



## Resident-Fellow Member Gets In-Depth NCPA, Advocacy Experience

### Plus, NC Legislative Updates

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#### ATTENTION ALL NCPA MEMBERS:

Are you receiving our twice-monthly e-newsletters in your email inbox?

Generally, we send an e-newsletter during the 2nd and 4th week of the month to all NCPA members with an email address on file with us. If you are not receiving an e-newsletter, but you use email, please contact us at [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org) or 919-859-3370.

Also, please add us to your safe-sender/email white list.

*Beginning in July, Laura Willing, M.D., PGY-5, UNC-Chapel Hill's Resident-Fellow Member representative on Executive Council, has been working in the NC Psychiatric Association's office for an in-depth elective focusing on advocacy. Dr. Willing is working closely with Executive Director Robin Huffman and NCPA's contract lobbyist Christopher Hollis on various legislative issues and policy-making committees, coalitions and advocacy groups. "Having Dr. Willing in our office — and often at the General Assembly — every week has been a rich experience," said Huffman. "I wish every NCPA member could get this kind of glimpse into the work NCPA does behind the scenes at the legislature and sitting at public policy tables."*

*Dr. Willing describes the experience here in her own words:*

As a 5th year child and adolescent psychiatry resident, with the "real world" looming before me, I find myself more and more interested in advocacy and mental health policy. To that end, I am diving headfirst into a new elective experience with the NC Psychiatric Association. I am working closely with Executive Director Robin Huffman and NCPA staff to develop an elective that focuses on mental health advocacy, organized medicine and legislative issues related to medicine and mental health.

Earlier this summer, NCPA received an invitation to attend an Executive Order

Signing ceremony at the Wake County Justice Center. I was fortunate enough to attend the event where Governor McCrory established the North Carolina Mental Health and Substance Use Task Force. With a stroke of his pen, the Governor instructed the task force to give strategic recommendations regarding mental health and substance use in the state of North Carolina. This task force will include representatives from all three branches of government, as well as stakeholders in the mental health field. I look forward to learning the task force's recommendations, which are due to the Governor in May 2016.

Another exciting opportunity presented itself later in July when I participated in the Doctor of the Day program at the North Carolina General Assembly. In this capacity, I interacted with members of the legislature, staffers, and visitors to evaluate them for minor medical complaints, check blood pressures, and provide OTC medications. The Doctor of the Day is also introduced on the Senate Floor and the House Floor and has the opportunity to chat with several members of both chambers. This was a terrific way to become actively engaged, and I learned a lot about how the legislative process works on a day-to-day basis.

While the Doctor of the Day does not lobby or promote a certain agenda, the insight I gained carried forward to my work with the NCPA Lobbyist, Chris-

*continued on page 9...*

# Rick Brajer Takes Oath as New DHHS Secretary

In early August, Governor Pat McCrory appointed Rick Brajer to serve as the secretary of the N.C. Department of Health and Human Services. Secretary Brajer (pronounced BRAY-zher) began his appointment on August 17; Brajer succeeds Aldona Wos, MD, who had served as secretary since January 2013.

"I am honored to be asked by Governor McCrory to serve North Carolina in this role," said Brajer. "I look forward to continuing building upon the progress that Secretary Wos has made at DHHS during her tenure."

Brajer has many years of experience serving in leadership roles in the healthcare and medical industry. Most recently, Brajer served as CEO and Director of ProNerve, Inc., an intraoperative neurophysiologic monitoring (IOM) company providing services to health systems, acute care hospitals, specialty hospitals, ambulatory surgery centers, surgeons, and physician groups in the United States. From 2003 to 2013, he served as the President, CEO and Director of LipoSci-

ence, Inc., a medical device company. Prior to that, Brajer held various leadership roles including president of BD Diagnostics and president of BD Preamalytical Systems.



New DHHS Secretary Rick Brajer takes the Oath of Office on August 14, 2015.

Brajer earned his B.S. in Chemical Engineering from Purdue University and his MBA from the Stanford Graduate School of Business. He and his wife have three sons. An avid long distance runner since high school, Brajer has been active in the community as chairman of Habitat for Humanity of Wake County, member of the Ravenscroft Board of Trustees, and board of directors of Communities in Schools of Wake County.



