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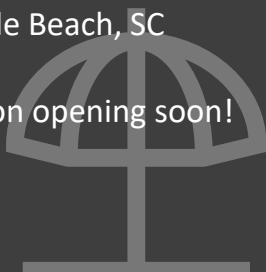
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NCPA Gets Bill Filed to Delay Mandated NC HIE Connection

“No man’s life, liberty, or property are safe while the Legislature is in session.”

Despite that cynical quote attributed to a speaker in 1866, we are hopeful that the North Carolina General Assembly’s (NCGA) current “long” session, the first in our two-year cycle, will have positive outcomes for psychiatrists.

The session opened at the end of January, and the NCPA helped draft one of the early bills filed, which is designed specifically to help psychiatrists and other mental health professionals.

On February 13, House Bill 70 (H70), “Delay NC HealthConnex for Certain Providers,” was introduced by primary sponsors Representatives Josh Dobson, Donny Lambeth, Greg Murphy, M.D., and Donna White, R.N. The goal of the bill is to postpone until 2021 the mandate to purchase electronic health record software and connect to the NC Health Information Exchange (NC HIE). June 1, 2019 is the currently mandated deadline.

You can find more information about this bill on the NCPA website’s advocacy page, <https://www.ncpsychiatry.org/advocacy>. At press time, this bill has been introduced, but it is currently being revised before discussion in committee. We are anxious to see if the bill moves forward with the delay in place for psychiatrists.

If you are a constituent of any of the bill sponsors, this is a great opportunity for

you to jot them a note, place a call, or send them an email to say, “Thank you for introducing this bill. This gives my practice time to properly prepare.”

If your NC House member is not a sponsor, let them know about this bill and why it is important to pass quickly. If you are wondering why, the answer is that the state will *not* pay any provider for care given to patients in Medicaid, CHIP, or the State Health Plan unless that provider has signed a participation agreement to connect to the NC HIE, or “HealthConnex,” by June 1 of this year. (See the December 2018, September 2018, and December 2017 issues of the *NCPA News* for more information about HealthConnex and this requirement.)

The NCPA is actively monitoring and pursuing other legislative initiatives that may impact psychiatrists across the state. At its February meeting, the NCPA Executive Council approved our list of 2019-2020 legislative and public policy priorities. Some of the issues we will be paying attention to this session, with the help of our contract lobbyists at Christopher Hollis & Associates, are:

- Promote MH/SA Parity.
- Support efforts to improve access to psychiatric care, including fair reimbursement, telepsychiatry, reduced administrative burdens, and payment for the Collaborative Care Model.

continued on page 13...

From the Editor: What Are You Reading?

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

My recommendation for this issue is *Hillbilly Elegy: A Memoir of a Family and Culture in Crisis* by J. D. Vance. This may seem an unusual selection in that most people associate Vance with politics. He is a frequent guest on the media talk shows, offering conservative leaning opinions about current political issues.

However, reading *Elegy* apart from the emotion and conflict of our current political environment, one finds a remarkable story of personal achievement within an upbringing that should have led to failure. From his experience, he offers a perspective that is worthy of consideration by those in our profession who focus on families.

Simply put, Vance asks the question of how does a family/community/culture pass on to its children the right set of skills and values to be successful in the world.

Vance has his critics. To some, he simplifies and even stigmatizes the "hillbilly" culture and overstates the case that family dysfunction is unique to this community of people. Yet if the lens of personal experience may be sometimes clouded, it also allows the focus of authority and legitimacy.

One highlight of the book for this reader came when he described his interaction with mental health professionals as uncomfortable and

unhelpful, but he remained curious and focused on understanding his own experience. His exploration led him to conclusions that our profession files under the concept of "psychological resilience."

If I may summarize his message it is this: even within difficult circumstances, positive things can happen if there are adults who make a genuine investment of time and energy in the wellbeing of a child and offer "good enough" (not perfect) models for living. His description of how this worked for him offers suggestions for policy on a larger scale.



NORTH CAROLINA
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Association

news

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Coming Full Circle

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

In my professional life and my duties on the NCPA Executive Council, I've struggled between the twin responsibilities of getting today's work done while keeping an eye on the overall mission.

