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### Don't Forget to Pay your Dues!

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

#### To renew today, you can:

1. Pay online:  
[www.my.psychiatry.org](http://www.my.psychiatry.org)
2. Pay by phone: (888) 357-7924
3. Send a check to:  
APA, Membership Dept.,  
1000 Wilson Blvd., #1825,  
Arlington, VA 22209

Your NCPA and APA staff look forward to continuing our work for you!

## Be the Lifeblood for Your Profession!

*Robin Huffman, Executive Director*

Can I tell you how much Katy and I loved watching the jaws drop of the members attending the NCPA Annual Meeting last month as they walked into our meeting hotel? Few expected such a fabulous venue when we moved our coastal meeting to Myrtle Beach, and even those folks were a little worried about whether Hurricane Irma would leave the beach intact.

But beyond the hotel and its amenities, Katy and I were excited about spending the weekend with you! We love seeing our residents and their posters, catching up with our meeting "regulars" and their families, and hearing from first-time attendees about how much they enjoyed the weekend—the meeting, their colleagues, and seeing their professional association in action. The best part is having members express interest in becoming more involved in NCPA and asking about joining committees.

Committees are the lifeblood of NCPA, and they serve several functions that are both top-down and bottom-up:

**Advice:** Committees help advise me when public policy issues come up so that I can represent psychiatry at public meetings and insist that clinical evidence-based practices are at the core of decisions made. Several of you know that I may call or email you with an urgent request for your thoughts on a topic. I have even been caught texting during a meeting to some of you, so that I can relay the right information or correct misinformation while I am sitting in a policy meeting or down at the legislature!

**Research:** Committees gather, discuss and communicate to our members what is new in practice and research, serving as a resource for members in the field. We sometimes employ a "Practice SWAT Team" or folks at the APA to help get answers to members' questions.

**Communication:** Committees serve as an essential communication mechanism for NCPA staff and Executive Council to understand what is really taking place in doctors' offices and treatment settings across the state. Committees and our members are what help inform NCPA advocacy. What are the issues our members are really facing out there? How did that NC Tracks pharmacy edit really impact your patients, your practice? What are the new drug abuse practices that are bubbling up in rural or urban parts of our state? How many patients really are being "boarded" in a local emergency department? Are others seeing a trend in insurance company denials for legitimate medical practice?

We have committees to meet just about any interest. And they work.

Over the last couple of years, our **Addictions Committee** has written letters to Medicaid and met with Medicaid clinical leadership to argue against its cap on Urine Drug Screens. (We are making some headway here.) We have elbowed our way to get seats on the Opioid Prescription Drug Abuse Advisory Committee, which is turning into the key group that will inform opioid policy in our state. We are working to

*Continued on page 6...*

## From the Editor

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

As part of NCPA News' continuing series on books of interest, it is my pleasure to recommend a book by one of NCPA's own members, **Dr. Andrew Farah**. His book, *Hemingway's Brain*, is a reexamination of the common assumptions concerning the psychiatric condition of Ernest Hemmingway.

While psychiatrists should always be cautious about diagnosing those who are not examined directly within a professional relationship, I believe Dr. Farah's work is appropriate and timely, given the widely published and discussed clinical theories about one of America's great writers.

The book is exhaustively researched through secondary sources and Dr. Farah's conclusions are presented in the light of our evolving knowledge about brain trauma. He argues that multiple concussions complicated by alcoholism, and not bipolar disorder, account for Hemmingway's struggles, especially late in life.

I find two lessons in Dr. Farah's work. First, each generation should examine our old assumptions about how we think about our work and the people we serve. Dr. Farah has shed new light here.

Second, the book is luxuriously written. Hemmingway and those

in his life come alive in this book. The richness of the writing is an example of how we can add to our traditional ways of learning and knowing. Peer reviewed studies and mentoring relationships will remain the key to our competency, but we should make room for other paths to wisdom.

Dr. Farah is currently the Chief of Psychiatry at the High Point Division of UNC Healthcare. He has published widely in the field, and is recognized for elaborating the "homocysteine theory of depression" through various studies and publications. His book, *Hemingway's Brain*, was recently submitted for 2016 Pulitzer Prize consideration.