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# news

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# Collaborative Care: Now is the Time

*Arthur E. Kelley, M.D., D.L.F.A.P.A., President*

Not to be *egotistical*,  
but primary care *needs us*.  
*That's just a fact.*

Health Care Reform will put even more pressure on our primary care colleagues than they feel now. Here's what they are facing: as health care moves to pay for performance, primary care providers will be paid on how well they care for the sickest of the sick, those with multiple chronic illnesses. Making up about five percent of the U.S. population, this group of patients spends 50 percent of our healthcare dollars. Primary care providers will be asked to improve the quality of their care and patient experience, all the while lowering their per capita costs. They will be paid based on how well they keep patients out of emergency rooms, prevent hospitalizations, and prevent 30-day readmissions. They will be judged on the percentage of their diabetic patients who have A1C hemoglobins below 8.0 and the number of their patients with hypertension who have normal blood pressures on medication. And on, and on.

So where do psychiatrists come in? First, look at the Milliman Report commissioned by the American Psychiatric Association. Patients with chronic physical illnesses who also have a mental disorder and/or a substance use disorder have two to four times the per annum medical costs as those without. Notice, I said medical costs. Not mental health costs. This is true for all insured and uninsured patients. Second, look at how primary care

providers are doing regarding the treatment of mental disorders. Research shows, for example, that primary care providers who treat depression get a response (50 percent improvement) in about 20 percent of treated patients. Not very good—but, what kind of results do you think I would get if I started to treat diabetic patients? The point is that these patients need psychiatric care. And we have a way to get it done.

The untreated need us as well. Sixty percent of the people in this country who could benefit from mental health care get no care. These men, women and children are not presenting to mental health facilities or psychiatric practices, but many of them are sitting unrecognized in primary care. And, again, we have a way to improve this situation.

Collaborative care is a model that would go a long way to remedy the problems described above. This model adds a mental health care manager and a consulting psychiatrist to the primary care team and has two decades of research demonstrating that it improves the quality of depression care and lowers medical costs. In recent years, the model has demonstrated its usefulness in the treatment of other mental disorders as well. The IMPACT model, out of the University of Washington, represents the most-studied model of collaborative care. Two



processes make it unique. First, a systematic diagnostic process is followed by measurement-based care supported by a disease registry. For example, the treatment of depression is guided by the use of serial PHQ-9s. Second, treatment is guided by an evidence-based algorithm and relapse prevention follows patient improvement. In this model, the psychiatrist is a caseload consultant and sees only the patients who are not improving or are diagnostic dilemmas. I am fortunate to be able to consult in a primary care practice that is using this model. We are getting a response or a remission in about 60 percent of the depressed patients who enter the protocol. Remember, usual care achieves a response in 20 percent of those treated.

So why is this approach so rare in primary care? The biggest barrier is that the majority of payers will not reimburse for the non-face-to-face time required to make the model

*continued on page 5...*



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## Oops! We Made a Mistake Last Time

In the June 2015 issue of NCPA News, the article *Neurocognitive Effects of Adolescent Cannabis Use* contained a typo in the last paragraph on page 14. It mistakenly stated:

“Preventive educational efforts should include the current and compelling evidence that exists which shows routine cannabis use, defined as at least once weekly, is not safe, and that level of routine use has been determined to be harmless.”

It should have read:

“Preventive educational efforts should include the current and compelling evidence that exists which shows routine cannabis use, defined as at least once weekly, is not safe, and that *no* level of routine use has been determined to be harmless.”

If you notice something that isn't quite right, please let us know; email [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org) to submit the mistake.



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... *President's Column continued from page 3*

work—time spent by the psychiatrist consulting with the care manager and time spent by the care manager in telephonic contact with the patients. Do you think this would be the case if the model had to do with better care of cardiac or stroke patients? I doubt it. The hue and cry would be deafening.

It's time for the North Carolina Psychiatric Association to begin a campaign that brings this issue to the attention of our colleagues, our patients, insurers and government leaders, asking them to look at the science and make collaborative care available in primary care. It's a social justice issue for our patients and needed support for our primary care colleagues. During my presidency, with the help of our Executive Council as well as any members who want to join the cause, I will work to develop a strategy to move this cause forward. Join us. 

## For Further Reading

*AIMS Center - Advancing Integrated Mental Health Solutions*  
www.aims.uw.edu

*Integrated Care: Working at the Interface of Primary Care and Behavioral Health*  
Lori Raney, M.D., American Psychiatric Publishing, 2015

*The Milliman Report*  
www.ncpsychiatry.org/milliman

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**Interested physician candidates should send a formal CV to Emily Slagle at:**  
[ecslagle@NovantHealth.org](mailto:ecslagle@NovantHealth.org).

