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## Save the Date

NCPA Annual Meeting  
& Scientific Session

September 27-30, 2018

Renaissance Asheville Hotel  
Asheville, NC

Registration Opening Soon!

## Overcoming Physician Burnout

Have you ever felt cynical, hopeless, or unempowered about your work as a psychiatrist? You're not alone. It is estimated that two out of five psychiatrists have professional burnout.

Physician depression can often impact or be mistaken for burnout. The APA has joined with the American Medical Association, the National Academy of Medicine, and many other medical organizations to address this challenge.

The APA recently launched a Psychiatrist Well-being and Burnout toolkit under the guidance of APA President Anita Everett, M.D. to help psychiatrists determine whether they might be experiencing burnout and take charge of their well-being.

The toolkit includes a self-assessment tool, as well as information about programs and other resources to help psychiatrists begin to overcome burnout.

In January, NCPA leaders – including President-elect *Mehul Mankad, M.D., D.F.A.P.A.* and Vice President *Jennie Byrne, M.D., Ph.D., D.F.A.P.A.* – were invited for a private meeting with Dr. Everett while she was in Durham for a Grand Rounds lecture at Duke.

During this meeting, Dr. Everett discussed the APA's commitment to supporting psychiatrists throughout their careers on a clinical, professional, and personal level. It starts with identifying the challenges that may cause professional burnout in the first place.

The APA recognizes burnout as the individual response to a systemic and complex organizational problem.

Loss of autonomy, the electronic medical record, and the changing role of the physician are just a few of the identified elements contributing to burnout and loss of well-being in physicians.


Although no single solution will work for everyone, the burnout toolkit outlines three common steps:

- 1. Recognize Burnout:** Recognize that you might be burnt out and stop blaming yourself for feeling guilty about your attitude towards work and life.
- 2. Find Resources:** Arm yourself with knowledge about how to address burnout.
- 3. Reach Out:** Remember that you're not alone and reach out for help.

An appropriate and manageable work-life balance is essential to be the most effective and fulfilled doctor possible.

But it's important to remember that protecting yourself from burnout is not a simple task that can be accomplished quickly or alone – much like the work you do every day to help your patients.

Learn more about burnout, take the self-assessment, and access resources at [www.psychiatry.org/burnout](http://www.psychiatry.org/burnout).

Additional resources are added to the site on a regular basis, so also consider bookmarking this page for your future reference. 

**If you take advantage of this toolkit, please email us about your experience at [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).**

# From the Editor

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

Recommended reading for this issue is *The Crane Dance: Taking Flight in Midlife*, by William R. (Bill) Finger. This memoir recounts his experiences through and beyond depression, brought about by a “perfect storm” of career, cultural, and family stresses.

Bill takes the reader on a journey starting with his childhood in the rural south, where he was the son of a minister involved in the civil rights struggle. He describes his considerable success as a Duke University student and athlete,

but then finds himself directly in the crosshairs of job restructuring and loss, his evolving role as a father, and other shifting cultural demands.

He explores traditional and alternative therapies to deal with his “emotional bottom” and offers insightful review and commentary on his embracing of the offerings of the men’s movement, expressive arts, and meditation.

I believe this book is unique in one important way. I believe we who practice psychiatry rarely receive

useful, considered perspective from our patients about the work we do.

This book is a thoughtful window into both the beliefs and assumptions we make about our profession and about what we actually accomplish in the service of our patients.

Full disclosure: Bill developed much of this book in a writing group in which I was a participant. I was not surprised when the book was named a finalist in the Indie Next Awards contest in the category of memoir.



NORTH CAROLINA  
Psychiatric  
Association

# news

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# Uncertainty

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

Uncertainty is a state of doubt about the future or about what is the right thing to do. It can have psychological, emotional, and ethical aspects. It can cause more pain and suffering than facing known problems and challenges that are actually more severe.

For me, this captures the current state of affairs in behavioral health services. We are continually adjusting to “reforms” in healthcare delivery models, in payment and reimbursement systems, and in documentation and reporting requirements. Unfortunately, these changes have not increased our confidence in a better future.

In the meantime, we are left working in a system where much of the funding goes to crisis services, big pharma, and managed care organizations. It is sad when headlines contain stories of highly paid MCO leaders, along with the rising toll of opiate-related deaths.

Parity for coverage for mental health services has not been achieved, despite legal requirements and insurance company claims.

Some psychiatrists are navigating the world of employed physicians in large hospital systems. Others are doing community mental health in CABHAs, often with significant components of telepsychiatry. Some have continued to do private practice work with determination and endurance. Others have entered the lucrative locums market and may be working outside of North Carolina.