If we think a bit more carefully about those sometimes opposing forces, the model of psychotherapy comes to mind. Regardless of theoretical orientation, a skilled psychotherapist tries to balance the minute-to-minute tactics deployed in their encounter with their patient against fidelity with the overall trajectory of treatment. Maybe they step back at the end of the session and weigh their effectiveness in managing these demands?

As this is my last column as your NCPA President for 2018-2019, I find myself in this wistful posture. Did we do enough as your Executive Council during this season? Are we faithful to the principles to which we ascribe? How could the year have unfolded differently had we made alternate decisions?

You may know this if you have attended an NCPA Executive Council Meeting (which are open to ALL members, by the way), but we begin every meeting with a reading of the Mission of the North Carolina Psychiatric Association. Our mission is to:

- Promote the highest quality care for North Carolina residents with mental illness, including substance use disorders
- Advance and represent the profession of psychiatry and medicine in North Carolina
- Serve the professional needs of its membership

Promote High Quality Care

One of the many reasons that I agreed to serve on the Executive Council in the first place is the patients-first approach to solving problems. If our patients win, then organized psychiatry wins – plain and simple.

Take the example of the access problem for so many patients with mental illness. Health care systems and payors have an easier time understanding that the value of psychiatric care delivered by psychiatrists carries benefits for their patients above all else. When human beings are mentally healthy, they require less medical care, as well. And in order to help patients achieve their optimum mental health, they should have access to the most skilled, capable workforce in the state.

"If our patients win, then organized psychiatry wins – plain and simple."

Advance and Represent the Profession

Our NCPA Annual Meeting serves so many purposes. For me, it's a wonderful time of gathering for clinicians from all corners of our state. I cannot wait to swap stories about how things work in everyone's neck of the woods. Every year, I reacquaint myself with folks and am eager to meet first-time attendees.



The greater goal of the meeting, however, is quite lofty. The plenary sessions are engaging and relevant. I always leave the NCPA Annual Meeting having learned something that will change my practice. The year of planning that goes into the Annual Meeting ends up being well worth the effort.

With regards to representation, NCPA remains vigilant for opportunities and challenges that come from state legislators and state executives in Raleigh. The element that impresses me the most in this regard twins with the first part of our mission. In most cases, NCPA serves to educate policy makers in our capitol about the best interests of their citizens. NCPA is at its best when seen as educators and collaborators.

Serve the Professional Needs of the Membership

As a busy medical student and resident, I didn't really understand professional organizations. I paid my dues, received a monthly journal, and got a discount at some meetings. There is nothing wrong with such a relationship with one's professional organization.

However, this particular District Branch has much more to offer

should one have the time and interest. Seeing how much our three staff care about the experience of all NCPA members is a perpetual delight. Having the opportunity to serve alongside them and with the members of this Executive Council is an experience I will treasure for

my lifetime.

As my role shifts on the Executive Council to the emeritus title of "Immediate Past President" in May 2019, I cannot wait to see what our newly elected slate of officers achieves. Jennie Byrne, M.D., Ph.D.,

Zachary Feldman, M.D., and others will no doubt eclipse the successes of the past and tackle unmet contests. As long as they keep one eye on our NCPA Mission, we will be fine. 🌱

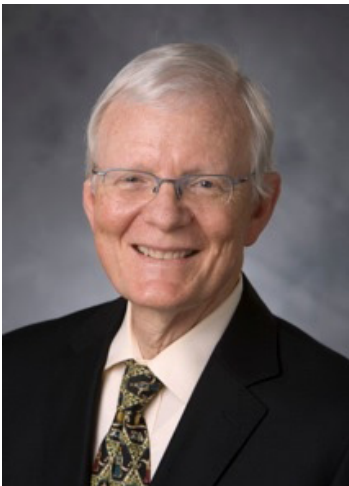
Member Notes...

Allan Chrisman, M.D., D.L.F.A.P.A. was selected as the recipient of the 2019 Bruno Lima Award in Disaster Psychiatry. As a disaster mental health educator, researcher, leader, and responder, Dr. Chrisman's contributions to the psychiatric care of victims of disasters across North Carolina and around the world have served to strengthen mental health systems and the communities they serve. Please join us in congratulating Dr. Chrisman on this well-deserved honor and thanking him for his prolific efforts!

