NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SEPTEMBER 2018

IN THIS ISSUE

See You Soon in Asheville!

It's not too late to register for the NCPA Annual Meeting this month!

September 27-30, 2018
Renaissance Hotel

Visit: www.ncpsychiatry.org/annual-meeting

Medicaid Adopting Collaborative Care Codes

In a move that reinforces its public position to embrace whole-person care and aligns its efforts to integrate care, North Carolina Medicaid has announced that it will be adopting the evaluation and management CPT codes for collaborative care management in primary care practices beginning October 1, 2018.

While Medicare has offered these codes nationally for the past several years, North Carolina becomes only the second state to adopt the collaborative care codes for Medicaid.

NCPA and its leadership have been advocating recognition of the Collaborative Care Model (CoCM) as one of the most highly researched, evidence-based practices for integrated care for a number of years.

"NCPA President-Elect ***Jennie Byrne*** and Past-President ***Art Kelley*** have been instrumental in our efforts to inform, engage, and create the clinical arguments that have led to this new policy," said Robin Huffman, NCPA Executive Director.

In North Carolina, more than 150 physicians (127 psychiatrists and 30 primary care) have been trained by the APA, which has a grant to serve as a Support and Alignment Network (SAN) through the CMS Transforming Clinical Practice Initiative (TCPi).

NC Medicaid has confirmed that psychiatrists who are not currently enrolled in Medicaid will be encouraged and allowed to provide psychiatric consultation to primary care practices without having to enroll in Medicaid. In addition, the co-pay issues some primary care practices have encountered when trying to use the collaborative care CPT codes for Medicare will not present the same barriers in the Medicaid system. Resolving these two issues—co-pays and access to psychiatrists—opens the door to improving mental health care to patients seen in primary care practices.

"Roughly half of all patients readmitted to medical inpatient units have comorbid psychiatric disorders," said NCPA President ***Mehul Mankad***. "Improving patients' mental health improves their overall health. Psychiatrists have known this since the advent of our field, and the inclusion of collaborative care CPT codes in NC Medicaid is a strong step in the right direction for our state. The more people who can get access to psychiatrists' opinion on their mental health, the better outcomes we will see in the health of our population."

What is the CoCM?

The CoCM uses a team-based, interdisciplinary approach to deliver evidence-based diagnoses, treatment, and follow-up care to an identified patient population. It has already been embraced and adopted in several healthcare systems across North Carolina, even before the announcement in the September Medicaid Bulletin.

continued on page 6...

From the Editor: What Are You Reading?

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

In this column, I have been offering suggestions for reading, mostly memoir and fiction. I suggest them in the belief that such reading can contribute to our individual and collective education and wisdom as psychiatrists.

During my residency, I participated in a reading group sponsored jointly by the training program and the UNC English Department. It led me to what I believe were informative and enjoyable reading habits.

Traditional sources of education–residency training, mentors (then and beyond), and a commitment to continuing education–will remain our fundamental strategies for our development, but there are other ways of learning and knowing.

My criteria for a useful work is that it is well written, psychologically consistent with what we know, and that it teaches, reveals, or confirms something useful.

Do you have a work of fiction from which you have learned something important, or shows a useful characterization of someone or something relevant to our profession? I'd include works of non-fiction if written outside of our profession but still holds relevance to our practice world.

Dickens? Camus? Shelley? Sartre? Hugo? Baldwin? Lee? Morrison? Austen? Who has moved you?

Are you now in a book club that reads beyond the specific literature of our profession? Do you engage in discussions with people who are not in our profession but who have ideas and perspectives that inform your work?

Send your ideas and experiences to me at phrendrew@aol.com.

NORTH CAROLINA Psychiatric Association news

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

MANAGING EDITOR
Robin B. Huffman, Executive Director

ASSOCIATE EDITOR
Kelly Crupi, Communications Coordinator

The *NCPA News* is a publication of the NC Psychiatric Association, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606.
To update your mailing address or if you have questions or comments about *NCPA News*, contact NCPA Staff, 919-859-3370 or info@ncpsychiatry.org.

President's Column: Making Time for NCPA

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

"I just don't have time." "I would get more involved if I knew what the commitment was." "Nobody really needs or wants my opinions."

Believe me, I've been there. When I joined the APA as a medical student 22 years ago, I had no aspirations to participate in organized psychiatry. As I progressed through residency and the beginnings of my career as a psychiatrist, I was also trying to fulfill my roles outside of the clinic.

In the precious moments that were not consumed with patient care, did I want to devote more time to the field, or did I want to spend it with my young family? And then, as my children grew and demanded less of my time, I seemed to fill it with responsibilities from other domains.

Why should I get involved with NCPA or APA when there seemed to be so many other people who seemed to know what they were doing? And what about taking care of myself? I'm supposed to live the balanced life that I so readily advocate for with my patients!

Then I went to my first North Carolina Psychiatric Association Annual Meeting in 2010, and everything changed. Suddenly I could put a face and a name to those people who seemed to know so much about the state of mental health in our communities. I attended my first business lunch, sat next to a psychoanalyst, and learned that we shared similar struggles even though our practices did not overlap very much.