Some are moving to cash-only practices to avoid the need to be on multiple provider panels with different requirements and low reimbursement rates. Others have chosen to

retire. Some are seeking respite in administrative work.

One way to deal with the current uncertainties that face psychiatry is to do what we can to influence change, to engage decision-makers in meaningful conversations with a solution-focused approach, and to be aware of what the decision-makers are looking for. This means being willing to initiate conversations, to ask for a seat at the table where decision-makers are formulating plans, and to be in relationship so that trust can be formed.

During our NCPA Executive Council meeting on February 3rd, we met with NCDHHS Secretary Mandy Cohen, M.D. to discuss the upcoming changes in NC Medicaid. We shared our efforts to educate our members about integrated care and the vision of collaborative care. We shared our concerns about our disjointed system filled with barriers between patients and the services they need access to.

ED boarding, the epidemic of opiate-related deaths, and an inadequate outpatient service delivery system were identified as problems. Secretary Cohen acknowledged the challenges and barriers we face and shared some of her ideas for moving our system forward. Oh, the possibilities that changing the eligibility criteria for Medicaid would bring...just don't use the “e”-word.

We're also putting together a Medicaid SWAT team of psychiatrists to meet with MCOs who are interested in bidding on the upcoming North Carolina Medicaid contracts. Our goal is to advocate for evidence-based models of collaborative care and ensure psychiatrists are a valued resource with fewer barriers to joining provider panels.



As psychiatrists in 2018, we are tasked with learning how to understand and manage population health and to understand how social determinants have a more significant effect on population health than healthcare delivery.

I'm hopeful the movement from fee-for-service care to value-based care will allow physicians to provide the type of care that truly affects outcomes through innovative and transformative care models.

I'm hopeful there will be a systems-of-care approach to addressing health problems rather than the siloed worlds of medicine, DSS, education and the justice system.

I want to be part of the generation of psychiatrists that was able to design new approaches to health and social determinants and ensure that NC citizens receive the best care, at the best time, and in the best way possible.

Let's exceed expectations together.

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# NCPA Executive Council Elected

In February, NCPA members returned their election ballots (electronically for the first time, in most cases), voting overwhelmingly to approve the slate of officers proposed by the Nominating Committee. The newly-elected officers will begin their terms at the conclusion of the APA Annual Meeting in New York, May 9.


Congratulations to the incoming NCPA officers and new Executive Council member for 2018-2019! These results will become official once approved by the Executive Council at its April meeting.

Each year, NCPA sends ballots and candidate information to all members for their review and anonymous return vote. From time to time, members ask about the nomination and voting processes. The NCPA Nominating Committee typically is comprised of two chairpersons and members who are representative of our membership and of each region of the state. (Our Bylaws define our regions based on the historical four geographical areas traditionally served by the state's four original mental health hospitals.)

The Nominating Committee then selects at least one candidate for each position open, reports its slate to the Executive Council and then the full membership. Nominations may be received from the floor during the Business Meeting, held during the Annual Meeting and Scientific Session in the fall. Nominations may also be received by petition of 25 members within six weeks following the Annual Business Meeting.

While the Nominating Committee has an official purpose of developing the slate for the next year's election, it also serves to help identify and encourage members to engage with NCPA in its other work. Sometimes new faces for Executive Council leadership are identified by their work on NCPA committees and task forces. We encourage members from every part of the state to let the NCPA office know of their interest in serving on task forces, committees, or representing your geographic region of the state on Executive Council. The Nominating Committee for the 2019 elections will be starting its work in a few weeks, so let us know now!

The Tellers Committee is responsible for establishing an equitable voting system. Voting is done by secret ballot, and all slated officers must receive a majority of votes cast to be elected; there are procedures in place to address run-offs and reruns as well. NCPA's fiscal and operational calendar runs from May to April; officers on the slate typically are voted on during the months of January, February and March, depending on when the ballot information is mailed to members. The new officers and Executive Council members begin their official work at the first Executive Council meeting of the new governance year, typically in June. The detailed processes and procedures can be found in the Constitution and Bylaws.

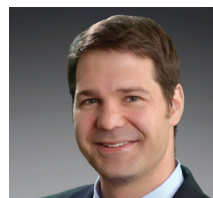
To learn more information about NCPA's Constitution and Bylaws and view a full list of Executive Council members, please visit the "About Us" menu at [www.ncpsychiatry.org](http://www.ncpsychiatry.org). Members with questions about the election process or interest in becoming more active in NCPA should email [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org) or call 919-859-3370. 