Megan Pruette, M.D., a PGY-4 resident at Duke who is currently completing an advocacy elective in the NCPA office, has received a scholarship to attend the APA's 2019 Federal Advocacy Conference. The conference will be held March 11-12 in Washington, D.C. As a scholarship recipient, Dr. Pruette has the unique opportunity to lobby federal lawmakers on issues impacting psychiatry and patients. She will also learn about the inner workings of Congress and the legislative process, as well as receive hands-on advocacy training.

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

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



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NC Medicaid Awards Standard Plan Contracts

Robin Huffman, Executive Director

Beginning in November 2019, North Carolina Medicaid is going “back to the future.” In a move that reconnects the head to the body, the insurance plan design for this population will soon start providing “whole-person care.”

On February 4, the North Carolina Department of Health & Human Services (NC DHHS) announced the four entities to which it awarded statewide contracts. By late fall of this year, the “physical” health benefit will officially move to capitation under “Standard Plans.” The Prepaid Health Plans (PHPs) that won the contracts are:

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina’s Healthy Blue
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

In addition, a regional contract was awarded to Carolina Complete Health, Inc., the NC Medical Society-backed provider led entity (PLE). At press time, at least one bidder from the Request for Proposal (RFP) process was appealing NC DHHS’s decision, in hopes of being added to the list of managed care providers.

This news is important to psychiatrists for several reasons. These new capitated Standard Plans will cover “mild to moderate” mental illnesses in the Medicaid population, and psychiatrists will be included in the networks to help take care of these patients.

Currently, all behavioral health care for Medicaid recipients is delivered through the LME/MCO capitated system. Patients with IDD and more serious mental illness and addictions will continue to get their mental health care and enhanced services in the current LME/MCO system. A design for “Tailored” Medicaid insurance plans is underway.

This is an opportunity for psychiatrists to be integrated once again into the medical Medicaid networks and to provide direct outpatient care (in addition to patient oversight through the Collaborative Care Model) to Medicaid patients without the administrative burdens experienced when the public mental health system moved to capitation six years ago.

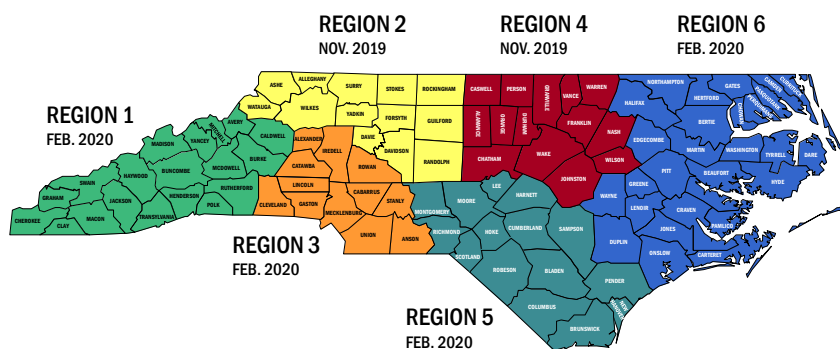
The four statewide Standard Plan PHPs and the regional PLE are now beginning to enroll physicians in these Medicaid networks, with a much-touted, simpler credentialing and enrollment process. We en-

courage psychiatrists to talk to all of the five networks and consider enrolling in one or more, if not all.

The Standard Plans will launch in two phases: the first in November 2019, and the second in February 2020. (See Figure 1.) When patients in Region 2 and Region 4 (both in the north central part of the state) begin having their health care paid for by these new Medicaid Standard Plans in November, many of them will also receive their mental health treatment from professionals in Standard Plan networks.

Under the previous LME/MCO capitated mental health system, multiple Medicaid contracts meant multiple enrollment processes and requirements. NC DHHS is using that past experience to require that the statewide and regional contractors use the NC DHHS credentialing and enrollment system, a single statewide formulary, and other streamlined administrative processes. The stated goal is to make it easier for all physicians,

NC Medicaid Managed Care Regions and Rollout Dates



Rollout Phase 1: Nov. 2019 – Regions 2 and 4
 Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

2019 02 04

Figure 1.

including psychiatrists, to be Medicaid providers.