**Interested physician assistant and nurse practitioner candidates should send a formal CV to**  
**Stephanie Floyd at:** [skuykendall@NovantHealth.org](mailto:skuykendall@NovantHealth.org).

# September is Recovery Month

## Join the Voices for Recovery: Visible, Vocal, Valuable!

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors National Recovery Month to increase awareness of behavioral health conditions. This celebration promotes the message that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and/or substance use disorders.

The 2015 Recovery Month theme, "Join the Voices for Recovery: Visible, Vocal, Valuable!" highlights the value of peer support by educating, mentoring, and helping others.

During Recovery Month, SAMHSA releases the National Survey on Drug Use and Health (NSDUH). This report is the primary source of information on the prevalence and impact of mental and/or substance use disorders across the country. Take a look at the following stats from the NSDUH report.\*

### Behavioral Health Prevalence in the U.S. in 2013

- Among adults aged 18 or older, 43.8 million (18.5 percent of adults) had any mental illness in the past year.
- Among the 43.8 million adults aged 18 or older with any mental illness, 19.6 million (44.7 percent) received mental health services in the past year. Among the 10 million adults with serious mental illness, 6.9 million (68.5 percent) received mental health services in the past year.
- Among people aged 12 or older, 21.6 million people (8.2 percent of this population) were classi-

fied with substance dependence or abuse in the past year.

- Among people aged 12 or older, 20.2 million people needed treatment for an illicit drug or alcohol use problem in the past year, but did not receive treatment at a specialty facility in the past year
- More than seven million U.S. adults reported having co-occurring disorders. This means that in the past year they have had any mental illness and a substance use disorder. The percentage of adults who had co-occurring mental illness and substance use disorder in the past year was highest among adults aged 18 to 25 (6.0 percent).

### Prevention Works, Treatment is Effective, and People Recover

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

- The first behavioral health symptoms typically precede a mental and/or substance use disorder by two to four years, offering a window of opportunity to intervene early and often.
- According to research that tracks individuals in treatment over extended periods, most people who get into and remain in treatment stop using drugs, decrease their criminal activity, and improve their occupational, social, and psychological functioning.
- Two-thirds of Americans believe that treatment and support can help people with mental illnesses lead normal lives.

\*Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.





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... *Advocacy article continued from cover*

topher Hollis. I have enjoyed learning from Mr. Hollis and spending time in the Legislative Office Building talking to State Legislators about topics and bills relevant to mental health. For example, there is currently a proposed bill related to Autism Insurance Reform. As a psychiatrist, I am able to provide education and first-hand knowledge of how this will impact patients and the mental health system.

In addition, I have learned about what goes on behind the scenes in the health care system by attending meetings with Robin Huffman. From sitting in on the Provider LME Leadership Forum, to observing the Joint Insurance Committee, to participating in an IDD medication work group meeting with CCNC, I have been exposed to so many new aspects of mental health advocacy and leadership.

This has truly been an eye-opening experience thus far, and I know that I am only beginning to scratch

the surface of what there is to learn. Prior to this elective, I knew that NCPA worked to represent its members and the practice of psychiatry and our patients, but I now have a greater understanding of what those advocacy efforts actually mean — it is a continual effort that extends beyond the legislature and into everyday meetings where NCPA ensures that we are represented. I would absolutely recom-

mend this experience to any residents interested in learning more about advocacy, medical leadership, and mental health policy. 🌱



Above Left: (Left to Right) Dave Richard, Deputy Secretary for Medical Assistance at NC DHHS; Sally Cameron, Executive Director of the NC Psychological Association; Mark Martin, Chief Justice of the NC Supreme Court; Robin Huffman, Executive Director of the NC Psychiatric Association; and Laura Willing, M.D., PGY-5, attend the Executive Order signing for the NC Mental Health and Substance Use Task Force. Above Right: Laura Willing, M.D., PGY-5, stands in front of the Great Seal of North Carolina on the floor of the Senate Chamber while serving as the NC Legislature's Doctor of the Day.

## Legislative Highlights (as of August 24, 2015)

### **Medicaid Reform**

On August 19, the House voted and failed to concur with Senate amendments to H372, Medicaid Transformation/HIE/Primary Care/Funds bill, which has resulted in the forming of a conference committee to negotiate the deal. The following day, conference committee members were finalized and debate began. NCPA has been working with the NC Medical Society to create a list of requests for inclusion in the final Medicaid Reform plan. NCPA lobbyists Chris Hollis and Robin Huffman are monitoring the debate and advocating for reform that prioritizes psychiatric medical

leadership and a patient-centered, integrated care model as the standard.