Attending that first Annual Meeting was exactly what I needed to understand that we are in it together. I also realized that the community of psychiatrists in our state is warm, welcoming, and generous. These were my people!

In this column, I'd like to share with you some ideas about how you can increase your involvement with our District Branch and get the most out of your membership.

If you have 5 minutes a week:

Don't lose this paper newsletter. Instead, keep it and carry it with your work items. In those five minutes, read one article a week until you have finished the newsletter. Then, move on to the biweekly electronic newsletter and do the same.

> ***"Attending that first Annual Meeting was exactly what I needed to understand that we are in it together. I also realized that the community of psychiatrists in our state is warm, welcoming, and generous."***

You will learn more about the practice of psychiatry in North Carolina from NCPA than from any other source. Many of the articles from these two newsletters are tied to specific committees or task forces that are chartered by NCPA.

If you have an hour a month:

I encourage you to consider joining a committee. I think one of the best ways to combat the isolation that many psychiatrists experience in their routine clinical work

is through communication with colleagues. Nearly every aspect of psychiatric practice is represented in NCPA committees, and they are chaired by a tremendous group of peers who welcome interested parties from diverse backgrounds. If you don't know where to start, reach out to us at NCPA and start a conversation. I'll hit some of the highlights here:

Have you ever wondered how we select speakers for the annual meeting? Then the ***Program Committee*** is for you. If you have ideas about how we can improve the meeting and provide the greatest value to our attendees, this is a great group to join.

The ***Addictions Committee*** is dedicated to dissemination of information about addiction psychiatry and advocacy for the field. Given the increased national attention to the opioid crisis, this committee is busier than ever, and they could use your help.

continued on page 15...

Member Notes...

Palmer Edwards, M.D., D.L.F.A.P.A. has been nominated to serve as President-Elect of the North Carolina Medical Society Board of Directors. A North Carolina native, Dr. Edwards has been in private practice in Winston-Salem for more than 25 years. He served as NCPA President from 2006-2007 and remains an engaged member working to advance the profession and advocate for patients. His leadership at the Medical Society would help strengthen the voice of psychiatry within the state's medical community and beyond.

NCPA supports Dr. Edwards' candidacy and encourages all Medical Society members to vote. Electronic voting will begin October 4, 2018.

Jack Bonner, III, M.D., D.L.F.A.P.A. participated as a speaker at the 2018 Scientific Program of the American Psychiatric Association (APA) at its annual meeting in New York City in May. He and Dilip Jeste, M.D. presented "Successful Aging of Physicians: Promoting Wellness Through Wisdom."

Dr. Bonner serves as the Assembly Representative for the Senior Psychiatrists. He also completed a two-year term as President of Senior Psychiatrists (composed of Life Members/Fellows of the APA) in May.

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.

BlueCross BlueShield of North Carolina | HealthyBlue®

PROUD SPONSOR

of the 2018 Annual Meeting & Scientific Session

NCMKT-0013-18

...Medicaid Adoptiong Collaborative Care Codes continued from page 1

Not only does it provide evidence-based care of mental illness and substance use disorders, it is documented to improve access, clinical outcomes, and patient satisfaction.

Many primary care physicians (PCPs) have raised concerns about the move to uniformly screen all their patients for psychiatric conditions, citing their inability to make timely referrals when patients screen positive. The CoCM gives a next step for PCPs to clinically address care for these patients.

In the CoCM, practices set up a disorder-specific registry of patients within the practice who have been identified with mental illness or a co-occurring disorder and who are not improving under routine primary care. The Behavioral Health Care Manager (BHCM) is employed by the primary care practice and puts in place scheduled screenings, evaluations, and follow-up calls for each patient on the registry.

The BHCM also meets weekly (in person or by phone) with the consulting psychiatrist to review the charts and discuss the patients on the registry, determining whether progress is being made toward the treatment goals or if other interventions/changes in medications need to be recommended. The care manager, if a licensed mental health professional, may provide some short-term therapy in some cases. The consulting psychiatrist rarely, if ever, sees a patient, but instead reviews charts, looks at progress, and makes recommendations to the PCP through the BHCM.

What are Benefits of the CoCM?

There are many benefits of the CoCM for psychiatrists, primary care practices, and patients.

1. Psychiatrists are uniquely positioned to provide consultation under the CoCM.

Many psychiatrists contract out a day or two a week to agencies and clinics. The flexibility of this model allows for similar scheduling with a primary care practice. There is no insurance billing or bill collections. Psychiatrists contract their hours with the practice. The CPT codes (99492, 99493, and 99494) can only be billed by primary care physicians (or non-physician practitioners) in primary care settings. Psychiatrists and the BHCM cannot bill for these codes. The bundled payments support the employment of the BHCM and the contracted hours with the psychiatrist.

2. The CoCM extends the reach of psychiatric oversight.

Psychiatrists are limited by the number of hours in a day and the number of patients they can see in an hour. Managing a registry of 60 patients and providing weekly chart review, overseeing medications and therapeutic interventions, and making clinical recommendations geometrically multiplies the number of patients who benefit from a psychiatrist's specialized training. In a world where–because there are not enough psychiatrists–lesser-trained professionals are being substituted for psychiatric physicians, the CoCM is a psychiatric workforce "multiplier."