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



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Ph.D. D.F.A.P.A.



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Zachary Feldman,  
M.D., F.A.P.A.



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Alyson Kuroski-Mazzei,  
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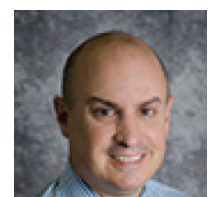
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M.D., D.F.A.P.A.



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**Councilor at Large**  
Constance Olatidoye,  
M.D.



**APA Assembly**  
Manuel Castro, M.D.,  
F.A.P.A.

# A Point of Personal Privilege...

*Robin B. Huffman, Executive Director*

Periodically, I feel compelled to write a column in the *NCPA News* about what's been stirring me. This issue, there are a number of things I want to bring to your attention.

## We Serve You

In the NCPA office, few things give us better job satisfaction than knowing we have helped a member, made a difference in a policy decision that positively impacts your psychiatry practice, or delivered important information that you need to know. We especially love it when you call our office or send us an email with a question!

And while we love hearing from you, in general, there are also times when we really need to hear from you. From NCPA or APA legislative action alerts, to our elections and surveys, your voice and opinions matter!

We try our best not to inundate members with communications. In addition to this quarterly print newsletter, we send only two E-Newsletters per month, unless there is an urgent deadline or timely notice. In order to make sure your voice is heard at the policy tables and

in the decision-makers' offices, we need to know what you think so we can be your mouthpiece.

A few weeks ago, I was in a meeting with the CEO of the State Health Plan. My typical approach during meetings such as this one is to make sure these people understand how practice restrictions make psychiatrists' work more difficult and create unintended consequences for patients.

For example, I explained our concern that the mandatory connection to the NC Health Information Exchange ([www.ncpsychiatry.org/nc-hie](http://www.ncpsychiatry.org/nc-hie)) may push some psychiatrists treating their members out of the network. I hope not, but we recognize that some psychiatrists may not be ready by June 2019 to have an electronic health record in their practice that also connects to the HIE. That was my "outside voice."

*"In order to make sure your voice is heard at the policy tables and in the decision-makers' offices, we need to know what you think so we can be your mouthpiece."*

## Please Don't Shoot the Messenger!

Now, to you, I need to use my "inside voice." And I say this with both conviction and some trepidation about your reaction. If we truly believe that the brain is connected to the body, that drug interactions are critical aspects of a patient's care, that certain labs and tests should be looked at before deciding on a treatment plan, and that the medical differential diagnosis is an important part of a psychiatric physician's contribution to patient care — if we truly believe all of that — then being able to contribute to or access information from a patient's medical record is a vital part of health care.

The rest of the house of medicine is adopting health records that can be searched digitally for drug allergies, possible interactions, recent thyroid testing, and current medications that could be causing symptoms. As such, psychiatry needs to be doing the same.

The recent legislated mandate for physicians to connect to the NC Health Information Exchange (the HIE or HealthConnex) has come



*...President's Column continued from page 6*  
about primarily because the carrot approach (incentives to adopt EHRs) has not moved things forward as much as they think the stick approach (mandates) will. This is the same rationale for mandated participation in the Controlled Substance Reporting System.

We fight mandates for you, but we also try to do everything we can to help prepare you. Tell us what you need. We are posting all kinds of resources on the NCPA website. Visit <http://www.ncpsychiatry.org/member-center> and please let us know what else we can do to help!

## Now, the Fun Part

It takes a village to help you psychiatrists with all this work. It has been a pretty small village for the last couple of years, with primarily

just Katy Kranze and me running the association and doing the work. We are delighted to announce a couple of changes!

Kelly Crupi joined NCPA at the end of January as our Communications and Events Coordinator. Originally from Havelock, NC, Kelly graduated from UNC Chapel Hill with a degree in journalism and mass communication. She started her career at a public relations firm, writing and managing projects for several diverse clients. She has also worked with neurosurgeons during her time employed in Oxford University Press' marketing division. She is especially interested in the advocacy work we do and is already making great contributions to the office. We are pleased that she is now working with us, for you!

The other important news to share is that NCPA Assistant Director

Katy Kranze may have delivered her firstborn by the time you are reading this newsletter! We are so happy for Katy and her husband, Paul, and we are pleased that Katy plans to return to the NCPA office later this summer in a part-time capacity. All of us are working hard to make the transition seamless for our members. Katy will have many photos and stories to share at our NCPA Annual Meeting at the end of September in Asheville, so you should make plans now to attend!