With NC Medicaid changing, and with the move to whole-person care under the Standard Plans, now may be a good time to revisit participation in NC Medicaid.

The NC DHHS vision is that “by implementing managed care and advancing integrated and high-value care, North Carolina Medicaid will improve population health, engage and support providers, and establish a sustainable program with more predictable costs.”

Perhaps if psychiatrists flood the Standard Plans with non-binding letters of intent, these managed care entities will recognize psychiatry’s vital role in achieving these aims. For more information on Medicaid Transformation developments, visit the NC DHHS website: <https://www.ncdhhs.gov/assitance/medicaid-transformation>.



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Why CIN Membership Deserves a Second Look

Karen Melendez, M.D., NCPA Practice Transformation Committee Chair

Are you an independent practitioner who strives to provide high quality services, but you are unsure how to meet the goals that value-based care requires? A clinically-integrated network (CIN) may be the answer. So what exactly is a CIN, and why should you care?

CINs are defined as a “health network working together, using proven protocols and measures, to improve patient care, decrease cost, and demonstrate value to the market” (Becker’s Hospital Review). Another definition is “a legal structure that facilitates sanctioned collaboration among health care providers.”

CINs were first defined by the Department of Justice and the Federal Trade Commission in 1996 and require several key components:

1. Physician leadership as part of the governance structure.
2. Commitment to work on various performance improvement components including the Triple Aim of health care: (a) improve patient care experiences, (b) improve patient outcomes, and (c) reduce health care costs.
3. Analyze data to drive improvement on defined metrics.
4. Demonstrate value.

As primary care providers become increasingly challenged to show their value and provide data to payors, psychiatry is being called upon to partner with our physical health colleagues to work in the world of population health. Research is starting to prove the ideas you may have known for years: that appropriate psychiatric interventions and

psychiatric care positively impact the cost of delivering medical care.

In the traditional fee-for-service world, the focus is primarily on whether the patient outcome for the disorder you are treating is improving. In the world of population health, can your psychiatric interventions improve how the patient with diabetes is doing or reduce readmits to the hospital for cardiology issues? We think they do. And by working in teams, without giving up your practice independence, CINs may help deliver your share of the cost savings.

The tide has turned, putting the spotlight on behavioral health issues and the tremendous impact our work has on medical-surgical costs. For those of us who participate in Medicare and Medicaid, “value-based care” and “measurement-based treatment to target” are approaching like a bullet train. We either need to hop on or risk missing out on incentive payments. If you are an independent provider, who wants to continue accepting third-party payments, you can continue being relevant and preserve your autonomy in this ever-changing medical landscape through CIN membership.

A CIN offers the infrastructure to work with primary care physicians

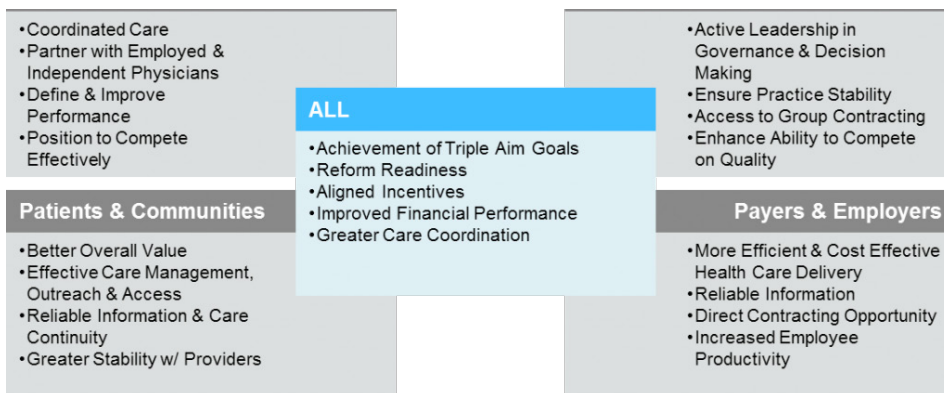


Figure 1.

on clinical improvement initiatives and quality metrics and potentially support behavioral health integration into primary care. By joining a CIN, psychiatrists can help determine what supports and services are needed by its members to maintain optimal practice performance.