3. CoCM trains PCPs in mental health and psychiatrists in population health.

As psychiatrists in the model make clinical recommendations to PCPs, they become more accustomed to informed clinical interventions and more confident in treating patients with psychiatric disorders in their practices. Similarly, instead of treating each patient individually, a psychiatrist benefits from the experience of "treating to target" in a population health approach.

4. The CoCM impacts costs.

National research has shown that the CoCM offers a 6:1 return on the financial investment. By adopting this model, NC Medicaid can help manage Medicaid costs for mental illness and substance use conditions while complementing the state's approach to whole-person care.

5. Most importantly, patients get better through the CoCM.

In more than 80 randomized controlled clinical studies, the CoCM has been shown to lead to better patient outcomes, better patient and provider satisfaction, improved functioning, and reduced healthcare costs. In a world where 50% of patients who receive referrals for specialty mental healthcare never follow through, improved treatment in a primary care practice under the care of the CoCM team is a big win.

NCPA, APA, and CCNC are working closely with NC Medicaid, the Academy of Family Physicians, and the Pediatric Society to provide training, resources, support, and networking opportunities for this new practice model to flourish, not only in the Medicaid population, but in the rest of healthcare.

Look for webinars, links to research, and other technical assistance on the websites of NCPA (http://www.ncpsychiatry.org/cocm) and the APA.

Find Work-Life Balance

In Eastern North Carolina

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.

Medical Director and Physician opportunities in lovely waterfront Washington, NC

For more information, contact Ashley Rudolph at 252-847-1944 or Ashley.Rudolph@VidantHealth.com.
VidantHealth.com/PhysicianJobs

VIDANT HEALTH™

Psychiatrists Professional Liability Insurance

Discounts Offered Include:

- **15% NEW POLICYHOLDER DISCOUNT*** (must be claims free for the last 6 months)
- **Up to 50% New Doctor Discount** (for those who qualify)
- **10% Claims Free Discount** (for those practicing 10 years, after completion of training, and remain claims free)
- **50% Resident-Fellow Member Discount**
- **15% Child and Adolescent Psychiatrist Discount** (for those whose patient base is more than 50% children and adolescents)
- **50% Part-time Discount** (for up to 20 client hours a week or less)
- **5% Risk Management Discount** (for 3 hours of CME)

**Where allowable by law and currently not available in AK or NY.*
(Above Discounts and Coverage Features are subject to individual state approval.)

40 YEARS

For over 40 years we have provided exceptional protection and have a reputation for outstanding customer service. Our extensive years of experience and industry knowledge allows us to help you by providing worry free coverage so you can concentrate on what you do best – helping people help themselves. When it comes to caring about people, we have a lot in common.

Our Psychiatrists Professional Liability Program Provides:

- Limits up to $150,000 in Defense Expenses related to Licensing Board Hearings and other Proceedings
- Up to $150,000 in Fire Legal Liability Coverage
- Up to $100,000 in Medical Payments for Bodily Injury
- Up to $25,000 for First Party Assault and Battery Coverage
- Up to $25,000 for Information Privacy Coverage (HIPAA)
- Up to $15,000 in Emergency Aid Coverage
- Insured's Consent to Settle required in the settlement of any claim – No arbitration clause
- Telepsychiatry, ECT, Forensic Psychiatry Coverage
- Risk Management Hotline with 24/7 Service for Emergencies

Visit us at **apamalpractice.com** or call **877.740.1777** to learn more.

American Professional Agency

LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ONLY PROGRAM ENDORSED BY THE AMERICAN PSYCHIATRIC ASSOCIATION

First Women's Networking Lunch in Raleigh

At the 2017 Annual Meeting, nearly 50 women attended NCPA's inaugural Women's Breakfast. During this meeting, they began to discuss some of the professional and personal challenges they face as physicians, wives, mothers, and countless other daily roles.

Samina Aziz, M.D., D.F.A.P.A. has been instrumental in helping NCPA facilitate additional opportunities for women members to reconnect and continue those important conversations. With Dr. Aziz's leadership and funding from an APA grant, NCPA hosted a Women's Networking Lunch for Triangle-area members on August 20.

President-Elect ***Jennie Byrne, M.D., Ph.D., D.F.A.P.A.*** kicked off the discussion by sharing her response to the frequently asked question, "How do you do it all?" Her response was simply, "I don't."

Over the years, Dr. Byrne has created her personal network of professionals and family members who help ensure things run smoothly both at her private practice in Chapel Hill and at home. A strategy that once made her feel guilty is now what empowers her to pursue projects and activities that she considers most valuable and fulfilling. Spanning a wide range of generations, backgrounds, and professional settings, the diverse group of women present that day also shared their own expereinces, anecdotes, and ideas.

Although money and ambition tend to be perpetuated in society as dirty words for women, the group discussed the importance of asking yourself, "Why not me?" when presented with opportunities for advancement, leadership, and organizational engagement. This is why it's imperative to make sure more women have a seat at all decision-making tables and are making their voices heard!

NCPA is working on ways to replicate this effort in other areas of the state. Councilors-at-Large ***Mary Mandell, M.D., D.F.A.P.A.*** and ***Constance Olatidoye, M.D.*** are also planning to host similar Women's Networking Lunches in their own respective regions of the state. Stay tuned for more information in the coming months!