NORTH CAROLINA  
Psychiatric  
Association

news

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# Time to Innovate and Transform How We Provide Healthcare

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

**Last Friday there was a loud noise outside the pediatric clinic in the hospital where I provide services every 2 weeks. Several of us ran outside and found a man in his 40s lying on the floor, unresponsive, with blood under his head. Finding no pulse and agonal breathing, a nurse and I proceeded to initiate CPR.**

**After 3 minutes, an AED was secured and one of the pediatricians positioned it, quickly identifying no heartbeat, announced “clear” and applied a shock. Still no pulse, we continued CPR. Other hospital staff arrived and after moving him to a gurney he was taken to the ICU.**

.....

NCPA had its Annual Meeting at Myrtle Beach in September where I had the honor of introducing the meeting and many of its participants. It was great to see so many of you there and to hear presentations from experts from NC and across the country about a wide variety of topics including pediatric psychopharmacology, healthcare payment “reform” and advances in our understanding of the underlying causes of schizophrenia.

In my remarks, I challenged our members to take a broad view of our patient’s health needs, not only their psychiatric struggles but especially their general health. We

know that the average life expectancy of individuals with SPMI diagnoses is 15-25 years less than the general population. Individuals with any behavioral health diagnosis die 8 years earlier on average than the general population.

Up to half of all premature (or early) deaths in the United States are due to behavioral and other preventable factors—including modifiable habits such as tobacco use, poor diet, and lack of exercise, according to studies reviewed in a new National Research Council and Institute of Medicine report. These are problems that we should be able to have a significant impact on. However there have been ongoing efforts to find ways to improve these numbers, but even with grant-supported models of co-location, it has been difficult to change them.

My response to this is that *we* need to take more responsibility for the health of our patients. We are moving toward different models of payment, and the current Medicaid proposal includes a specialty plan in which the state’s LME-MCOs will be responsible for managing both the behavioral health services and medical care of our patients with conditions such as schizophrenia and bipolar disorder. This should provide opportunities for behavioral health providers to incorporate primary care services into our programs. One example that some MCOs have piloted is to place a primary care provider on ACT teams, which reduces barriers to obtaining medical care and may help improve health outcomes.

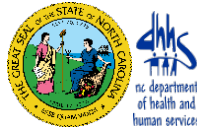
The point is that psychiatric physicians are uniquely qualified and well positioned to lead a health-



care system as it seeks to embrace whole person care. That may be on the primary care side, where you might find yourself providing collaborative care or direct psychiatric care. You may enroll in a Clinically Integrated Network that values the expertise you bring to the a team. And you should be the one helping lead your behavioral health agency as it integrates physical care into a traditionally mental health setting. We are trained as doctors.

In case you are wondering, the man who received CPR eventually responded to defibrillation and was airlifted to Mission Hospital. We discovered that both of his parents have had open heart surgery for heart disease so he was at very high risk. It was a situation that made me proud to be a physician, to have a positive impact on this man’s health that will hopefully add years to his life. I want to have that same impact on all my patients. I challenge you to do the same. It is time for us to innovate and *transform* how healthcare is provided to our patients. 🌱





## North Carolina Department of Health and Human Services

### “Making a Difference for all NC Residents”

As someone entering the medical profession, we know you want to make a difference in the lives of others. What better way than to join a team whose mission is to treat the citizens across North Carolina, especially our most vulnerable citizens – children, elderly, disabled and low-income families? The NC Department of Health and Human Services (DHHS), with facilities across the entire state, offers opportunities in Mental Health, Developmental Disabilities, Neuro-medical Treatment Centers, Hospitals, and Substance Abuse Treatment Centers.

### “Location....Location....Location”

DHHS has 14 facilities across the beautiful and diverse state of NC. Whether you prefer the Mountains, Coastal Region or the Central Piedmont of NC, we have a career opportunity for you!

### “Find Your Calling”

DHHS has career opportunities in Mental Health, Developmental Disability, Substance Abuse, Hospital, and Neuro-Med facilities. DHHS has beautiful historical facilities, as well as new, state of the art facilities that you can call home. Get to know our residents and staff and become part of an extended family!