### **Autism Insurance Coverage**

Early in the legislative session, NCPA began advocating, in collaboration with many other groups, for the approval of S676 Autism Insurance Coverage and Mental Health Parity. The bill will increase access and coverage for several forms of treatment for patients with Autism Spectrum Disorder. There has been much debate about the bill -- mostly a struggle between this bill and competing legislation that would provide more narrow benefit services. Unfortunately, the

bill has stalled and approval does not appear to be within reach this session.

### **Amend Firearm Laws H562**

The Governor signed the omnibus gun bill on August 5, 2015. Thanks to NCPA's lobbying efforts, along with other medical societies and mental health advocates, the final version did not include language that would prevent physicians and other providers from asking about and/or documenting in writing whether or not patients have access to firearms.

# What Psychiatrists Need to Know About...

## ICD-10

The countdown to the ICD-10 transition is on — on October 1, 2015, all HIPAA-covered entities must transition from using ICD-9 codes to using ICD-10 codes. While this transition has been scheduled and delayed several times in the last few years, this time the transition will actually take place.

### What is the relationship between the codes in my DSM and ICD codes?

Since 1980, every code that has been listed in DSM has been an ICD-9 code. However, DSM-5, unlike previous versions of DSM, contains both ICD-9 and ICD-10 codes. For most behavioral health providers, if you have a DSM-5, you are ready for the transition to ICD-10 on Oct. 1, 2015.

### If I have a DSM-5, do I need to purchase an ICD-10 to identify correct billing codes?

No. If you are a behavioral health provider, DSM-5 should remain your primary resource. It is a tool that provides you with diagnostic criteria and corresponding ICD-10 codes.

### Where do I find the ICD-10 codes in DSM-5?

Below is an illustration taken from the DSM-5. The code on the left is an ICD-9 code. The code on the right is an ICD-10 code. *Beginning Oct. 1, 2015, you will need to use the code on the right in parentheses.*

Posttraumatic Stress Disorder	ICD-10-CM Code for Posttraumatic Stress Disorder
Diagnostic Criteria	309.81 (F43.10)
	ICD-9-CM Code for Posttraumatic Stress Disorder

### Since ICD-10 has more codes than ICD-9, how do I code disorders that now have multiple coding options?

Part of the reason the U.S. is upgrading to a newer version of ICD is because it allows providers to be more

specific in their diagnoses. For example, there is only one ICD-9 code you can use to diagnose Anorexia Nervosa. The code is 307.1. ICD-10 provides a unique code for the two types of Anorexia Nervosa—the Binge-Eating/Purging type and a separate code for the Restricting type. With ICD-10, you can now be more specific by assigning a different code to each type.

Here is an excerpt from a page of DSM-5 to show what these more specific codes look like in the classification:

307.1 ( ) Anorexia Nervosa* (338)	This is the ICD-9-CM Code for Anorexia Nervosa
Specify whether:	
(F50.01) Restricting type	These are the ICD-10-CM Codes for Anorexia Nervosa. Note that a "blank" code listed next to the ICD-9 code. This is because you should choose one of the two codes, which specify type of Anorexia Nervosa.
(F50.02) Binge-eating/purging type	

Here is an excerpt from the Feeding and Eating Disorders chapter of DSM-5 to show what these look like in the text:

**Coding note:** The ICD-9-CM code for anorexia nervosa is 307.1, which is assigned regardless of the subtype. The ICD-10-CM code depends on the subtype (see below).

**Specify whether:**

**(F50.01) Restricting type:** During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

**(F50.02) Binge-eating/purging type:** During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

### Do I need a DSM-5 to practice, or can I just use the ICD-10 book?

Providers should continue to use DSM-5 to determine the correct diagnosis of a mental disorder. ICD-10 does not contain information to help guide diagnosis; it is simply a listing of disease names and their corresponding codes. There is a diagnostic book, The ICD-10 Classification of Mental and Behavioural Disorders (referred to as the "Blue Book"), which contains diag-

## Members Notes...

**Charles "Ken" Dunham, M.D.**, is the new physician service line leader for behavioral health for Novant Health. Dr. Dunham has been serving as the physician leader for the behavioral health service line for the greater Winston-Salem market; he now has responsibility for developing the strategic vision for behavioral health services across Novant Health.

**Nathan Strahl, M.D., Ph.D.**, is the author of *Freedom from Addiction To Narcotic Painkillers and Heroin*. The book was published in May 2015 and is available on Amazon.