The formation of a successful, high-performing CIN affects all areas of healthcare. (See Figure 1.) Although negotiating better rates is not the sole purpose, if a CIN is able to demonstrate value and show Triple AIM improvements, it can drive higher reimbursement through group-negotiated contracts that include the following:

- Increased fee-for-service rates based on expected performance
- Incentive payments made for performance improvement initiatives

- Shared savings based on a reduction in cost of care

NCPA has been active with the NC Medical Society's (NCMS) *Towards Accountable Care Consortium* over the past several years. In 2013, we helped develop the "Accountable Care Guide for Psychiatrists – Preparing Psychiatrists for the Approaching Accountable Care Era." (<https://www.ncpsychiatry.org/assets/docs/IntegratedCare/aco-guide-psychiatry-final.pdf>)

In addition, the NCMS has produced a toolkit to help practitioners navigate CIN contracting. (http://www.tac-consortium.org/wp-content/uploads/2018/03/ACO-and-CIN-contracting-guide_2018.pdf)

Various CINs have formed across the state, with numerous press releases announcing new ACO, CIN,

and joint venture partnerships. Not all of these CINs are actively recruiting psychiatrists. The following two organizations have included psychiatrists on their board of managers, which bodes well for our power to help drive the course of these CINs.

1. Community Care Physician Network:

<http://www.communitycarephysiciannetwork.com/>

2. UNC Health Alliance:

<https://www.unchealthcare.org/health-alliance/about-uncha/>

By joining a CIN, fiercely independent practitioners, of which there are many, can participate on a more level playing field with larger hospital-based groups and continue to demonstrate their worth to payors. The result is not only sustainability, but ideally, provider satisfaction. 🌱




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Maintenance of Certification (MOC) Reform

Megan Pruette, M.D., Duke PGY-4 Resident

Dr. Pruette is Duke's Resident-Fellow Member Representative on the NCPA Executive Council. As part of an advocacy elective, she has been working in the NCPA office alongside Executive Director Robin Huffman and NCPA's contract lobbying firm, Christopher Hollis & Associates, on various legislative issues and advocacy initiatives.

Maintenance of Certification (MOC) reform is an issue of great concern to many NCPA members. During a recent District Branch President's meeting, American Psychiatric Association (APA) President Altha Stewart, M.D. clearly stated that although the APA does not have the power to eliminate American Board of Psychiatry and Neurology (ABPN) or MOC, leadership is aware of members' frustrations and is advocating for MOC relief.

The APA is currently in the process of providing comments on the American Board of Medical Specialties (ABMS) "Vision Initiative" on continuing board certification, emphasizing that the MOC process should not be an onerous one, that there should be alternatives incorporating what psychiatrists are already doing, and pushing ABMS and ABPN to reform. The APA is also actively discussing endorsing alternative boards.

In 2015, the APA Board of Trustees sent a letter to ABPN stating that, (a) the APA does not agree that there should be an exam every ten years for MOC, (b) certification for lifelong learning should be an integrated, ongoing process relevant to actual practice, (c) should there be an exam at any point, most questions should be related to the psychiatrist's subspecialty with the inclusion of some relevant general psychiatry questions, and (d) no psychiatrist should be forced to maintain his/her un-

derlying general and subspecialty certification through more than one certification process.

Additionally, the APA is supporting state legislation, like that introduced and passed in 25 states, that eliminates MOC as a condition of employment, hospital admitting privileges, reimbursement, licensure, and malpractice coverage.

There have been results from the relationship that the APA has built with its members, understanding their concerns, and relaying these to the APBN:

1. The ABPN removed the requirement in Part 4 of MOC.
2. ABPN agreed to add new methods to meet MOC requirements, including Quality Improvement (QI) projects.
3. ABPN reduced Initial Certification fees for 2018 by 5% and have reduced all fees over the past decade.
4. Starting in 2018, physicians can participate in an optional, journal-based, self-assessment program instead of taking the 10-year exam.

The APA maintains an ongoing relationship with the ABPN, ensuring that members' voices are heard. As part of its continued efforts to critically analyze the issue of MOC, the APA has established several platforms to collect members' questions and address concerns.