### “The Perks”

We offer competitive salaries, on call pay, extended duty pay for those weeks that require overtime, and of course all those state benefits: State health insurance and retirement, Vacation and Sick leave and a host of others benefits. Some facilities also offer loan repayment for qualifying individuals. All of this is within a family atmosphere, where we care not only about our patients, but also about our employees!

### “Sign me Up”

For more information on our facilities and the job that is waiting for you, contact: DHHS Website: <https://www.ncdhhs.gov> For additional information on current clinical needs, call or email: Tony W Wilson, Clinical Recruiter at 336-880-3242 (Cell) 828-438-6590 (Office) [Tony.Wilson@dhhs.nc.gov](mailto:Tony.Wilson@dhhs.nc.gov)





## All Politics Is Local

Do you know at least one state Representative, US Congressman, or local elected official who knows who you are and would return your phone call?

NCPA represents your interests in the NC General Assembly with Robin Huffman and professional lobbyist Christopher Hollis meeting regularly with members of the NC General Assembly (NCGA) to advocate for positions that benefit psychiatrists and your patients.

But that old Tip O'Neal quote holds true today. "All politics is local," and the best way to influence legislative action is by getting to know your local elected officials.

While the NCGA can't quite seem to finish up its business in Raleigh (they keep coming back!) now really is an excellent time for NCPA members to meet up with their elected officials back home in the district. NC has a citizen legislature: most elected officials will have work or home telephone numbers

where you can reach them when they aren't in Raleigh. Now is the time to establish, build, or nurture personal relationships that can keep the practice of psychiatry and the care for your patients at the forefront legislatively. And, with your help, we can keep momentum going to advance psychiatry's interests in the legislature.

Need help? Simply follow the process outlined below or call your NCPA staff. We can assist you in scheduling the meetings with your individual State Representative and State Senator and may even accompany you to the meeting if you would like. The goal is to develop an ongoing relationship with your legislators.

### How to schedule a meeting with your legislators:

1. **Identify your Representative and Senator** (if you don't already know) by entering your address in the "Who Represents Me" section of the North Carolina Legislature website (<http://www.ncleg.net/representation/whorepresentsme.aspx>).

[www.ncleg.net/representation/whorepresentsme.aspx](http://www.ncleg.net/representation/whorepresentsme.aspx)).

2. **Call their office and say something like:** "Hello, my name is \_\_\_\_\_. I am a constituent of Rep./Sen. \_\_\_\_\_ and I am a physician specializing in psychiatry practicing at (or in private practice; or retired, etc.). I would like to schedule a time to meet with Rep./Sen. \_\_\_\_\_ while he (or she) is home on recess. I'd like to talk with Rep./Sen. \_\_\_\_\_ about (an NCPA priority issue you feel most comfortable discussing: Modernize Nursing Practice Act (H88), etc.; refer to a specific bill number whenever possible). When might I be able to do that?"

3. **You may be calling their local home or work number.** That is ok. Just be respectful of their time and work and offer to meet them at a convenient time/location in the district. If you work at an agency that receives

*Continued on page 14...*

## Faster Access to Essential Information

NCPA is making it easier for you to find the information you are looking for on our website.

In the last couple of years, we've been able to identify trends in our website content that members seem to like and what they don't. (Although we recognize that "low traffic" pages may mean that members don't know the content is there!) We are now featuring the latest information in a format we hope will maximize your time on the site.

Use the right-hand "Quick Links" menu to navigate to the most frequented pages.

Look to the "Latest News" section for important news and resources.

Frequent the "NCPA Blog" for the latest news stories on mental health.

As you navigate through the site, please let us know if you have suggestions! We welcome your feedback.

The screenshot shows the NCPA website interface. At the top right, there is a 'Member Login' button and a search bar. Below the navigation menu, a large banner features a laptop and tablets with the text 'Update Your Member Profile Today' and a 'Login' button. On the right side, a 'Quick Links' menu lists: 'Find a Doctor Search', 'NCPA Blog', 'Member Center', 'Update Your Profile', and 'Member Directory'. Below this, a 'Latest News...' section is highlighted with a large black arrow pointing to it, and the text 'Look here for the latest information' is overlaid. At the bottom right, there is a 'MACRA' logo and a 'Looking for a New Psychiatrist?' link.