NCPA's second Women's Breakfast will take place at the 2018 Annual Meeting in Asheville. All women attending the meeting are welcome to attend on Sunday, September 30 at 7:00 am.

Joy Hord, J.D., an attorney in the Charlotte office of law firm Parker Poe, will lead a group discussion about negotiating contracts. Whether for a new job or general business proceedings, she will share insight on how to achieve the best possible position. We hope to see you there!

From running a small business to finding work-life balance as a physician, we need your help to determine which discussion topics are most interesting and beneficial for future women's events. We will have a survey at the Women's Breakfast, but if you're unable to attend the Annual Meeting this year, please email your ideas to info@ncpsychiatry.org!

Public Policy Update: NCPA is Fighting for You

Robin Huffman, NCPA Executive Director

Much of NCPA's work is related to representing psychiatry at the public policy table and advocating for members while bills are being debated and laws made that impact the work that you do. This spring and summer have been particularly busy on both fronts.

What Happened in the Legislature

The 2018 legislative "short session" convened May 15 and adjourned June 29 after seven weeks of heated debates over the budgetary process, early voting, Medicaid expansion, Medicaid transformation, and various constitutional amendments, to name just a few.

Although Republican leadership in the House and Senate seemed to have accomplished many of their legislative priorities for the session, they left their options open by passing a resolution to reconvene at noon on November 27. In November, lawmakers will take up legislation necessary to enact any of the constitutional amendments that—if on the ballot—may pass and address any other issues that may come up. (Even with that plan, the NCGA has come back to Raleigh as this issue of the newsletter goes to press.) Given the unpredictable nature of the NC General Assembly, nothing is truly outside of the realm of possibility at any point this fall.

While the intent of the short session is to pass the budget, this session dispatched with that task within the first couple of weeks (utilizing a parliamentary procedure that prevented amendments from being introduced and evoked significant backlash from many Democrats in the House and Senate). This maneuver freed up lawmakers to pursue other legislative priorities before adjournment. Below are bills that passed of particular interest to psychiatry.

S616, The HOPE Act

The Heroin and Opioid Prevention and Enforcement Act puts money toward addiction programs and provides greater access to the state's prescription database (CSRS) for police investigations. Despite pushback from many in the medical community about the potential privacy issues that greater access may cause, the HOPE Act passed and was signed by Governor Cooper.

S630, Revise IVC Laws

The North Carolina Healthcare Association (NCHA, formerly the NC Hospital Association) was the main driver of making changes to the involuntary commitment statutes. While some parts of the bill were commendable, other aspects and proposed changes, such as expanding those who can perform first commitment exams and allowing those same mental health professionals to perform "health exams," gave NCPA great pause. The bill passed and was signed into law. NCPA will continue to monitor this bill's implementation and impact on the health and safety on patients in the coming months.

H998, Improving NC Rural Health

This bill directs DHHS to study incentives for medical education in rural areas and assist rural hospitals in becoming designated teaching hospitals. It also directs the DHHS Office of Rural Health to ensure that its loan repayment program is targeted to benefit healthcare providers in rural areas and to improve access to dental care.

H403, Medicaid and Behavioral Health Modifications

Medicaid Reform and the move to fully managed and capitated Medicaid was initiated by the legislature and Governor Pat McCrory in 2016, when the General Assembly passed legislation that moved the state's Medicaid program towards a managed care system. Many of the battles behind closed doors at the legislature have been related to how the already capitated mental health system would change as a result and how many managed care companies would be allowed to win bids to manage the care of the Medicaid population across the state.

H403, was introduced in the 2017 "long" session, and insiders say that there were at least 40 revisions by leadership in the House and Senate. Most pundits predicted that the bill would not be passed this session. H403 did come to life at the end of the session, passed, and was signed into law, putting in place two kinds of Medicaid benefits—Standard Plans for most of the Medicaid population and Tailored Plans for those with intellectual and developmental disabilities, severe mental illness and addictive diseases, traumatic brain injury, and some other categories of patients.

Tailored Plans will not begin implementation until a year or so after Standards Plans are in place. But in an important move for psychiatrists, the Standard Plans will cover "mild to moderate" mental illness and addiction in a move to provide whole-person care and encourage care management. Psychiatrists will begin to be treated like other physicians in the Medicaid program and will have the opportunity

to join managed care panels under the Standard Plan. As noted in this issue's cover story, Medicaid will be adopting the collaborative care CPT codes this fall—one more step to reintegrating psychiatric care in general medicine.

NCPA members will need to be informed about the various managed care companies that are vying for the Medicaid MCO contracts in order to seize the opportunity to become providers and part of the innovations that are likely to result in this new model. (See side bar.)

Advocating for Psychiatry Outside the Legislature

While work in the General Assembly is important, the day-to-day work of NCPA involves studying the implementation of public policy decisions and helping policy makers understand the impact of their work. Two major efforts are currently underway to mitigate the impact on patient care by the legislated mandate for adoption of Electronic Health Records (EHR), connection to the NC Health Information Exchange (NC HIE), and the State Treasurer's intention to require Blue Cross Blue Shield of NC (NC BCBS) to cut State Health Plan provider rates by 15% in 2019.

