



IN THIS ISSUE

President's Message
PAGE 3

Gold Star Audit Primer
PAGE 4-5

Physician Sunshine Act
PAGE 7

Annual Meeting Information &
Registration
PAGE 8-11

NCPA Committee Information
PAGE 12

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It's Not Too Late to Register for the 2013 Annual Meeting!

September 19-22, 2013 • Asheville, NC
Renaissance Asheville Hotel

Space for the 2013 Annual Meeting and Scientific Session is filling up, but there are still spots available for you and your staff members!

Join psychiatrists and other mental health professionals for a weekend of fellowship and learning opportunities.

This year's conference theme is "Side Effects: Adherence, Tolerability and Insight in Psychiatric Treatment," and it offers up to 13.25 hours of *AMA PRA Category 1™* credits (General Track) or up to 12.75 *AMA PRA Category 1™* credits (Child & Adolescent Track) over three days of workshops. Pre-registration ends September 12; walk-in registration is available at an increased registration rate — it pays to pre-register! Visit www.ncpsychiatry.org/SideEffects to register online or call 919-859-3370 for more information.

In addition to nationally-recognized speakers who will deliver general sessions, both the General Psychiatry Track and Child and Adolescent Psychiatry Track will offer targeted insights into the latest issues facing psychiatry. NCPA also has extended an invitation to North Carolina Governor Pat McCrory to speak during the Annual Meeting.

Psychiatric Foundation Event

But it's not all business at the Annual Meeting — there are ample

opportunities to socialize with your colleagues and experience the scenery and adventures in Asheville.

This year, attendees have access to a private excursion with LaZoom City Comedy Tours, guaranteed to make you laugh as you learn interesting stories and facts about Asheville. Two tour options are available: the City Comedy Tour and the Haunted Comedy Tour.



The City Comedy Tour is a family-friendly bus tour that will entertain kids of all ages; the bus will pick you up at the hotel Friday at 6:00 p.m. For adults looking for an even more outrageous experience, consider the Haunted Comedy Tour that gives a more scandalous look at Asheville and may leave you blushing; this tour is for

Continued on page 8...

State Health Plan Behavioral Health Copays Reduced

For years NCPA and our advocacy partners have worked to lower the copays beneficiaries of the State Health Plan pay for mental health care. In some cases, patients were paying higher copays for office visits to psychiatrists than physicians were being paid. That changed July 1.

New copays for mental health care are now the same as primary care copays. Effective July 1, 2013, the following copays apply to patients with State Health Plan:

- Basic 70/30 Plan = changed from \$64 to \$35
- Standard 80/20 Plan = changed from \$52 to \$30

The State Health Plan Board of Trustees announced at the February 4, 2013 meeting its plans to reduce the

Behavioral Health Office Visits copays to comply with Federal Mental Health Parity.

NCPA was vocal and active in the advocacy efforts to reduce the Behavioral Health copays to the same level as Primary Care office visits, including meeting with State Treasurer Janet Cowell last year.

We are working for the benefit of psychiatrists, patients and the profession every day, and this victory is a direct result of advocating for our members!



NORTH CAROLINA
Psychiatric
Association

news

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To update your mailing address or if you have questions or comments about NCPA News, contact Kristin Milam, 919-459-0752 or kmilam@ncpsychiatry.org.

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Asking Forgiveness, Not Permission

Ranota T. Hall, M.D., D.F.A.P.A., President

Henry J. Kaiser once said “Problems are only opportunities in work clothes.” These words resonated with me after a series of seemingly unrelated discussions about the “problem” psychiatrists have asserting medical leadership. A strange problem to have, given the psychiatrist is the only clinician whose training is designed to integrate the biologic, psychological and social. The result is the skill set needed to formulate a diagnosis, consider both medical and behavioral health differentials, and develop a treatment plan.

Our training allows us to serve as a valuable and essential resource, be it as a member of the treatment team, management team or committee. This role in no way diminishes the skill or importance of other members of the mental health team. Ultimately we are all of one body, each part essential for the good operations of the whole. Each member brings a special skill set to bear. And when all of this is taken in sum, we should be unapologetic about our role as the medical leader.

The psychiatrist leads by carefully weighing input from everyone at the table in order to generate a “biopsychosocial” consensus. I was stuck by the importance of our role when I reviewed the APA’s DSM-5 training. I understand much of the push back about the newest iteration of the manual. In the end, I am coming out on the side of embracing the DSM-5 and would challenge each of you who are on the fence to examine the pros and cons and then assert yourselves in the service being the “medical

leader.”