...NCPA Committees continued from cover expand the pool of psychiatrists and other doctors who are willing to do MAT (medication assisted treatment), which also means understanding the barriers that are keeping some doctors from trying this therapy. And we are considering ways to provide technical assistance to our members and others to help them adopt these practices. This committee also was responsible for researching and publishing NCPA's Marijuana Monograph, a resource synthesizing the current research as legislators consider the pros and cons of legalizing marijuana.

Our **Practice Transformation Committee** is working to help prepare and educate members as they consider adapting their practices for the future, especially identifying resources on value-based care, quality outcomes and measures, and evidence-based and measurement-based treatment. Just this month we started a new MACRA Learning Collaborative. This is "group therapy" designed to help members understand the components of MACRA and to help implement a MACRA program into practice. We have also applied for a grant to provide financial incentives to a group of members willing to try instituting measurement-based care for patients in their practices, using screening tools like the PHQ-9.

Is joining a committee too much of a commitment? Why not think about participating in one of our shorter-lived Task Forces? Over the last couple of years, NCPA Task Forces have done such things as bring ED "boarding" of psychiatric patients into the forefront and create a Supervision Toolkit to help psychiatrists do a great job supervising nurse practitioners and PAs.

We are thrilled to have accomplished educators and leaders on

our committees and task forces, just as much as we are thrilled to have the everyday practitioners who are doing this important work in cities and counties without the supportive framework of large healthcare systems or academic structures.

Please, consider getting involved and help shape and inform the work that we do for you and your colleagues!! Here are some ideas for you:

**Addictions Committee** works to support legislation for parity in addiction treatment, to provide education and CME opportunities for psychiatrists who work in addiction treatment, to enhance treatment for impaired professionals, and to build bridges with other addiction treatment professionals.

**Annual Meeting Program Committee** contacts and organizes the speakers for the year's annual meeting program by developing the annual scientific schedule, which is one of the major efforts of the NCPA.

**Budget Committee** works to develop a yearly budget for the Association.

**Disaster Committee** works to keep members current with disaster psychiatry information and prepares disaster response plans.

**Ethics Committee** investigates, processes and resolves complaints when members of the NCPA are accused of unethical behavior or practices. The Committee follows the *APA Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.

**Investment Committee** works to obtain the most successful and prudent investment of NCPA reserves to help provide for the continuation of the NCPA and its functions.

**Legislative Committee** works to

monitor events in the NC General Assembly, to lobby legislators on pertinent issues, and to bring about effective legislative changes that benefit mental health in the state.

**Membership Committee** works to improve recruitment and retention of membership in the NCPA, and to ensure that all psychiatry residents in NC receive information about the NCPA. It reviews requests from NCPA members and makes recommendations when needed.

**MOC Task Force** has been charged to review and form a position on MOC requirements.

**Practice Transformation Committee** works to help prepare outpatient psychiatrists for adapting their practice for the future, including value-based care, quality outcomes and metrics, evidence-based and measurement-based treatment. Efforts will support the "quadruple aim": enhanced patient experience, improved quality of care, lower costs, improved clinician experience.

**Public Psychiatry and Law Committee** works to monitor legal aspects of being a psychiatrist in NC, to bring attention to areas where laws need to be enacted or amended that impact mental health, and to discuss forensic issues dealing with current court cases. This Committee recently merged with Community and Public Psychiatry Committee and also represents public mental health policy, and advising NCPA on its role in the current debate on mental health system reform in North Carolina. 🌱

To learn more about a committee or to join a committee send an email to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

# Psychiatrists Professional Liability Insurance



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- ✓ **Up to 50% New Doctor Discount** (for those who qualify)
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*\*Where allowable by law and currently not available in AK or NY.  
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# NC Psychiatric Association's Annual Meeting & Scientific Session

The NC Psychiatric Association's Annual Meeting was a success thanks to a fabulous spacious venue, a wonderful host city, Myrtle Beach and our dedicated attendees, speakers, and vendors who made the event meaningful. The weekend was packed full of CME lectures, business meetings, networking opportunities, receptions and dinners.