In July, Treasurer Dale Folwell called a meeting with healthcare providers to expound on his plan to cut rates to physicans and other providers. NCPA was vocal in the meeting with the State Health Plan (SHP) and Treasurer Folwell, suggesting that the Plan's expenditures for mental health are below the national average and could be the reason for increased medical costs. NCPA also encouraged the adoption of the collaborative care codes by NC BCBS. NCPA delivered a document to the SHP leadership outlining our suggestions and is working with other large medical associations on joint efforts to dissuade the Treasurer from his plan.

Another concern is the intention to require all physicians—including psychiatrists—to be connected to the NC HIE by June of 2019. We had hoped our advocacy to the NC HIE and SHP would have resulted in a delay for psychiatrists when the "Feasibility Study" for the implementation of the mandate was delivered to the Legislature in July.

While "mental health professionals" were given a delay in EHR adoption and connection to the NC HIE, psychiatrists were still included in the 2019 deadline. NCPA continues to work to delay this implementation for our members. NCPA Vice President ***Zach Feldman, M.D., D.F.A.P.A.*** is chairing our EHR/HIE Task Force, which has designed a survey to study the impact on our members. Please complete this online survey when you receive it. NCPA needs the power of numbers to effectively advocate for you, our members.

The NCPA Executive Council and Legislative Committee will soon develop our priorities for the 2019-20 legislative sessions. Your input is critical to NCPA addressing public policy issues. Please share your thoughts with our office and our elected leadership.

"While work in the General Assembly is important, the day-to-day work of NCPA involves studying the implementation of public policy decisions and helping policy makers understand the major impact of their work."

Who's Vying for the Medicaid Contracts?

A number of commercial managed care companies and newly formed "provider led entities" are planning to respond to the Request for Proposal (RFP) released by DHHS in August for the Medicaid managed care contracts. Here is an "unofficial" and incomplete list of some of the groups NCPA thinks will be competing for a one of the Standard Plan slots, based on who is reaching out to NCPA and which companies are participating in panel discussions across the state.

Some NCPA members may be asking, "Why does this matter to me?" NC Medicaid is a $14 billion dollar health program, and it will drive healthcare trends in our state for commercial carriers, as well. Information on the process and FAQs are available on the DHHS website: https://www.ncdhhs.gov/medicaid-transformation.

Carolina Complete Health: A provider-led entity created through a local partnership of the NC Medical Society, the NC Community Health Center Association (NCCHCA) and Centene Corporation. CCH is one of the few MCOs that have been meeting with NCPA to get our thoughts on how best to deliver "whole-person care," and is encouraging psychiatrists to get involved in its effort.

NC POP: Officially named "My Health by Health Providers," NC POP is another local provider-led entity that is the result of a partnership of major healthcare/hospital systems in the state and the Presbyterian MCO from New Mexico. NC POP has also reached out to meet with NCPA leadership.

Healthy Blue: This is the product of NC Blue Cross Blue Shield and Anthem/Amerigroup, the latter having experience managing Medicaid in other states.

WellCare: Reported to be the sixth largest Medicaid managed care company in the US and the largest Medicaid plan in Florida and Georgia, WellCare has also reached out to NCPA.

United HealthCare: Offers Medicaid insurance plans in some states and has traditionally carved out mental health and addictive disease.

Aetna: This North Carolina carrier has been sending letters to its panel of providers.

What Psychiatrists Need to Know About... The ECHO Model

Project ECHO: Improving Treatment Quality and Access in Psychiatry

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

In 2003, Sajeev Arora, M.D., a liver specialist at the University of New Mexico School of Medicine, realized that his specialty clinic for the treatment of Hepatitis C was being overrun with patients in need of care. Waitlists were long, and many patients struggled to keep their appointments because of the long distances they had to travel to Albuquerque to receive Interferon, the complicated and sole treatment available at the time.

Dr. Arora and his colleagues reasoned that with the backup of experts at the UNM School of Medicine, primary care physicians might be convinced to care for patients with Hepatitis C in their practices, greatly increasing the adherence of patients to the treatment regimen. Project ECHO® was born.

Using case-based learning through videoconferencing, primary care physicians received evidenced treatment recommendations on their Hepatitis C patients. This, along with didactics on best practices for Hepatitis C treatment, enabled these primary care physicians to achieve the same treatment outcomes as their specialist colleagues at the University.

Since this first project, the ECHO model has expanded to include other chronic illnesses through ECHO projects in the United States and countries around the world. (https://www.echo.unm.edu/)

Psychiatry also has a unique opportunity to use this model to improve the care of a number of chronic psychiatric conditions that are inadequately treated in the community. Chronic schizophrenia, treatment resistant depression, autism, adult ADHD, and borderline personality disorder come to mind.

Essential elements of the ECHO model include:

1. Use of Technology

Participants are brought together with specialists via HIPAA compliant videoconferencing software.

2. Case-Based Learning

Participants present cases on the specific illness that is the focus of a particular ECHO project to the experts. A discussion involving both groups ultimately results in treatment recommendations for each case presented.