This manual, more than any other, will require the user to integrate not only his or her clinical knowledge, but also to have a working

...the process of making a diagnosis is more than an art, more than gut and more than anecdote based on what the clinician sees most.

understanding of current data and practice guidelines. It means that we are being asked to apply an approach to making a diagnosis that is very much informed by our medical training and our ability to “integrate.” This is not simply going through a checklist. It requires the user apply a more strategic, methodical approach that draws upon medical knowledge, therapeutic skill, data and the ability to integrate the “biopsychosocial.”

This manual supports an interesting concept—that the process of making a diagnosis is more than an art, more than gut and more than anecdote based on what the clinician sees most. All of us are faced with a challenge. How can we improve the reliability of our diagnosis making? Certainly applying a standard approach informed by the data advances quality diagnosing.

The DSM-5 opens the door for another conversation within our profession about how psychiatrists need to be the medical leader to reinforce good quality care—the

physician who is more than a prescription writer, pill dispenser or an FTE who fulfills some rule on paper, (i.e. a “medical director is required for X hours a week.”) Psychiatrists leading care in no way diminishes a person-centered, member-driven system of care. It does not negate the critical importance of the therapeutic relationship nor diminish the importance of simply listening to patients. And I mean really listening. I would argue these elements are more important than ever.

I felt my position was bolstered after I revisited a copy of the 2013 AMA Principles for Physician Employment. The six principles outlined by the AMA are suggested reading if you have not already done so (it is available online, <http://www.ama-assn.org/resources/doc/hod/ama-principles-for-physician-employment.pdf>). Why? Because for psychiatrists who are struggling to assert themselves to promote quality care, improve practice standards and work life, expand the psychiatric workforce, and in general have a place to influence mental health care in the state of North Carolina, it is your permission slip.

If our problem has been one of the de-medicalization of the mental health system; if you see our problem as one of being devalued as a profession; if you see our problem as too much paperwork and not enough time to spend with patients; if you see our problem as not being called upon to help guide

Continued on page 12...

What Psychiatrists Need to Know About... Gold Star Audits

Robin B. Huffman, Executive Director

When a physician hears the word “audit,” there is typically a reflexive panic reaction. IRS audits, insurance audits, RAC audits—they all imply some kind of financial payback. There is a new audit to add to the list for psychiatrists who treat Medicaid patients—a Gold Star Audit. Given the number of calls to the NCPA office, let’s take a little time to talk about these audits.

For years, the Local Management Entities (LMEs) have performed yearly monitoring site visits to

mental health agencies. Such monitoring was never done for private practices, or what is now called “Licensed Independent Practitioners” or LIPs, unless it was a possible “program integrity” or fraud investigation. So the appearance of an LME/MCO audit team is enough to cause concern to a private practice.

Gold Star audits are different. The original intent of the Gold Star audit was to identify those providers who did NOT need to be audited on a yearly basis. In the new world

of Medicaid managed care, limited provider panels, and capitated payments, it was intended to ensure that a provider’s office was safe and accessible, that documentation practices were acceptable, and that business practices were sound. If a doctor’s office, provider, or agency met a certain threshold in the monitoring process, the LME/MCO would determine that yearly monitoring would not be necessary unless there were

a complaint, and the provider could go on with providing good patient care.

What kinds of things are included in Gold Star audits? You can find a checklist on the Department of Health and Human Services (DHHS) website: <http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm>

Two of the tools specifically—the Office Site Review Tool and the LIP Review Tool—may be useful for any physician’s office to use to determine its compliance with state and federal Medicaid law. The Office Site Review Tool is used during the initial on-site review upon the LIP’s entry to the LME/MCP provider network. It includes such items as:

- Office accessibility and compliance with fire codes
- Secure record storage
- Documentation of staff HIPAA training
- Adequate patient seating
- Compliance with confidentiality requirements

As currently designed, the LIP Review Tool is used 90 days after the first reimbursement has been made to the physician and is used for all subsequent monitoring of the practice. The LIP Post Payment Tool is used to conduct a post-payment review of the LIP practice. The LIP Service Plan checklist includes the requirements needed



HRC Behavioral Health & Psychiatry

a well-established private practice group, situated in the Triangle, is now looking for a general adult psychiatrist to join our Chapel Hill office.