**Thomas Penders, M.D., M.S., D.L.F.A.P.A., Sy Saeed, M.D., M.S., FACPsych, D.F.A.P.A., and Chad Stephens, M.D.** have been appointed to the NC Institute of Medicine's Cross-Cutting Working Group within the organization's Task Force on Mental Health and Substance Abuse.

***We want to hear from you!***

To submit an item for Member Notes, please email the NCPA member's name, photo (if available) and details to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

nostic criteria and non-U.S. ICD-10 codes. However, this book was last updated in 1992 and is not in line with contemporary thinking about mental illness in the same way as the DSM-5.

### Does the U.S. Officially recognize DSM-5 for use in identifying ICD-10 codes?

Yes. The National Center for Health Statistics and the Centers for Medicare & Medicaid Services (CMS) oversee the official implementation of ICD-10 in the U.S. CMS has posted the following on its website:

"DSM-5 contains the standard criteria and definitions of mental disorders now approved by the American Psychiatric Association (APA), and it also contains both ICD-9-CM and ICD-10-CM codes (in parentheses) selected by APA. Since DSM-IV only contains ICD-9-CM codes, it will cease to be recognized for criteria or coding for services with dates of service of October 1, 2015 or later. Updates for DSM-5 criteria and their associated ICD-10-CM codes (identified by APA) will be found at [www.dsm5.org](http://www.dsm5.org)."

See more at the following CMS web page: <http://1.usa.gov/1vqmdZP>

### Where can I learn more about the transition to DSM-5 and ICD-10?

A free webinar with in-depth information about the transition is available at the American Psychiatric Association's website: [www.psychiatry.org/ICD10transition](http://www.psychiatry.org/ICD10transition). There also are several resources available via the

DSM-5 website at [www.dsm5.org](http://www.dsm5.org). You are encouraged to visit this site often as updates in coding and other resources are often added.

## Need More ICD-10 Help?

The APA has several ICD-10 resources on their website, including:

**Free, Brief Webinar: Using DSM-5 in the Transition to ICD-10**

<https://vimeo.com/134304901>

**CMS: ICD-10-CM/PCS Myths and Facts**

<http://go.cms.gov/1KK7kEc>

Also, NCPA is working on an ICD-10 Workshop for later this fall. Stay tuned for details on the website ([www.ncpsychiatry.org](http://www.ncpsychiatry.org)) and in the E-News that comes to your inbox.

In the meantime, please send us your ICD-10 questions:

[info@ncpsychiatry.org](mailto:info@ncpsychiatry.org)

919-859-3370



# News from the APA

## Updated Parity Poster and New Spanish Language Version Help Patients Report Unfair Insurance Practices

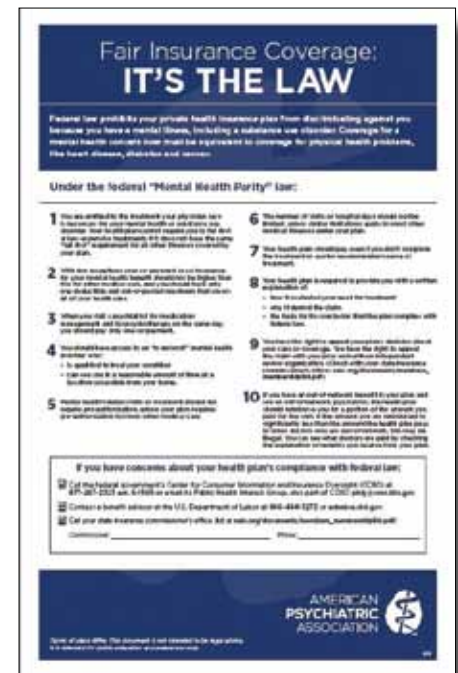
Federal law is clear that insurers can no longer discriminate against patients with mental illness, including substance use. Yet many people are unaware of what constitutes a violation under federal law (Mental Health Parity and Addiction Equity Act and the Affordable Care Act). Patients who know their rights are better equipped to protect their rights.

That's why the American Psychiatric Association created a tool to help enforce the parity law and end discrimination: a poster titled, "Fair Insurance Coverage: It's the Law."

The poster has been recently updated and a new Spanish-language version is now available. The poster clearly and simply explains the law and the steps to take when a violation is suspected.

Please join the effort to protect mental health patients and ensure that all insurers comply with the law.