3. Dissemination of Best Practices

Each ECHO session has a brief didactic that provides participants with information on what constitutes gold standard care for the illness in question. Some ECHO projects can provide continuing education credits for participants. The overarching goal of the didactics is to decrease variability in care to achieve better patient outcomes and to increase the sense of self-efficacy among clinicians.

4. Data Tracking

All patients discussed in an ECHO session have been de-identified to comply with HIPAA regulations, but this de-identified data is collected and reviewed to improve the functioning of the ECHO project. Attendance records, credentials of the participants, and organizations represented by the participants are

> *"ECHO projects don't just help clinicians; patients also benefit... ECHO projects are one of the solutions to the specialist access issue in rural areas."*

also collected and provided to Project ECHO at the University of New Mexico to monitor the program.

ECHO projects don't just help clinicians; patients also benefit. Going back to the Hepatitis C example, patients who lived in areas far away from the University clinic no longer had the burden of the long hours and expense of traveling to Albuquerque, thus increasing their treatment compliance. ECHO projects are one of the solutions to the specialist access issue in rural areas.

The University of New Mexico will provide training, ongoing support, and consultation to those who wish to establish an ECHO project in fidelity to the national program. After undergoing a three-day training, the organization is designated a replication partner of the national ECHO project.

Although most ECHO programs are embedded in academic institutions, any organization that can recruit a group of experts on a particular illness and develop a videoconferencing hub can launch an ECHO program. I am currently involved in one sponsored by Northwest Community Care Network, a network of Community Care of North Carolina.

With grant support from the UNC ECHO for Medication Assisted Treatment (MAT), our ECHO project addresses substance use issues in pregnant women. Our goals are to disseminate evidence-based practices and to help women access treatment that is guided by these practices. We are bringing valuable training to providers in rural areas who do not have ready access to specialty care for their patients.

Because all sessions contain a brief didactic in addition to the case discussions, we can offer CME and CEUs to participants.

In addition to the UNC ECHO for MAT, other ECHO programs operating in North Carolina include:

Mountain Area Health Education Center (MAHEC), Asheville

- Chronic Pain
- Primary Care
- School Nursing

Wake Forest University Baptist Health, Winston-Salem

- Bone Health

Four Seasons Compassion for Life, Flatrock

- Palliative Care

This model offers many opportunities for psychiatry to help other psychiatrists and medical providers. How about a Clozapine ECHO that provides support to psychiatrists willing to prescribe Clozapine if they had the support of a hub of Clozapine experts? Or wouldn't it be great if there was a child mental health ECHO that supported pediatricians and family practitioners to better care for children and adolescents with mental health issues? Wow, there are two more!

FURTHER READING

Arora et.al., Project ECHO: a telementoring network model for continuing professional development, *Journal of Continuing Education in the Health Professions*, **37(4), 2017, pp. 239-244.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS has Psychiatrist positions available in our Alcohol and Drug Abuse Treatment Centers (ADATC) and Psychiatric Hospitals across the state. In addition to a very competitive salary, DHHS offers an excellent benefits package, potential for loan repayment opportunities, employment stability and rewarding professional opportunities.

TO APPLY PLEASE VISIT
oshr.nc.gov/work-for-nc/

Filter by Department
Select "Dept of Health and Human Services"

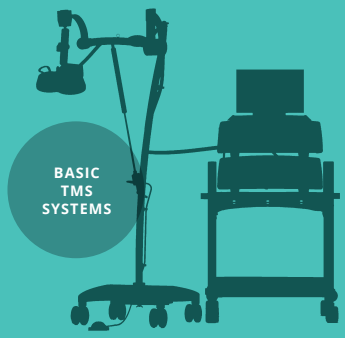
If you have any questions please contact:

- Jenee' Davis, Clinical Recruiter for Broughton Hospital & Julian F. Keith ADATC 828-232-3124 or jenee.davis@dhhs.nc.gov
- Katherine Williamson, Clinical Recruiter for Central Regional Hospital, R.J. Blackley ADATC & Walter B. Jones ADATC 919-575-7213 or katherine.williamson@dhhs.nc.gov
- Connie Wooten, Cherry Hospital Recruiter 919-947-8017 or connie.wooten@dhhs.nc.gov

NC DHHS is an Equal Opportunity Employer

DO YOU WANT

INNOVATION OR IMITATION?



YES	**#1 TMS CHOICE OF DOCTORS**	NO
YES	**3D POSITIONING** *ensures precise coil placement*	NO
YES	**CONTACT SENSING** *continuously monitors patient contact*	NO
YES	**REAL-TIME FEEDBACK** *relays treatment info & alerts to technicians*	NO
YES	**MT ASSIST®** *guides MT location & determines treatment dose*	NO

Unlike NeuroStar Advanced Therapy, basic TMS systems don't come close to providing the precision technology you need to help transform patients' lives.

INDICATION
NeuroStar® is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to receive satisfactory improvement from prior antidepressant medication in the current episode.

IMPORTANT INFORMATION
The most common side effect is pain or discomfort at or near the treatment site. These events are transient; they occur during the TMS treatment course and do not occur for most patients after the first week of treatment. NeuroStar Advanced Therapy should not be used with patients who have non-removable conductive metal in or near the head.