Clinicians at HRC represent a wide spectrum of clinical specialties and each clinician is given the flexibility and freedom to shape his/her practice in directions he/she desires. We currently have 5 psychiatrists who share call. Participation in some insurance panels is available but not required.

*If interested, please contact Roger Perilstein, MD, DFAPA
rperilstein@hrc-pa.com or 919.929.1227*

PSYCHIATRIST

for the individual's treatment plan, including treatment goals. Guidelines that detail each review element are also on the DHHS website.

The Gold Star process and monitoring tools were adapted from those used by Cardinal Innovations (formerly known as PBH). A revision has been in process for a number of months to automate this process and take it statewide. While the original plan was for all the Gold Star processes and tools to be in place by July 1, with all the providers and agencies to have undergone an initial review by October 1, the state is revising those requirements. Instead, DHHS has suspended the requirement that the LME/MCOs must have all providers evaluated in 90 days, and the department is working with the LMEs and providers to clarify the process and improve the procedures. Some LME/MCOs may decide to continue on their plans and continue their reviews. Others are using the time to provide technical assistance to providers.

Some LME/MCOs have already recognized that psychiatrists and LIPs may not be accustomed to the documentation standards required in DMA Clinical Coverage Policy 8C that are used as the basis of the LIP Review Tool. (Let's face it, physician documentation practices may reflect their training, their experience and what is most helpful to them in caring for their patients, not necessarily what it takes to get paid by the insurance company.) Just as insurers have certain documentation standards, so does federal Medicaid and its agents—state DMA and the LME/MCOs. Psychiatrists must use DMA Clinical Coverage Policy 8C as a guideline for the documentation required in a patient note in order for Medicaid to determine that the

service was medically necessary and actually performed as billed.

If you provide medical care to patients covered by Medicaid, now—while the audits are not mandatory—may be a good time to contact the LME/MCO network manager to ask for some technical assistance. Call and ask for a knowledgeable staff person to come visit your practice for a look at how you are running your office and doing your documentation and billing to ensure it is in compliance with policy. Ask them if your notes cover the typical documentation items that Gold Star requires. We have heard from some psychiatrists that their electronic medical records include all of these items, but that when a chart is printed from the system (for a reviewer, for example), not all elements the auditor wanted were printed. You may want to make sure—in advance of an actual audit—that the standard items they are looking for are always found in the charts you would pull or print for their review. These standard items include:

1. Presenting problem, reason for the office visit
2. Mental status exam
3. Psychiatric history
4. Special status situations/suicide risk if appropriate
5. Medical history
6. Developmental/education history for a minor
7. Medications
8. Allergies and adverse reactions.
9. Preventive service/risk screening

10. Documentation of clinical findings/evaluation of EACH visit

Many of these documentation requirements are not surprising and are customary in many physicians' notes. What might surprise members is that a physician may need to use the words "additional treatment is required" or some other clinical language that communicates the need for another visit. Just having your office staff schedule the next appointment is not clinical documentation for continued need for treatment!

So while the urgency to make sure every psychiatrist in Medicaid has a Gold Star audit completed this summer may have abated, it is a good time to re-examine your office practices to determine if your office meets the required thresholds. Scores below 85 percent are considered "preliminary status" and are subject to an annual review. Those scoring 85 percent and above are placed at "preferred status" and are reviewed only every three years.

Our goals for each of our psychiatrists participating in Medicaid is that good care is delivered in the psychiatrist's practice, that the physician is fairly paid on a timely basis, that documentation requirements are standardized and simple to do, and that administrative burdens don't keep our members from participating in this public insurance program. We want all our members to receive "gold stars!"

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CMS to Report Physician Payments

The Physician Payment Sunshine Act requires the pharmaceutical and medical devices industry to report payments to physicians effective August 1, 2013. The information will be collected by CMS and made available on "Open Payments."

APA members are encouraged to register with CMS's Open Payments website at <https://go.cms.gov/openpayments> in early August, so they can receive timely notifications of reports in which they're mentioned. Being registered with "Open Payments" will allow physicians to timely dispute any errors in the PPSA reports.

In general, you *will* be publicly reported if after July 31st you accept any of the following paid for directly or indirectly by a pharmaceutical or medical device manufacturer: a meal, a book or publication, other things of value.