## WOMEN'S BREAKFAST

This year's meeting featured an inaugural Women in Psychiatry breakfast, organized by APA Assembly Rep and NCPA Membership Co-Chair **Samina Aziz, M.B.B.S., D.F.A.P.A.** More than 40 psychiatrists, psychologists, residents, fellows, and medical students contributed to the turnout and the energy in the room. And the leadership! There were hospital CEOs and Medical Directors, Duke's new psychiatry department chair, past NCPA presidents, members of the NC Medical Board, residency training directors, past Medical Directors of DMHDDSAS and LME/MCOs. The excitement was infectious and more events are being planned. Let us know your interest!

## RESIDENT POSTER SESSION

Each year, the Psychiatric Foundation of North Carolina and the NC Council of Child and Adolescent Psychiatry sponsor a resident poster session during the Annual Meeting. This year judges awarded four prizes:

First Place - **Jeveen Padda, M.D. (ECU)**, Stimulant Use Among Residents in Southern United States

Second Place - **Reem Utterback, M.D. (UNC)**, The Forensic Psychiatric Evaluation of Immigrants Seeking Protected Status in The United States

Third Place - **Kelley-Anne Klein, M.D. (WF)**, Anxiety or Depression in the Epilepsy Monitoring Unit - An Opportunity for Psychiatric Consultation

Child and Adolescent Award, sponsored by NCCCAP - **Poonam Deshmukh, M.D., M.P.H. (WF)**, Qualitative Study: Perspectives on Bullying, Victimization and Contributing Factor of Hospitalization Among Children Hospitalized on the Inpatient Psychiatric Unit





## MEMBERS HONORED

During Saturday evening's awards banquet, Immediate Past President **Tom Penders** and President **Don Buckner** presented awards to members who have made positive contributions that impact both NCPA and the mental health field in 2016-2017.



Top Left to Right: NCPA President Don Buckner, M.D. with Tom Penders, M.D. and Mehul Mankad, M.D. Bottom Left to Right: Tom Penders, M.D. with Jennie Byrne, M.D., Ph.D., Allan Chrisman, M.D., and Art Kelley M.D. Not pictured, Philip Ninan, M.D.

## HAVE YOU CLAIMED YOUR CME CERTIFICATE?

1. Go to <http://apapsy.ch/myrtlebeach>
2. Log In or Create an Account
3. Enter Group ID **NCPA17**
4. Select "AMA PRA Category 1 Physican"

Save the Date for the 2018 Annual Meeting: September 27-30, 2018 at the Renaissance Hotel in Asheville, NC.

## Make a difference where it counts In patient care and in your life

If you're looking for more from the practice of psychiatry, consider a place that feels right, right from the start. Where you'll sense immediately that you've found colleagues who'll be your friends for a lifetime. Vidant Health and The Brody School of Medicine at East Carolina University are creating the national model for rural health and wellness, led by dynamic physicians like you. Explore practice opportunities near beautiful beaches and in charming waterfront towns. Learn why family-oriented professionals, intrigued by the coastal lifestyle, find eastern North Carolina their perfect match.

**Opportunities to consider:** academic, employed, medical director, nurse practitioner and physician assistant positions.

For more information, contact Ashley Rudolph at 252-847-1944 or [Ashley.Rudolph@VidantHealth.com](mailto:Ashley.Rudolph@VidantHealth.com).  
[VidantHealth.com/PhysicianJobs](http://VidantHealth.com/PhysicianJobs)






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# Psychiatric Foundation of North Carolina 2017 Annual Report

## History

The Psychiatric Foundation of North Carolina is the successor organization of the NC Foundation for Mental Health Research, Inc, which was formed in 1961. Its goals are to raise awareness, advance understanding and improve treatment of mental illnesses. Through training, education and research, the Foundation seeks to improve care to the psychiatric patient.

## New Initiatives

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

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

## Encouraging Residents to Attend NCPA Annual Meeting

40 Psychiatric Residents and Medical Students attended the 2017 Annual Meeting. The Foundation encourages involvement of medical students and resident/fellow members in the Association by paying their registration fees each year to attend the Annual Meeting.