NeuroStar Advanced Therapy is available by prescription only. Please visit NeuroStar.com for full safety and prescribing information.

NeuroStar.com | 1-877-600-7555

RIGHT DOSE.
RIGHT LOCATION.
EVERY TIME.

NeuroStar® Advanced Therapy

We've got you covered.

- 15% New Policyholder Discount (must be claims free for the last 6 months)
- Up to 50% New Doctor Discount (for those who qualify)
- 10% Claims Free Discount (for those practicing 10 years, after completion of training, and remain claims free)
- 15% Child and Adolescent Psychiatrist Discount (for those whose patient base is more than 50% Children and Adolescents)
- 50% Part Time Discount (for up to 20 client hours a week or less)
- 5% Risk Management Discount (for 3 hours of CME)

Visit us at **apamalpractice.com** or call **877.740.1777** to learn more.

American Professional Agency

LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ENDORSED BY THE AMERICAN PSYCHIATRIC ASSOCIATION

Driving Mental Health Innovation, Care, and Education

Training Future Leaders in the Field of Psychiatry

Learn state-of-the-art, evidence-based treatment for psychiatric disorders within a department known for world-class research and clinical expertise.

Offering programs in undergraduate and graduate medical education.

www.facebook.com/DukePsychiatry/
twitter.com/DukePsychiatry

Psychiatry.Duke.edu

Department of Psychiatry & Behavioral Sciences
Duke University School of Medicine

...President's Column continued from page 3

The ***Disaster Committee*** shares worthwhile goals of participation in direct care delivery during crises but also helps organize professionals in their communities to respond as needed to local threats and beyond.

As funding and delivery of community mental health services seems to be in perennial jeopardy or experience repeated redesigns, the ***Legislative Committee*** provides a much-needed window into the process. Lifting the curtain to a process that may seem alien to clinicians often serves to enlighten our members to the reason behind decisions that come from the state capitol.

Along similar lines, many clinicians are concerned about national and local changes that directly impact their care delivery. Compliance with Medicaid, Medicare, the Affordable Care Act, HIPAA, and a variety of other mandates can seem overwhelming. Luckily, the ***Practice Transformation Committee*** is comprised of members who are particularly interested in tracking and understanding these seemingly daunting issues that affect patient care.

If you are more concerned with the intersection of the legal system with our patients than with new legislation, then the ***Public Psychiatry and Law Committee*** may be more interesting for you. As more of our patients brush against the criminal justice system, psychiatrists need to keep an eye on that complicated intersection.

If you have one weekend a year:

You know what I am going to say. Come to the Annual Meeting! From September 27-30 at the Renaissance Hotel in beautiful Asheville, you will achieve many of your professional goals. The plenary sessions in the morning and workshops in the afternoon may be the manifest reason for attendance. However, the real added value in this meeting comes from the opportunity to learn alongside your local peers.

Find out more about the three new psychiatry residencies in North Carolina. See how some of your colleagues are implementing the Collaborative Care Model in their practices. Immerse yourself in the hidden curriculum that forms the substrate of the meeting.

Do you have time? Do you understand the commitment? Do we want your participation?

Yes. Yes. Yes.

Training Aims to Reduce Mental Illness in Jail

Megan Pruette, M.D., Duke PGY-4 Resident, Executive Council RFM Representative

Patients with serious mental illness are booked into jail two million times each year. These patients stay in jail longer, are more expensive, and have higher rates of returning to incarceration after release.

Reducing the number of people with mental illness in jails is a complicated problem and involves the intersection of several systems including law enforcement, judicial, mental health, community housing resources, and substance use treatment. Increasing the coordination between these systems is imperative to tackle the issue of keeping our patients out of jail.

To this end, the APA, the National Association of Counties, and the Justice Center have developed the Stepping Up Initiative to reduce the number of people with mental illness in jails. Nationally, 454 counties have joined the initiative. North Carolina is one of the state leaders, with 46 counties pledged to work towards reducing the number of people with mental illness in jails.

From July 24-25, 2018, 30 representatives from NCPA, LME/MCOs, DHHS, Sheriff offices, and other mental health providers came together to learn how we can reduce the number of people with mental illness in jails. These representatives were trained to be Sequential Intercept Mapping Facilitators. The two-day facilitator training was sponsored by NCPA's Foundation, the Psychiatric Foundation of North Carolina, through a grant from Johnson & Johnson.

Sequential Intercept Mapping is a day-and-a-half strategic planning session for counties that is designed to bring together stakeholders from the county to map how people with mental illness engage with, flow through, and get stuck in the criminal justice system.

There are six key intercepts where communities can come together to intervene: Hospital and Community Crisis Resources, Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearing, Jails and Courts, Reentry, and Community Corrections and Community Supports.

THE STEPPING UP INITIATIVE

Now, the 30 trained Sequential Intercept Mapping Facilitators are preparing to go across the state in pairs to support counties in their effort to examine the local issues present at each of the intercept and determine where interventions can be done that will reduce the number of people with mental illness in jails.

Helping patients stay in the community and out of the criminal justice system is an important mission of the APA, and the NCPA has been a leader working towards this goal.

Interested in the Justice System?