While these transactions are not illegal, the Physician Payment Sunshine Act (PPSA) requires the pharmaceutical or medical device manufacturer to report any physician who receives these or other items of value after July 31, 2013 to CMS so that CMS can post the physicians' names and their acceptance of a gift public on a CMS website. Regulations implementing the PPSA are complex, and the APA encourages members to:

- Register with CMS's Open Payments website at <https://go.cms.gov/openpayments> in early August, so they can receive timely notifications of reports in which they're mentioned, following manufacturers' submission of reports to CMS. Being registered with "Open Payments" will also allow physicians to timely dispute any erroneous information

contained within manufacturers' submitted PPSA reports.

- Attend APA's webinar Thursday, September 12, 2013 at 12:00 EST or 12:00 PST in which APA's General Counsel and Deputy Director of Regulatory Affairs will explain the PPSA, including the law's exceptions and consequences. There will be an opportunity for Q&A as well. Registration details are available <http://www.ncpsychiatry.org/sunshine-webinar-details>.
- Ask before taking a meal, book, gift, or other thing of value whether this is a "reportable" transaction.

For more information on how you may be impacted by the Sunshine Act, visit the APA's PPSA webpage at www.psychiatry.org/sunshineact.

Oops, We Messed Up!

The June issue of NCPA News inadvertently left out several members who were recently inducted as Life Fellow, Life Member, or Distinguished Fellow—and in some cases several of these titles!

We sincerely apologize for this oversight, and extend our warmest congratulations to the following members who were honored at the APA's Annual Meeting in May:

Distinguished Life Fellows

James David Jones, M.D., D.L.F.A.P.A.

Bruce R. Berger, M.D., D.L.F.A.P.A.

Margaret J. Dorfman, M.D., D.L.F.A.P.A.

L. Jarrett Barnhill, M.D., D.L.F.A.P.A.

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We want to hear from you!

If you would like to submit an item to be included in Member Notes, please email the NCPA member's name, photo (if available) and details to info@ncpsychiatry.org.

...Annual Meeting continued from cover

adults only and will leave the hotel at 8:00 p.m. Friday evening.

Tickets for both tours are \$75 for adults and \$15 for children. All proceeds benefit the Psychiatric Foundation of North Carolina, which among its other charitable goals, provides complimentary registration for medical students and residents attending the Annual Meeting; the Foundation also sponsors the poster session.

If you have other evening plans and don't want to attend the comedy bus tours, the Foundation welcomes your support in other ways. A contribution fund through the Psychiatric Foundation of North Carolina has been set up to

assist with the residents' meeting expenses. If you would like to "sponsor a resident" through a tax-deductible donation, please indicate accordingly on your registration form.

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

Other Activities

Several local tourist attractions are offering discounts for registered attendees to participate in off-site adventures, such as white water rafting, biking, zipline tours, and

more. Check your registration materials for discount information.

Going Green

In an effort to conserve resources, the annual meeting is "going green" and will feature electronic handouts. Each attendee will receive a flash drive USB pre-loaded with the handouts for each plenary session and breakout workshop. Prior to the conference, registered attendees will also receive a website link where they may download and/



Conference Social Events and Things to do in Asheville

Asheville has countless activities and attractions for all interests and ages — it's the perfect destination for families, couples or anyone looking to explore western North Carolina during its most beautiful time of year!

LaZoom Tours

Two scheduled comedy tours will serve as a FUNdraiser for the Psychiatric Foundation of NC (see



registration form page 11). Families with children should stick to the 6 pm City Comedy Tour, and adults are sure to have a blast during the 8 pm Haunted Comedy Tour.

Discounted Outdoor Adventures

Registered attendees will gain discount codes for several outdoor adventures including Asheville's Zipline Canopy Tours, Treetops Adventure Park, Whitewater Rafting, and Mountain Biking at Kolo Bike Park. See the NCPA Registration Desk upon check-in for more information. www.wildwater rafting.com

Dining

Asheville's eclectic mix of restaurants and cafés feature food from

four-star cuisine to down-home cooking, many within walking distance from the hotel. www.exploreasheville.com/restaurants