A standing committee of the APA Assembly and an MOC caucus were created to provide regular feedback during ABPN meetings. If you would like to be more involved, please join the APA MOC Caucus by updating your APA profile. You can also visit this webpage to learn more about the APA's ongoing MOC re-

form efforts and provide feedback: <https://www.psychiatry.org/psychiatrists/education/certification-and-licensure/apa-and-moc-reform>.

The APA wants to understand members' concerns and represent them well on a national level while trying to improve this process. The NCPA is in alignment with the APA in their efforts to reform MOC. Current NCPA President Mehul Mankad, M.D., D.F.A.P.A. was previously the Chair of NCPA's MOC Task Force working to understand the concerns of members regarding MOC.

The NCPA continues to be open to hearing your questions or concerns regarding MOC. Please call the NCPA office or send an email to info@ncpsychiatry.org!

APA Advocacy Priorities for MOC

- Ensure MOC status is not used for licensure, hospital privileges, or insurance paneling.
- Ensure psychiatrists receive credit for quality and practice improvement activities they are already completing within the scope of their own practice.
- Address concerns about the fees associated with maintaining certification.
- Reduce the burden of MOC as a contributor to physician burnout.
- Equip APA members with easy to use activities to meet the requirements of MOC in an efficient and cost-effective manner and that lead to improvement in patient care.

UNC-CH Resident Leverages New Strategies to Coordinate Care in North Carolina

James Mayo, M.D., Executive Council Resident-Fellow Representative (UNC-CH PGY-3)

We are experiencing an exciting and inspiring time in the field of psychiatry. Our evolving understanding of the brain – aided by increasingly powerful technologies and analytical models – is granting new insights into the etiologies of psychiatric disease, as well as novel therapeutic targets.

A growing focus on the health of populations is driving development of innovative treatment models that go beyond the classic inpatient-outpatient paradigm and recognize the myriad of social determinants that are intricately tied to health outcomes.

The field of psychiatry is also growing more popular; the number of medical students nationally matching into psychiatric residencies has increased consistently each of the past six years, as have the number of psychiatric residencies in our state.¹

Despite these advances, our field continues to face significant challenges. Popular understanding of mental health issues remains limited, as observed in the national discourse on topics ranging from mass shootings to the opioid epidemic.

Deinstitutionalization, in an effort to treat people with mental illness in the least restrictive settings, has instead scattered our sickest patients across systems – complicating continuity of care for those moving among hospitals, nursing homes, correctional facilities, and the streets.

Amidst our best efforts, mental health parity remains a distant goal that has been difficult to realize. As with other fields, mental

health organizations also struggle with recruitment and retention at all levels, particularly in rural areas where limited resources and high demand create a uniquely straining work environment.

As a third-year resident embarking on my career, I am particularly attracted to the challenge of creating systems of care that address these concerns in effective, data-driven, and sustainable ways. One such venture is the UNC Clozapine Technical Support Center. We're developing this project at UNC with the Center of Excellence in Community Mental Health to support providers and increase use of clozapine across North Carolina.

In addition to being uniquely effective for treatment-resistant thought disorders, clozapine has also been found beneficial for issues ranging from self-injurious behaviors and suicidality to aggression in patients with personality disorders.

“As a third-year resident embarking on my career, I am particularly attracted to the challenge of creating systems of care that address these concerns in effective, data-driven, and sustainable ways.”

However, despite this evidence, clozapine remains significantly underutilized.² Our program combines elements from evidence-based models, including ECHO (Extension for Community Healthcare



Outcomes), integrated care, and peer support. Partnered psychiatric providers distributed throughout the state will act as “hubs” and serve as first lines of support for participating practitioners.

These hubs will provide community-informed guidance for coordinating blood draws, interface with local pharmacies, facilitate interactions with managed care organizations (MCOs), and serve as native mentors for rural providers. Hubs will also offer to manage patients through the clozapine initiation process when the risks of side effects, administrative burden, and frequency of contact is greatest.