Do you work in or consult with a jail or work in the corrections system? Or are you interested in these issues?

The APA Foundation is a sponsor of the **Judges & Psychiatrists Leadership Initiative**, a project designed to create a community of judges and psychiatrists, where leaders in their respective fields of the judiciary and medicine can work together to remedy the national crisis of criminalizing people with mental illness.

You can learn more about the APA Foundation projects related to the Justice System and Mental (Stepping Up and the Judges & Psychiatrists Leadership Initiative) and sign up for the Initiative's monthly newsletter at https://apafdn.org/impact/justice.

2018 NCPA Annual Meeting Workshop Preview

If you are attending the 2018 Annual Meeting, you will have to make a tough decision on Friday afternoon! Three concurrent workshops will be held from 2:30-4:30, and attendees must choose which one they want to attend. To help you decide, here are brief overviews of each workshop:

OPTION #1

"Dusk To Dawn: Light & Dark Therapy in Unipolar and Bipolar Disorders," ***Chris Aiken, M.D., D.F.A.P.A.*** and ***Thomas Penders, M.D., M.S., D.L.F.A.P.A.***

Light therapy is a first-line treatment for seasonal affective disorder, with benefits that compare favorably to antidepressants in more than 100 controlled trials. In recent years, its role has expanded to include non-seasonal depression, bipolar depression, ADHD, medical disorders, and circadian rhythm abnormalities. Its converse form, "Dark Therapy," can be achieved with blue-light blocking glasses and is proving useful for insomnia and bipolar mania. This hands-on session will give you practical tools to guide patients in these chronotherapies.

Multiple associations have been drawn between patterns of circadian rhythmicity and affective disorders. Bright light exposure has been demonstrated to be helpful in modifying patterns of sleep onset that have potential to enhance the actions of pharmacological agents in the treatment of mood disorders. Use of bright lights, carefully timed administration of melatonin and sleep deprivation are being utilized increasingly to affect enhancement and, at times, acceleration of interventions for depressive disorders in a treatment program labeled "Wake Therapy."

These interventions, while frequently effective and having very low risk for harm, appear to be underutilized in most clinical settings. In this session, we will review the biology of systems regulating circadian rhythms and connect these with evidence for efficacy in treatment of several psychiatric disorders.

OPTION #2

"Pharmacotherapy for Addictions: A Practical Guide," ***Robyn Jordan, M.D., Ph.D.***

This workshop will review the FDA approved medications for treatment of alcohol use disorder and opioid use disorder, providing a practical guide for psychiatrists to treat these disorders in an office based setting. Discussion will include the use of oral medications (naltrexone, acamprosate, antabuse, buprenorphine products) in addition to prescribing and administering injectable medications (vivitrol and sublocade). This interactive workshop is designed to provide psychiatrists the information they will need to feel confident prescribing these medications and effectively treating these substance use disorders.

Dr. Jordan is an Assistant Professor of Psychiatry at UNC School of Medicine. She is the medical director of the UNC ECHO for MAT, a statewide program to teach clinicians about addiction treatment. She has considerable experience in the induction and management of patients on buprenorphine therapy.

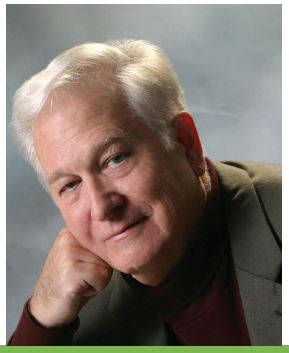
OPTION #3

"Treating the Difficult Persistent Depressive Disorder Patient: CBASP," James McCullough, Ph.D.

CBASP is an empirically validated model of psychotherapy for the Persistent Depressive Patient (PDD) and is the only model constructed specifically for the PDD. CBASP is based on an interpersonal theory of functioning that demonstrates to patients that they produce the life dilemmas they complain of. The average treatment period lasts 31 sessions. Patients learn the techniques of treatment so that by the end of therapy, they can self-administer the techniques.

CBASP has two primary goals: (1) the establishment of dyadic safety between the psychotherapist and patient; and (2) the acquisition of perceived functionality, the ability of patients to identify the consequences of their behavior. The CBASP Therapist Role is the most novel component of the therapy system. It is known as Disciplined Personal Involvement, which describes therapists who function as authentic comrades and who construct treatment processes demonstrating that patient behaviors produce highly predictable and negative consequences on the therapist, as well as on others. During this workshop, which builds upon Dr. McCullough's lecture scheduled for Friday morning, participants will engage in hands-on learning about CBASP therapy and techniques.



sunovion

Sunovion Pharmaceuticals Inc. is dedicated to developing new treatment options for patients living with mental illness.

Visit Us at Booth 28, meet our team and learn more about Sunovion.

www.Sunovion.com

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

Important Dates

September 27-30, 2018
NCPA Annual Meeting
& Scientific Session
Asheville, NC

October 18, 2018
Addictions Committee
Meeting
By Conference Call

November 2-4, 2018
APA Assembly
Washington, DC

November 6, 2018
NC General Election Day
Be Sure to Vote!

December 1, 2018
Executive Council
Raleigh, NC

December 7, 2018
Public Psychiatry & Law
Committee Meeting
Raleigh, NC