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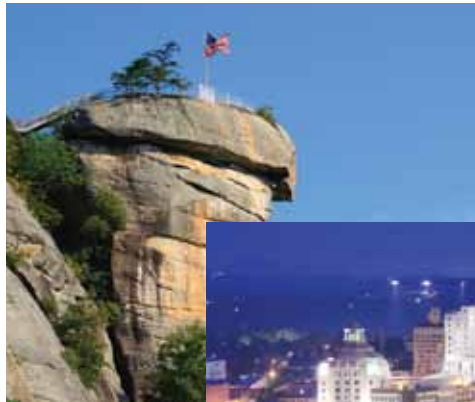
or print handouts to bring to the conference (if so desired). Printed handouts will not be available on-site with the exception of those who ordered them during the early registration period.

registration form on page 11 and mail or fax it to the NCPA office; the mailing address is 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606, and the fax number is 919-851-0044. See you in Asheville! 🌿

More Information Available

Detailed conference information is available on the NCPA website, www.ncpsychiatry.org/SideEffects; updates are being continually added, so check back often.

Pre-registration ends September 12; registrations after that date will incur the walk-in registration rate. You can register online, www.ncpsychiatry.org/SideEffects. You can also complete the



Tentative Schedule

Below is a tentative schedule of continuing education sessions, along with social activities. Please note that these are subject to change without notice. See www.ncpsychiatry.org/scientific-schedule for most up-to-date schedule.

Thursday, September 19

1:00-3:00 pm NCPA Executive Council Meeting
3:00-6:00 pm NCPA Registration
6:00-7:30 pm Welcome Reception

Friday, September 20

7:00-8:15 am Registration & Exhibits Open & Continental Breakfast
8:15-9:15 am Kevin Gray, M.D., *Marijuana Dependence: Policy Implications and Advances in Treatment*
9:15-10:15 am Shawn Shea, M.D., *Medication Interest Model (MIM): Innovative Interviewing Techniques for Improving Medication Adherence*
10:15-10:45 am Break with Exhibitors
10:45-12:00 pm Christopher McDougle, M.D., *An Update on Autism Spectrum Disorders*
12:00-12:15 pm Break with Exhibitors
12:15-1:15 pm NCPA Business Lunch (NCPA Members Only)
1:15-2:15 pm NCPA Committee Meetings
2:15-2:30 pm Break with Exhibitors

Concurrent Workshops (Choose 1)

2:30-4:30 pm Harold Kudler, M.D., Rex Moody, M.D., *Psychotherapy Case Conference for Psychiatrists and Psychiatry Residents: An Opportunity to Learn Together*
2:30-4:30 pm Joseph McEvoy, M.D., *Rational Use of Antipsychotic Medications for Schizophrenia*
2:30-4:30 pm Venkata "Amba" Jonnalagadda, M.D., *Update on CPT Code Changes*
6:00-8:00 pm Foundation FUNdraiser Events

Saturday, September 21

7:00-8:15 am NCCCAP Executive Council Breakfast
7:00-8:15 am Registration & Exhibits Open & Continental Breakfast

General Psychiatry Track

8:15-9:15 am Norma-Jean Wilkes, *Brainstorms: One Woman's Triumph over Bipolar Disorders*
9:15-10:15 am Joseph Goldberg, M.D., *Managing Psychotropic Side Effects*
10:15-10:30 am Break with Exhibitors
10:30-11:30 am Joseph Goldberg, M.D., *Insight into Mental Illness*
11:30-12:30 pm Jeff Swanson, Ph.D., *Gun Violence, Mental Illness, and the Law: Thinking Carefully about Policy Reforms*

Child & Adolescent Psychiatry Track

8:15-12:00 pm Christopher McDougle, M.D., Rob Christian, M.D., Linmarie Sikich, M.D., Christine Reagan, M.Ed., *The Diagnosis and Pharmacotherapy of Autism Spectrum Disorder: A Panel Discussion*
12:15-2:00 pm NCCCAP Business Lunch (NCCCAP Members Only)
2:00-4:00 pm Residents Session
6:00-7:00 pm Poster Session & Cocktail Reception
7:00-9:00 pm Awards Dinner

Sunday, September 22

7:00-8:15 am Registration & Continental Breakfast
8:15-9:15 am Governor Pat McCrory and/or DHHS Secretary Aldona Wos, M.D. (invited)
9:15-10:15 am Charles Nemeroff, M.D., Ph.D., *Prediction of Disease Vulnerability and Treatment Response in Mood Disorders: Personalized Medicine in Psychiatry*
10:15-12:15 pm Sy Saeed, M.D., *Top 10 Research Findings of 2013*

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REGISTRATION FORM

2013 Annual Meeting & Scientific Session:

"Side Effects: Adherence, Tolerability and Insight in Psychiatric Treatment"

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/SideEffects

Name: _____ Degree: _____

Email: _____ Please note: Registration confirmation by email only!