The network's center at UNC will provide virtual and in-person education, host and curate online resources, offer case reviews and a phone line for consultation, develop hubs and community networks, and aspire to offer clozapine-specific sessions as part of a broader educational project to support community mental health.³

Case managers will work with hubs and participating practices in their catchment areas to manage clozapine patient panels, ensure moni-

toring requirements are met, and facilitate interactions between hub and rural providers. Peer support specialists will be incorporated into educational resources, be available for provider and patient questions, and work with case managers as needed for specific cases.

As the issues of suicide, prison overcrowding, demand for psychiatric hospital beds, and health care costs gain attention, the case for expanded clozapine use grows; however, clozapine offers but one powerful tool to improve the lives of our patients.^{4,5}

Complex challenges require us to work together and leverage new strategies to address the shortcomings of our mental health system. Collaborative endeavors such as

this offer new ways to more effectively disseminate and implement evidence-based treatments and models as they arise, improving the practice environment for our providers and quality of life for patients. 

For questions, correspondence, or interest in our project, please email me at james.mayo@unchealth.unc.edu.

References

¹ Moran M: U.S. Seniors Matching to Psychiatry Increases For Sixth Straight Year. *Psychiatric News* March 2018. Available from <https://doi.org/10.1176/appi.pn.2018.4a3>.

² Olsson M, Gerhard T, Crystal S, Stroup TS: Clozapine for Schizophrenia: State Variation in Evi-

dence-Based Practice. *Psychiatric Services* 67:1152, 2016.

³ For more information about the ECHO model and its evidence, see <https://echo.unm.edu/about-echo/>.

⁴ Goren JL, Rose AJ, Smith EG, Ney JP: The Business Case for Expanded Clozapine Utilization. *Psychiatric Services* 67:1197-1205, 2016.

⁵ Sheitman B, Zarzar T: Clozapine for Self-Injurious Behavior: Beyond Schizophrenia. Presentation to the Office of Correctional Health & Coalition of Correctional Health Authorities. 2018. Available from http://www.aca.org/ACA_Prod/IMIS/DOCS/OCHC/A%20Special%20Session%20Webinar%20-%20Clozapine%201.24.18%20FINAL.pdf (Accessed 10/6/18).

...“NCPA Helps Get Bill Filed to Delay Connection to NC HIE,” continued from cover

- Support for building the addiction treatment infrastructure and reducing barriers for medication assisted treatment (MAT).
- Support for Medicaid expansion and funding for the uninsured in the public mental health system.
- Oppose scope of practice expansions that might be unsafe for patients. We anticipate a nursing scope expansion bill, which we will oppose.
- Support for efforts to improve mental health care in prisons and jails, to improve access to insurance if incarcerated, and reduce the number of people with mental illness and addictive disease in the justice system.


In recent electronic newsletters, we have shared ways for psychiatrists

to learn more about what is going on at the NCGA. You can follow all bills that have been introduced and their subsequent votes through the Legislation & Bills section of the NCGA website. For reference, the “S” next to a bill means it is in the State Senate, and the “H” next means a bill is in the House (<http://www.ncleg.net/Legislation/Legislation.html>).

Before a bill is introduced and early in the legislative session are both good times for you to call or email and express your thanks to them for serving the public. You should also offer to be a local expert for them on issues related to mental health and health care, in general. If you do not know who



represents you, visit <http://bit.ly/NCGAreps>.

Opening the door to develop a personal connection with your elected officials is a great first step in advocating for your patients, your practice, and your profession! 

APA Announces 2019 Honorees

Congratulations to the following NCPA members who have achieved Distinguished Fellowship, Fellowship, and/or Life Member status! New honorees will be formally recognized at the APA Annual Meeting in San Francisco in May. *Please note, honorees listed below may hold additional distinctions other than those most recently awarded.*

Distinguished Fellow

Robert McHale, M.D.
Sarah Wells Slechta, M.D.
Samuel Thielman, M.D.

Fellow

Tiffani Bell, M.D.
Nathan Copeland, M.D.
Predrag Gligorovic, M.D.

Joanna Pearson, M.D.
Sarah Rivelli, M.D.

Life Member

Angela Hodge, M.D.
Amilda Horne, M.D.
Timothy Isley, M.D.
Winston Lane, M.D.
Ureh Lekwauwa, M.D.