Visit [www.psychiatry.org/parity](http://www.psychiatry.org/parity), to print out both versions of the poster and post them in your offices, clinics and break rooms at workplaces.



## 2016 Dues Schedule Announced, New Payment Plans, Discounts Available

### Centralized Dues Billing

Beginning in 2016, the APA will move to a new dues schedule for all members — members will need to pay dues in full or enroll in the Scheduled Payment Plan by March 31 to avoid experiencing an immediate lapse in membership. Previously the dues deadline was June 30 annually. Look for renewal information from the APA starting later this month.

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.

### Married Couple Discount

Married members will 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 at 888-357-7924 to claim your discount!

### Lump Sum Dues Program

The APA has created a Lump Sum Dues payment program where members may make a one-time payment to cover the cost of membership for as long as you wish to remain a member. Members would still have to pay district branch 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](mailto:membership@psych.org).

### How Much of a Tax Deduction?

MEMBER AGE	LUMP SUM DUES PAYMENT	AMOUNT DEDUCTIBLE
30-39	\$12,500	\$9,750
40-44	\$12,000	\$9,360
45-49	\$10,500	\$8,190
50-54	\$9,500	\$7,410
55-59	\$8,000	\$6,240
60-64	\$6,000	\$4,680
65-69	\$4,500	\$3,510
70+	\$4,000	\$3,120
Life Status 60+	\$5,500	\$4,290



# Register Today for the 2015 Annual Meeting!

Thriving Today and Preparing for Tomorrow  
Earn Up To 13.5 Hours of AMA PRA Category 1™ Credits  
October 1-4, 2015 | Twin City Quarter, Winston-Salem

It's not too late to reserve your seat for next month's NCPA Annual Meeting & Scientific Session in Winston-Salem. Online registration is fast and easy — just visit [www.ncpsychiatry.org/annual-meeting](http://www.ncpsychiatry.org/annual-meeting) and click the Register Now link. Register before September 24 to receive the general registration rates; after that date, walk-in registration will apply.

"Thriving Today and Preparing for Tomorrow," is this year's theme, and the 2015 Program Committee members and Program **Stephen Kramer, M.D., D.L.F.A.P.A.** have secured top-notch speakers, drawing heavily on the research talent and psychiatric expertise right here in North Carolina in addition to other prestigious out-of-state institutions. The Psychiatric Foundation of North Carolina is also very pleased to bring Nora Volkow, M.D., the director of the National Institute on Drug Abuse, to the Annual Meeting as the 2015 V. Sagar Sethi, M.D. Mental Health Research Award winner. Attendees can earn up to 13.5 hours of AMA PRA Category 1™ credits.

Attendees will learn about topics ranging from ED Boarding, Integrated Care, School Violence, Tobacco Cessation, Neurolaw, and more (see next page for the full schedule). NCPA has tentatively scheduled a pre-conference Disaster Training workshop on Thursday afternoon. For more information about this workshop or to RSVP to attend, call 919-859-3370 or email [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

Attendees will also have time to network and socialize with new and old colleagues, alike. In addition to daily receptions and breaks, Sunday morning's breakfast hour will allow for NCPA committees to meet. NCPA members attending are encouraged to "meet and greet" with committees, learn more about committee work and even join a committee.

Again this year, NCPA is working to incorporate technology into the conference experience — please consider downloading the free Guidebook Mobile App to your smartphone or tablet. Guidebook even has a web version for use on your laptop or tablet. The mobile app connects you with everything you need to know about the meeting. Daily schedules, speaker biogra-

phies, electronic handouts, and more are all available with the swipe of your finger or click of your mouse (see next page for download instructions).

In the coming weeks, NCPA staff will be sending registered attendees information on how to access electronic handouts, invitations to special events, and more. In the meantime, if you have any questions, please call 919-859-3370 or email [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org). See you in Winston-Salem!

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and the North Carolina Psychiatric Association. The APA is accredited by the ACCME to provide continuing medical education for physicians. The American Psychiatric Association designates this live activity for a maximum of 13.5 AMA PRA Category 1 Credits™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.*

## Advancing Treatments, Improving Care

To support people living with  
mental health conditions and  
those who care about them



Dr. Paul Janssen, Founder

For more information, please visit [www.JanssenCNS.com](http://www.JanssenCNS.com).

Carlos Stela, *Untitled*

Artwork from the National Art Exhibitions of the Mentally Ill Inc.

Janssen is proud to feature artwork created by people affected by the illnesses and diseases we are committed to treating and preventing.