Is this your first Annual Meeting? _____ First Name for Name Badge: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Last 4 digits of your SSN: _____ (CME Provider requires SSN)

Guest Name(s) for Name Badges: _____

Meeting Registration Fees:

Please indicate # attending:	Before 9/12	Walk-in Rate
_____ NCPA/NCCCAP/APA Member	\$450	\$500
_____ Psychiatry Resident	Registration paid by the NC Psychiatric Foundation	
_____ Non-member	\$550	\$600
_____ Nurse Practitioner/Phys. Asst.*	\$400	\$450
_____ *N.P./P.A. supervised by NCPA Member	\$375	\$425
_____ Spouse/Guest	\$100	\$100
_____ Children 6-17	\$25	\$25
_____ Children 5 and under	Free	Free

Registration fees include:

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

HANDOUTS: NCPA is Going Green! We will offer electronic handouts via web & USB to all registered attendants. ~~Paper handouts are available for purchase for \$25. Do you want paper handouts?~~ **Limited Quantity May Be Available on-site; check with the NCPA Registration Desk (\$25 fee applies).**

TOTAL FOR NCPA MEETING: \$ _____
(Make Check Payable to NCPA and mail to above address)

Please Help the Psychiatric Foundation of NC:

Help a Resident!!

You can provide support for a resident attending the Annual Meeting with a tax deductible contribution to the Psychiatric Foundation of North Carolina.

Please indicate the amount you would like to contribute: \$ _____

Foundation FUNdraiser Events! Friday, September 20th at 6:00 pm & 8:00 pm

Each \$75 ticket provides you a seat on Asheville's hysterical LaZoom Comedy Bus Tour through Historic Downtown Asheville. Tours last 90 minutes; refreshments provided. Tickets for kids 16 and younger are \$15. **Seating is limited**

Option 1: 6:00 pm Family-Friendly City Comedy Tour # of tickets: _____

Option 2: 8:00 pm Haunted City Comedy Tour (adults only) # of tickets: _____

Make General Foundation Donation (tax deductible): \$ _____

FOUNDATION DONATION TOTAL (tax deductible): \$ _____

(Make check payable to Psychiatric Foundation of North Carolina and mail to above address)

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.

Hotel Reservations:

The Hotel Block closed August 26. To make reservations, contact the Renaissance Asheville at 800-468-3571; rooms subject to availability.

General Registration Deadline:

All registrations must be received at the NCPA office by **September 12**.

Cancellation Policy: Cancellations on or before **September 12** will receive a full refund less \$50.00 for administrative fees. No refunds are granted for no-shows.

Please indicate the number of people attending:

- _____ Thursday Night Reception
_____ Friday LaZoom Comedy Tours:
_____ 6 pm Family City Comedy Tour
_____ 8 pm Haunted City Comedy Tour
_____ Saturday Night Reception & Awards Dinner

If you are an **NCPA member**, will you be attending the Friday Business Lunch?
 Yes No

If you are an **NCCCAP member**, will you be attending the Saturday Business Lunch?
 Yes No

Dietary Restrictions? _____

Mail registration form with payment:

NCPA
4917 Waters Edge Dr.
Suite 250
Raleigh, NC 27606

To Pay with Credit Card,
Register Online:

www.ncpsychiatry.org/SideEffects or
call 919-859-3370.

NCPA Executive Council & Committee Chairs Hold Retreat to Set Goals

It is a new year, and the new Executive Council spent a day in June reviewing NCPA committee processes and looking at committee function and priorities.

Each Committee worked on setting “smart goals” to focus time and attention for the coming year on issues that are important to members. One of the topics of discussion was the role of NCPA’s committees. Robin Huffman, NCPA Executive Director, supports the idea that the association’s committees serve cru-

Below: Tom Penders, M.D., D.L.F.A.P.A. and Addictions Committee Chair (standing) outlines “smart goals” at the June Retreat.



cial functions for NCPA and the profession. “Committees are a primary way for NCPA and the staff to learn what is actually going on in the field and to hear our members’ concerns,” she explained. “In that way, committees are a grassroots function of NCPA, with issues bubbling up from across the state for the association to be paying attention to. Committees also serve as a resource to me and the NCPA staff when we get questions from our members, from the public and from legislators and policy makers.”