## Poster Session

Another way the Foundation supports residents is by supporting the NCPA Poster Session at the Annual Meeting. This year, posters, representing four residency programs within the state were selected by the poster subcommittee for presentation. The Psychiatric Foundation gives three awards to the top rated posters.

## Hargrove Award

*Lars Fredrik Jarskog, M.D.* was awarded the 2017 *Eugene A. Hargrove, M.D. Mental Health Research Award*, which was begun by the NC Foundation for Mental Health Research. Dr. Jarskog is the final recipient of the Hargrove Award and presented his research on schizophrenia at the Annual Meeting in Myrtle Beach.



## Sethi Award

University of Pittsburgh Psychiatry Chair David Lewis, M.D. was awarded the 2017 *V. Sagar Sethi, M.D. Mental Health Research Award*. Endowed by the late NCPA member Sagar Sethi, M.D., this national research award supports an annual lecture at the NCPA Annual Meeting. Dr. Lewis lectured on the Neural Circuitry Basis for the Core Clinical Features of Schizophrenia on Sunday morning of the Annual Meeting.



## Fundraising

A total of 32 individuals and one corporation made contributions to the Foundation in the 2017 calendar year so far, for a total of \$11,016. Our goal is to have 100 members donate in addition to our current donors. Donors may contribute through the NCPA website ([www.ncpsychiatry.org/make-a-donation](http://www.ncpsychiatry.org/make-a-donation)) or when they pay annual NCPA/APA dues. 🌱

# \$150,000

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## What Psychiatrists Need to Know About...

# Opioid STOP Act

On June 29th, 2017, after passing both the State House and Senate, Governor Roy Cooper signed the Strengthen Opioid Misuse Prevention (STOP) Act into law. The STOP Act has garnered significant attention since January from legislators, the media, and the public for its efforts to address the opioid crisis occurring in North Carolina. To read the full bill, visit <http://tiny.cc/STOPact>. Here are some details from the bill. Many provisions have already gone into effect.

The bill limits first-time prescriptions of Schedule II and III opioids for acute pain to no more than 5 days and no more than 7 days after a surgical procedure. These guidelines do not apply to hospitals, nursing homes, hospice facilities, or residential care facilities. Effective January 1, 2018.

The STOP Act requires prescribers of opioids to check the North Carolina Controlled Substance Reporting System (CSRS) prior to first-time prescriptions of opioids and then every 90 days if substances are continued. This process must be documented in the medical record; failure to do so may result in reporting to the North Carolina Medical Board. This will take effect after significant technology improvements to the CSRS are made.

The bill will also require physician assistants and nurse practitioners to personally consult with their super-

vising physicians if a prescription is to exceed 30 days and at least every 90 days if the script is continued, effective immediately, July 1, 2017.

Psychiatrists should know that --because of NCPA advocacy-- drugs routinely used in your practices (stimulants, antidepressants) are NOT included in the definition of "targeted controlled substances" in the STOP Act. The exact drugs that are included are those listed only in the sections 1 and 2 of G.S. 90-90(1) & (2) (<http://tiny.cc/Section1and2>) and section D of G.S. 90-91(d) (<http://tiny.cc/SectionD>).

Electronic prescribing will be required for all "targeted controlled substance" (opioid) prescriptions. As this is viewed to be a significant request, the state will give practices and providers until January 1, 2020, to be in compliance. These guidelines do not apply to hospitals, nursing homes, hospice facilities, or residential care facilities. One of the exceptions is a "practitioner who experiences temporary technological or electrical failure or other extenuating circumstance that prevents the prescription from being transmitted electronically." This must be documented in the medical record.

The STOP Act will allow for increased community distribution of naloxone and education for its administration and requires in-home hospice providers to educate fami-

lies about proper disposal of medications, effective July 1, 2017. The Act also plays a "splitting hairs" game, in that it allows for "public funds" to be used in needle exchange programs, while explicitly saying that "state funds" cannot be used for such a program. This allows funding from other governmental entities and grants to no longer be restricted for this harm reduction program.