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August 2015

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# CONFERENCE SCHEDULE

## THURSDAY, OCTOBER 1

Registration Opens at 2:00 pm  
NCPA Executive Council Meeting  
Disaster Psychiatry Workshop  
Welcome Reception

## FRIDAY, OCTOBER 2

Registration & Exhibits Open at 7:00 am  
*Physicians Health*, Jana Burson, MD  
*First Episode Psychosis*, Diana Perkins, MD, MPH  
*ED Boarding and Other Approaches to Psychiatric Care*, Seth Powsner, MD  
*Integrating Medical and Psychiatric Care*, Paul Summergrad, MD  
NCPA Business Lunch (Members Only)

## AFTERNOON WORKSHOPS

Neurolaw Workshop, Stephen Kramer, MD and Kate Mewhinney, JD  
Collaborative Care Workshop, John Santopeitro, MD, Robin Reed, MD, Beat Steiner, MD  
Evening Reception  
NCCCAP Social

## SATURDAY, OCTOBER 3

Registration & Exhibits Open at 7:00  
NCCCAP Executive Council Breakfast

## GENERAL PSYCHIATRY TRACK

*Tobacco Use and Cessation in Psychiatry Patients*, John Spangler, MD

*NC-STeP: Using Telepsychiatry to Improve Access to Evidence-Based Care*, Sy Saeed, MD, MS, FACPpsych

*Neuropsychiatric Masquerades*, Manish Fozdar, MD

## CHILD & ADOLESCENT PSYCHIATRY TRACK

*Addressing School Violence*, Jeff Bostic, MD, EdD  
*Case Conference: Collaboration and Coordination*, Jeff Bostic, MD, EdD, Amba Jonnalagadda, MD, Lynn Henninghausen, Lisa Bernard, Eds  
*Cyberbullying*, Jeff Bostic, MD, EdD

NCCCAP Business Lunch (Members Only)

Afternoon Reception (*Sponsored by Novant Health Psychiatric Medicine*)

Resident Session

Resident Poster Session, Reception & Awards Dinner

## SUNDAY, OCTOBER 4

*How Do Drugs Enslave our Brains?*  
Nora Volkow, MD, 2015 Sethi Award Lecture  
*Adult Autism*, Jeff Bostic, MD, EdD  
*Reducing Disparities in Psychiatric Care*, Rahn Bailey, MD  
*Top 20 Research Findings of 2014-15*, Sy Saeed, MD, MS, FACPpsych

# TIPS FOR USING ELECTRONIC HANDOUTS AT THE 2015 NCPA ANNUAL MEETING

- Download PDF handouts to your device prior to the conference. NCPA will send links to access the handouts 1-2 weeks prior to the conference; a USB is provided at check-in.
- Download the free Guidebook mobile app from your device's App Store to view handouts, schedule, speaker bios, workshop descriptions, award winners, and more! Search for NCPA within the app to find our event. Visit <https://guidebook.com/guide/42895> to use the app on your tablet or laptop's internet browser.
- If you're using a tablet or smart phone to view handouts at the conference, install the Adobe Reader app prior to the meeting. It's free for iOS & Android and allows you to take notes (with or without a stylus), highlight text, insert comments, etc. Other apps are available for purchase and may have more "bells and whistles," but the Adobe Reader app is a solid, free tool.

### Other Helpful Hints:

- Bring your device charger(s)! We will have several charging stations set up in the session rooms.
- Install a free QR Code Reader app on your device so you can scan the QR Codes found around the conference.
- Use #NCPA15 to tag Tweets related to the conference. Guidebook lets you access tweets within the app! You can also "check-in" to the conference using the Guidebook app.
- If you have questions, ask NCPA staff. We are here to help you!

## THANK YOU TO OUR 2015 SPONSORS!

### PLATINUM LEVEL

**Novant Health Psychiatric Medicine**

### SILVER LEVEL

**American Professional Agency**

### BRONZE LEVEL

**Alexander Youth Network  
Janssen Pharmaceuticals**

**LifeSource  
PRMS**

### EXHIBITORS

Alkermes Pharmaceuticals  
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Genomind  
Medical Mutual  
Monarch

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Poyner Spruill  
RHA Health Services  
Scale for Anxiety & Depression

Takeda Pharmaceuticals  
USA, Inc. & Lundbeck  
Veritas Collaborative  
Wake Forest Baptist  
Medical Center  
eLab Solutions