NCPA uses committees as “experts” in their various areas to guide advocacy efforts and positions. Committees also serve a function of making recommendations for action to the NCPA Executive Council. Not only does Executive Council consider and act on issues brought to it by committees, but it frequently sends issues that come to its attention back to a committee to examine, study and make its recommendations for Executive Council action.

Huffman also values the work of committees as a mechanism for developing future leadership for NCPA. “Committees are an ideal way for members to engage in the work on the association on a topic or in an area of interest. There is the opportunity to network with colleagues across the state and provide meaningful guidance and gain important knowledge.”

The NCPA Annual Meeting is one way to learn about committees. Committee appointments are considered and made throughout the year, not just in May at the start of NCPA’s fiscal year. During this year’s Annual Meeting, part of Friday’s business lunch will include time for members to join a table to hear about a committee’s efforts. It will be a great opportunity to learn what NCPA does for its members – and whether you might be interested in joining in!

...President’s Column continued from page 3

lawmakers in a manner that leads to action, then now is certainly the time to act as a medical leader. You may ask forgiveness but not permission.

As the AMA’s Principles for Physician Employment states, your oath, your training and your license give you the charge and the expectation to “exercise your personal and professional judgment in voting, speaking, and advocating on any matter regarding patient care... Employed physicians should not be deemed in breach

of their employment agreements, nor be retaliated against by their employers, for asserting these interests.” Psychiatrists, this means us.

But it is not enough to talk about leadership. How do we actually do the job of leading? I would suggest the following: call upon your mentors. If you don’t have one, find one. Or contact the staff and Executive Council members at NCPA, and we will find one for you. Call upon your peers. If you don’t meet regularly with a group

of peers, then find a group; we can help you find peers in your area. Get legal advice if you need it; if you do not know who to call then ask us. Need DSM-5 training? Ask us and we can direct you to a training near you. We will help you. Just don’t try to do this alone.

We have well defined the problems. Now let’s continue to move towards the solutions. 🌱

To contact NCPA’s staff or Executive Council, call 919-859-3370 or email info@ncpsychiatry.org.

Are You Prepared for North Carolina's Hurricane Season?

Disaster response requires mental health professional response

Allan Chrisman, M.D., D.L.F.A.P.A., D.F.A.A.C.A.P. is the co-chair of the NC Psychiatric Association Disaster Committee

Just when you think you have had enough stress in your daily life, warning of a tornado, flash flood, or hurricane headed your way can really raise your blood pressure. Sound familiar? This past year has seen all of these events for us on a state and sometimes-local basis. A recent severe weather front in June brought us tornadoes, flash floods and associated power outages. In Chapel Hill, 34 families lost their homes. The American Red Cross opened a shelter and an assistance center at University Mall. The local chapter of the American Red Cross was busy providing mental health volunteers for support of staff and families who had come for help. Being one of those volunteers renewed my sense of contributing to the common good, a feeling that often seems elusive during these days of political turmoil.

How might you make that contribution when disaster strikes? That is a personal decision for each of us, but there are many avenues available to that end. Within your professional role as both adult and child and adolescent psychiatrists you bring special expertise to other volunteers roles such as American Red Cross mental health volunteers. You can also serve on national and local professional committees such as the APA's Disaster Psychiatry Committee, NCPA's Disaster Committee or the AACAP committee on Disaster and Trauma Issues.

Further, if you are interested in providing direct care to disaster

victims, you can be a member of the North Carolina Disaster Response Network. The NC DRN has frequently asked questions and other information available online, http://cphp.sph.unc.edu/training/nc_drn/NC_DRN_FAQ.pdf.

The most important thing one can do is to be prepared (both personally and professionally) and be part of a community-based disaster response system. In order to be prepared professionally, one must be trained in the basic psychological first aid skills and oriented to the specific role that you would fulfill as a volunteer. That will require some additional training, both cognitive and practical.

Fortunately, resources for psychiatrists are readily available online for the cognitive piece. For the online cognitive training via the NC DRN, visit http://cphp.sph.unc.edu/training/nc_drn/.

