>

Riah Patterson, M.D., **Gabe Morosoff, M.D.**, and **John Nathan Copeland, M.D., M.P.H.** (from left to right) attended an NCPA Advocacy Day in conjunction with the NC Medical Society on March 29. Dr. Copeland was asked to speak to the House Health committee on a bill related to Involuntary Commitments.

Andrew Farah, M.D., D.F.A.P.A. is the author of *Hemingway's Brain*. The book was published in April 2017 and is available on Amazon.



Please send us your news!
Email your name and details to
info@ncpsychiatry.org.

...Annual Meeting continued from cover

The Marriott Grande Dunes is the only 4-Diamond oceanfront resort in Myrtle Beach, the property features indoor and outdoor pools, several restaurants, golf, tennis, and so much more.

Make your reservations today for the meeting to avoid overflow accommodations! Hotel reservations can be made now by calling the Marriott Grande Dunes at: 1-800-228-9290. Mention that you are with the North Carolina Psychiatric Association to receive the group rate

of \$174. Plan to bring your family and extend your vacation. The discounted rate will be available from September 10 through September 19. Reservations must be made by August 13 to receive the group rate.

Again this year, the Psychiatric Foundation of North Carolina will sponsor registration fees for medical students and psychiatry residents attending the Annual Meeting. The Foundation is also sponsoring the poster session on Saturday evening prior to the Awards Cer-

emony. If you would like to "sponsor a resident" and/or make a general a tax-deductible donation to the Foundation, please visit www.ncpsychiatry.org/make-a-donation or mail a check to the Foundation (4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606).

For more information about the Foundation, including its charitable interests and goals, visit www.ncpsychiatry.org/foundation.



REGISTRATION FORM

2017 Annual Meeting & Scientific Session

Mail registration form with check to NCPA, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606

Register Online: www.ncpsychiatry.org/annual-meeting

Name: _____ Degree(s): _____ 1st Annual Meeting? _____

Email: _____ First Name for Name Badge: _____

City: _____ State: _____

Dietary Restrictions (Circle): Vegetarian Gluten Intolerant No Seafood/Shell Fish No Pork/Pork Products

Guest Full Name for Name Badge (Not for CME): _____

Guest Dietary Restrictions (Circle): Vegetarian Gluten Intolerant No Seafood/Shell Fish No Pork/Pork Products

| | <u>Early Bird</u> | <u>General</u> |
|--|--|-------------------|
| <u>Please indicate # attending for CME:</u> | <u>Before 7/13</u> | <u>After 7/13</u> |
| _____ NCPA / NCCCAP / APA Member | \$450 | \$550 |
| _____ Psychiatry Resident | Paid for by the Psychiatric Foundation of NC | |
| _____ Non Member | \$550 | \$650 |
| _____ NP / PA / LCSW | \$400 | \$500 |
| _____ Single Day Registration (Indicate Day) | \$250 | \$250 |

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

Please indicate the number of Registered Guests (including yourself) attending the following events. (activities below are included in Registration Fees):

- _____ Welcome Reception, Thursday, Sept. 14
- _____ NCPA Business Lunch (NCPA Members ONLY), Friday, Sept. 15
- _____ NCCCAP Social (NCCCAP Members & Residents ONLY), Friday, Sept. 15
- _____ NCCCAP Business Lunch (NCCCAP Members ONLY), Saturday, Sept. 16
- _____ Poster Session Reception & Awards Dinner, Saturday, Sept. 16

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

Do you want to purchase paper handouts?

_____ Yes (\$25) _____ No

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

Registration and Payment Confirmation Will Be Emailed Upon Receipt.

Cancellation Policy: Cancellations on or before September 6 will receive a full refund, less \$50.00 for administrative fees. Refunds are not granted for no-shows.

Hotel Reservations

The Marriott Resort & Spa at Grande Dunes is now taking reservations for the 2017 Annual Meeting.

Marriott Grande Dunes

8400 Costa Verde Drive
Myrtle Beach, SC 29572
Phone: 1-800-228-9290

Single/Double: \$174 per night

Mention the Group Code PSY to receive the discounted rate.

The group rate is available 9/10/17-9/19/17, we hope you choose to extend your trip to Myrtle Beach!

The discounted room block expires August 13, 2017.

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

Please Support the Psychiatric Foundation of NC

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

Please indicate your tax-deductible donation amount: \$_____

(Mail check payable to Psychiatric Foundation of North Carolina to above address)

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

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



NORTH CAROLINA
**Psychiatric
Association**

North Carolina Psychiatric Association

A District Branch of the American Psychiatric Association

4917 Waters Edge Drive, Suite 250

Raleigh, NC 27606

P 919.859.3370

www.ncpsychiatry.org

Calendar of Events

June 3, 2017

Executive Council
Raleigh, NC

July 13, 2017

Early Bird Registration Ends
General pricing begins July 14!

September 13-17, 2017

NCPA Annual Meeting
Marriott Grande Dunes
Myrtle Beach, SC