While the bill currently excludes veterinarians, it calls for a study of how to implement some STOP Act provisions in these settings. It also requires an annual report to licensing boards and the legislature on CSRS data.

The original legislation included funding for treatment, but this language was removed. The state has received, however, a \$31 million federal grant to be used over the next two years for treatment and program development.

While psychiatrists are not regular prescribers of opioids, this bill can impact many of the patients you care for and see. It represents state recognition of the impacts of a substance use disorder and the necessity for carefully crafted legislation to address the issue. As psychiatrists will continue to be on the front lines of substance use treatment, this bill should provide assistance in the fight for patient safety and mental health. 🌱



## Member Notes...

**Stephen Kramer, M.D., D.L.F.A.P.A.** was nominated by The American College of Psychiatrists for a Director position with The American Board of Psychiatry and Neurology. In June, Dr. Kramer began serving on the Suicide Risk Reduction Expert Panel for The Joint Commission.

**Jim Michalets, M.D.** was recently published as a co-author/local site investigator on a major multi-center clinical trial published in JAMA. To read the article *Effect of Antide-*

*pressant Switching vs Augmentation on Remission Among Patients with Major Depressive Disorder Unresponsive to Antidepressant Treatment: The VAST-D Randomized Clinical Trial* visit <https://www.ncbi.nlm.nih.gov/pubmed/28697253>

**Megan Pruetto, M.D.** has received the APA Public Psychiatry Fellowship, providing funding to design and conduct a health services/policy-related research study using national data housed at the APA.

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

*...All Psychiatry Is Local continued from Page 5*

public funds, feel free to invite him/her to tour your clinic!

- 4. Prepare for the meeting.** Legislators often prioritize issues that directly affect their constituents. Personal stories and local examples help illustrate why the issue is important. Prior to the meeting, "Google" your legislators. Find out what their interests are and look for something that you might have in common. It's an excellent way to kick off the dialogue in the face-to-face meeting. Perhaps you went to the same university; maybe they have school-age children the same age as yours; maybe they have done things locally that you can mention.

Be sure to take a camera (or at least your cell phone!) with you. Legislators are accustomed to being asked to have their picture taken with constituents. Let them know you will add it to your Facebook page or share it with the NCPA for our publication, etc.

- 5. On the day of the meeting be sure to arrive on time.** You can usually expect about 15 minutes (maybe 30) with the legislator. Open the dialogue by mentioning something that you both have in common personally, professionally or politically. Next, say something like: "Thank you for taking the time today to meet with me to discuss \_\_\_\_\_ (identify the issue and provide the bill number if it is legislation that has already been introduced)." Then briefly describe the issue using phrases like:

*"I'm sure you're already aware..."*

*"As you probably already know..."*

*"As you may have heard from others that you have met with on this bill..."*

Then, proceed to share your talking points. (NCPA can help with this!) If the legislator asks you something you don't know say: "I don't have that information at my fingertips (off the top of my head, etc.), however, I will be happy to follow-up in writing next week."

**Wrap up the visit with a specific request:**

*"I hope I can count on you to vote in favor of (or against) bill number and name."*

*"I hope I can count on you to not sponsor or co-sponsor any legislation that would..."*

**Finally, offer to be a resource to the legislator** by providing your phone number and e-mail address and encouraging them to contact you if they need assistance with any health-related legislation.

- 6. Following the meeting be sure to send a thank you note** (handwritten is even better!). And, be sure to provide any requested materials or information in a timely manner. Send an e-mail to the NCPA letting us know the outcome of your meeting and if you need staff to follow-up with any additional information for the legislator. It is all about relationships!! And who could be better at this than a psychiatrist! 🧠



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## Calendar of Events

**October 19, 2017**

Addictions  
Committee Meeting  
Raleigh, NC

**November 3, 2017**

MACRA Learning Collaborative

**October 20, 2017**

Public Psychiatry & Law  
Committee Meeting  
Raleigh, NC

**November 11, 2017**

Executive Council  
Raleigh, NC

**November 3-5, 2017**

APA Assembly  
Washington, DC

**December 1, 2017**

MACRA Learning Collaborative