**Thank you to PhRMA for its unrestricted educational grant!**

# REGISTRATION FORM

## 2015 Annual Meeting & Scientific Session:

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

**For Credit Card Payment – Register and Pay Online: [www.ncpsychiatry.org/annual-meeting](http://www.ncpsychiatry.org/annual-meeting)**

Primary Attendee Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_ First Annual Meeting? \_\_\_\_\_

Email: \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Add'l Attendee Name (for CME): \_\_\_\_\_ Degree(s): \_\_\_\_\_ First Annual Meeting? \_\_\_\_\_

Email: \_\_\_\_\_ First Name for Name Badge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guest Full Name(s) for Name Badges (not for CME): \_\_\_\_\_

### Meeting Registration Fees:

Please indicate # attending for CME/CEU:	Before 9/24
_____ NCPA/NCCCAP/APA Member	\$550
_____ Psychiatry Resident	<i>Registration paid by the NC Psychiatric Foundation</i>
_____ Non-member	\$650
_____ Nurse Practitioner/Phys. Asst.	\$500
_____ Single Day Registration (indicate day)	\$250

Please indicate # of guests attending:	Before 9/24
_____ Spouse/Guest (Non-CME)	\$100
_____ Children 6-17	\$25
_____ Children 5 and under	Free

### Registration fees include:

Continental breakfasts (Friday, Saturday, Sunday), Thursday and Friday evening receptions and Saturday night reception and dinner for all **registered** members, guests, and children. Other receptions may be added. *\*If you are bringing a non-registered guest to the Saturday evening dinner only, there is a \$50 per guest charge.*

### Please indicate the number of people attending (Registered Guests Only):

- \_\_\_ Thursday Evening Welcome Reception
- \_\_\_ Friday NCPA Business Lunch (NCPA Members ONLY)
- \_\_\_ Friday Evening Reception
- \_\_\_ Friday Evening NCCCAP Social (NCCCAP Members and Residents ONLY)
- \_\_\_ Saturday NCCCAP Business Lunch (NCCCAP Members ONLY)
- \_\_\_ Saturday Afternoon Drop-In Reception
- \_\_\_ Saturday Evening Reception & Awards Dinner

Please Include any Dietary Restrictions: \_\_\_\_\_

**ELECTRONIC Handouts:** NCPA will provide electronic handouts via web & USB to all registered attendants. *Paper handouts are available for advance purchase for \$25.*

Do you want to purchase paper handouts? Yes (\$25) \_\_\_\_\_ No \_\_\_\_\_

TOTAL FOR NCPA MEETING: \$ \_\_\_\_\_

To pay by CHECK, mail this registration form with payment to: NCPA, 4917 Waters Edge Dr., Suite 250, Raleigh, NC 27606. (Check payable to NCPA)

To pay by CREDIT CARD, Register Online: [www.ncpsychiatry.org/annual-meeting](http://www.ncpsychiatry.org/annual-meeting) or call 919-859-3370.

**Registration and Payment Confirmation Will Be Emailed Upon Receipt.**

**General Registration Deadline:** Registrations must be received by **September 24**. Walk-in registration rates apply after this date.

**Cancellation Policy:** Cancellations on or before **September 24** will receive a full refund, less \$50.00 for administrative fees. Refunds are not granted for no-shows.

### Hotel Reservations:

**The discounted room block expires September 2, 2015.**

Mention the NC Psychiatric Association Annual Meeting to receive the discounted room rates.

### Winston-Salem Marriott

Phone: 1-800-320-0934  
Single/Double: \$149.00 per night  
Triple/Quad: \$159.00 per night

### Embassy Suites Winston-Salem

Phone: 1-800-696-6107  
Single/Double: \$159.00 per night  
Triple/Quad: \$169.00 per night

**Additional conference information is available on the NCPA website: [www.ncpsychiatry.org/annual-meeting](http://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](http://www.ncpsychiatry.org/foundation)**

**Please Note:** Only donations made to the Foundation are Tax-Deductible as Charitable Contributions. You will receive your donation information at the end of the year.



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](http://www.ncpsychiatry.org)**

## Calendar of Events

### **September**

National Recovery Month

For NC Events, visit: <http://1.usa.gov/1NUnJJj>

### **September 24, 2015**

Last Day of General Registration  
for NCPA Annual Meeting

[www.ncpsychiatry.org/annual-meeting](http://www.ncpsychiatry.org/annual-meeting)

### **October 1, 2015**

Executive Council Meeting  
Winston-Salem, NC

### **October 1-4, 2015**

2015 Annual Meeting & Scientific Session  
Twin City Quarter | Winston-Salem, NC