On a more personal note, the American Red Cross has preparation kits, tips and resources for preparing your family and/or workplace for emergency situations. Check out www.redcross.org/prepare to review this helpful information. Additionally, www.readync.org is a great local resource for emergency management information specifically for North Carolinians.

The American Red Cross suggests some basic steps to make sure you remain safe:

- » Meet with your family or household members and discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- » Identify responsibilities for each member of your household and plan to work together as a team.
- » If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency.

- » Choose two places to meet:
 - » Right outside your home in case of a sudden emergency, such as a fire
 - » Outside your neighborhood, in case you cannot return home or are asked to evacuate
- » Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or saved on their cell phones.

Plan what to do if you have to evacuate.

- » Decide where you would go and what route you would take to get there.
- » Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- » Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

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NCPA DSM-5 Trainings Held in Hickory, Raleigh

In July, NCPA offered two DSM-5 training workshops for members and other mental health providers. Both sessions — one in Hickory and one in Raleigh — offered attendees insights into the background of the APA's Diagnostic and Statistical Manual of Mental Disorders, the development of the fifth edition including changes from the previous edition, and the rationale behind these updates.

NCPA is fortunate to have North Carolina's only APA-trained DSM-5 speakers, **Mehul Mankad, M.D.** and **Sy Saeed, M.D., D.F.A.P.A.** The Raleigh workshop also offered an optional session on the 2013 CPT Coding changes; **Venkata "Amba" Jonnalagadda, M.D.** has been trained and designated as the North Carolina CPT Coding expert. Training nearly 150 providers combined, the DSM-5 sessions saw attendees ranging from nurses and nurse practitioners, physicians assistants, and psychologists to psychiatrists. Attendees earned 4.25 hours of *AMA PRA Category 1™* credits; these credits were able to carry over for most provider levels.

If you were not able to attend one of the live training sessions, you — or your mid-level provider colleagues — can still attend webinar training. The Raleigh DSM-5 training was recorded and has been archived with NCPA's workshop cosponsor, Southern Regional AHEC, to provide another method of reaching providers with this important information.

Physicians who attend the webinar and complete a post test will receive *AMA PRA Category 1™* credit hours;



Above: **Mehul Mankad, M.D.** discusses the changes incorporated into the APA's newly released DSM-5 during the July 12th DSM-5 workshop in Hickory.

however, this credit is for physicians only and does not transfer to other professionals. For more information about the webinar training and to register, visit www.ncpsychiatry.org/dsm-5-workshops.



Practice Gratifying Medicine in Pinehurst, N.C.

Work where others only dream of visiting! Our Behavioral Services group is adding staff members to meet community demands for service. This hospital-employed position has both inpatient and outpatient responsibilities. Join our collegial team of providers in delivering patient-centered care. We offer a competitive base salary, productivity and quality bonus opportunities, relocation allowance, annual time off, comprehensive benefits, two retirement plans, loan repayment option, a fitness center, and a five-star child care facility on site. Experience with tele-medicine and geropsych are helpful but not required. Must have completed an approved certified psychiatric residency program and be board certified or eligible. Contact Laura Tomanelli at (910) 715.2186 or ltomanelli@firsthealth.org to apply. For more information, visit www.fhpg.org. EOE

830-125-13



Above: NCPA Executive Director Robin Huffman introduces speaker **Sy Saeed, M.D., D.F.A.P.A.** during the Raleigh DSM-5 workshop on July 20th.



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

Advertise with NCPA

Whether you're looking for a new position or recruiting for new employees for your organization, NCPA's print newsletter and online Job Postings & Classifieds are the perfect places to start the process.

Visit www.ncpsychiatry.org to see our current postings and advertising rate information. NCPA members receive advertising discounts for both print and online postings. For more information, email us at info@ncpsychiatry.org.

Calendar of Events

September 19-22, 2013

Annual Meeting & Scientific Session

Renaissance Asheville Hotel, Asheville, NC

Register Online Today

www.ncpsychiatry.org/SideEffects

September 10, 2013

Project Lazarus: CCNC Chronic Pain Initiative

Partners Behavioral Health

Conference Center, Hickory, NC

**Visit www.ncpsychiatry.org/event-calendar for
more information & additional dates**

December 11-12, 2013

NC Council of Community Programs

2013 Conference & Exhibits

Pinehurst Resort, Pinehurst, NC

Registration Opens Late September

www.nc-council.org

February 20-21, 2014

2014 Clinical Update &

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Registration Details Coming Soon!**