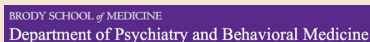
Yvonne Monroe, M.D.
Elizabeth Pekarek, M.D.
Keshavpal Reddy, M.D.
Susan Rinaldo, M.D.
Thomas Spruill, M.D.
Rajakumar Thotakura, M.D.
Michael Zarzar, M.D.

Second Annual NC Psychiatry Reception

SUNDAY, MAY 19 | SAN FRANCISCO, CA
DURING THE 2019 APA ANNUAL MEETING

Come join your North Carolina friends and colleagues for an evening of lively festivities! (Email invitation with more details coming soon.)

Meet Your Hosts:



Don't Forget to Renew Your NCPA Membership

If you have not yet paid your NCPA and APA dues, your membership expired on December 31, 2018 and you are now within the 90-day grace period. To avoid a lapse in your member benefits, please take a moment to renew for 2019.

Member dues for both NCPA and APA billed together through the APA's centralized dues billing and membership renewal processes. Members may renew in one of three easy ways:

- Online: www.psychiatry.org/paydues
- Phone: 202-559-3900
- Send a check to:
APA Membership Dept.
800 Maine Avenue, S.W.
Suite 900
Washington, D.C. 20024

Scheduled Payment Plan

The Scheduled Payment Plan is a convenient, easy way to make sure your dues are always received on time and you never experience a lapse in membership (and the benefits to which you are entitled).

The plan allows for your current APA and NCPA dues to be automatically charged to your credit card in monthly, quarterly, biannual or annual installments. There is no additional cost and enrolling is easy. Contact the APA at 888-357-7924 to enroll.

Couples Discount

Members who live together and/or are married receive a 15 percent discount on their APA and NCPA dues. Members who take advantage of this discount will only receive one copy of The American Journal of Psychiatry. Contact the APA to claim your discount!

Lump Sum Dues Program

The APA continues to offer Lump Sum Dues payment where members may make a one-time payment to cover the cost of APA membership for as long as you wish to remain a member. Members would still pay NCPA dues each year. The Lump Sum Dues payment is an irrevocable payment to the APA; payment can be distributed among two installments if necessary.

For more information on the program, please contact the APA Membership Department, 888-357-7924 or membership@psych.org.

Please don't hesitate to contact us if you have specific question regarding your NCPA member benefits. Call our office at 919-859-3370 or email info@ncpsychiatry.org.

Thank you for your continued NCPA and APA membership! We look forward to serving you again this year.

Deduct Your Dues this Tax Season!

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

For your 2018 NCPA dues, you may deduct 88 percent as a business expense. According to the APA, you may deduct 96 percent of your national 2018 dues.

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

Need assistance determining the amount you paid in 2018 for your NCPA and APA membership? Call the NCPA office at 919-859-3370 or email info@ncpsychiatry.org.

2019

CLINICAL UPDATE AND PSYCHOPHARMACOLOGY REVIEW

Featured Speakers

John Kern, MD, Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington

Josh Stein, BA, JD, MPP, Attorney General of North Carolina

Kody H. Kinsley, NC DHHS Deputy Secretary for Behavioral Health & IDD

View Conference Agenda: <http://bit.ly/clinicalupdate>

This annual conference is in association with: Southern Regional AHEC, NC Psychiatric Association, Duke Department of Psychiatry, UNC Department of Psychiatry, North Carolina Division of MH/DD/SAS, Governor's Institute on Substance Abuse, and NC Psychological Association.



NORTH CAROLINA
**Psychiatric
Association**

North Carolina Psychiatric Association

A District Branch of the American Psychiatric Association

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<https://ncpsych.memberclicks.net/login>

If you need assistance, call the NCPA office at 919-859-3370.

Important Dates

March 11-12

APA 2019 Federal Advocacy
Conference
Washington, DC

April 5

Psych & Law Committee
NCPA Conference Room
Raleigh, NC

Sunday, April 7

NCPA Executive Council
NCPA Conference Room
Raleigh, NC

April 11-12

2019 Clinical Update
McKimmon Center
Raleigh, NC

April 18

Addictions Committee
By Phone

May 18-22

APA Assembly & Annual
Meeting
San Francisco, CA