This March issue of the *NCPA News* marks the end of my 18th year as Executive Director of NCPA, serving as an advocate for both you and your patients. And with the interesting and ever-changing times we live in, the great staff I work with, and the more than 950 caring physicians I work for, it continues to be an exciting challenge! 🌱

## Member Notes...

**Richard Blanks, M.D., F.A.P.A.** was appointed to the new Cardinal Innovations Healthcare Board of Directors in December 2017. Dr. Blanks will initially serve a two-year term and is eligible for up to three consecutive terms. Dr. Blanks is the Vice Chairman of the Psychiatry and Behavioral Medicine Department at Wake Forest Baptist Medical Center.

**Christopher Colenda, M.D., D.L.F.A.P.A.** was selected by NC DHHS Secretary Mandy Cohen, M.D. to serve as a Forsyth County representative on the Cardinal Innovations Healthcare Board of Directors in February 2018. Dr. Colenda will initially serve a two-year term and is eligible for up to three consecutive terms. Dr. Colenda retired as President and CEO of the West Virginia University Health System in August 2016.

**James Ryan, M.D.** was appointed to the newly formed Justice Advisory Council for Alamance County, in response to Alamance County's Stepping Up efforts. Stepping Up is a national initiative, sponsored in part by the American Psychiatric Association Foundation, to reduce the number of people with mental illness in jails.

**Aarti Kapur, M.D.**, another Alamance County psychiatrist active in the Stepping Up initiative, has been selected to join the planning committee of the Alamance County Jail Diversion Center.

**Gary Gala, M.D.** will become Vice Chair for Clinical Affairs of the UNC Department of Psychiatry on July 1. Dr. Gala will be taking the reins from **Jack Naftel, M.D., D.L.F.A.P.A.**

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

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



# What Psychiatrists Need to Know About...

## MOC Pilot Project

The American Board of Psychiatry and Neurology (ABPN) has announced an optional Maintenance of Certification (MOC) Part III pilot project, which is scheduled to begin in 2019. ***Please note, eligible candidates must enroll in March 2018!***

This pilot program is a journal article-based assessment activity. To help increase flexibility, it was designed as an optional alternative to the current secure, proctored 10-year MOC examination.

Diplomates who do not wish to participate in the pilot program may continue to take the 10-year MOC examination.

The information provided below is included in an article by Mark Moran in *Psychiatric News*. To read the original article in its entirety, visit <https://bit.ly/2EYk2aL>.

### FREQUENTLY ASKED QUESTIONS

#### What is the journal article-based assessment option?

Beginning in 2019, ABPN diplomates who are eligible and who volunteer for the pilot project will be required to read and answer five multiple-choice questions on at least 30 but no more than 40 peer-selected and ABPN-approved journal articles.

The questions will be administered in an online, open-book format accessed via the internet from home or work.

To receive credit for reading an article, diplomates must correctly answer at least four of the five questions on the first attempt. For a given article, once a mini-test has been started, it must be completed before moving on to the next article.

Mini-tests can be answered during multiple settings. Diplomates will receive immediate feedback after answering questions related to an article.

#### Which specialties and subspecialties are included in the pilot project?

The pilot project will be offered as an alternative to single MOC examinations in psychiatry, child and adolescent psychiatry (CAP), neurology, and child neurology.

CAP is the only subspecialty to be offered during the pilot project. All other subspecialty examinations will be delivered in the current MOC examination format during the pilot project.

Participants who are double-boarded in Psychiatry and CAP would need to read and answer five multiple-choice questions on at least 30 but no more than 40 peer-selected

and ABPN approved journal articles in psychiatry and also in CAP to satisfy the requirement for both certifications.

#### How long is the pilot project?

The pilot project will run for three years from 2019-2021. The length of time (eligibility period) for a diplomate to complete the pilot project varies by the expiration date of the diplomate's certificate or by their current block and status in the Continuous MOC Program (CMOC).

#### How will I know if I am eligible for the pilot project?

Eligible diplomates should have received an email invitation from ABPN by December 15. Candidates must enroll in March 2018.

#### Can I elect to take the 10-year exam if I would prefer that over the pilot project?

The pilot project begins for all eligible diplomates in January 2019 and is optional. Eligible diplomates may still choose to take the Part III MOC secured, proctored examination instead of participating in the pilot project.



## Do diplomates still have to complete other MOC activities (Continuing Medical Education, Self-Assessment, PIP) during the pilot project?

Yes, all diplomates, including pilot project participants, must meet all MOC Program requirements to be reported as 'Certified – Meeting MOC Requirements': continuing medical education, self-assessment, and performance-in-practice, as well as pay any applicable fees.

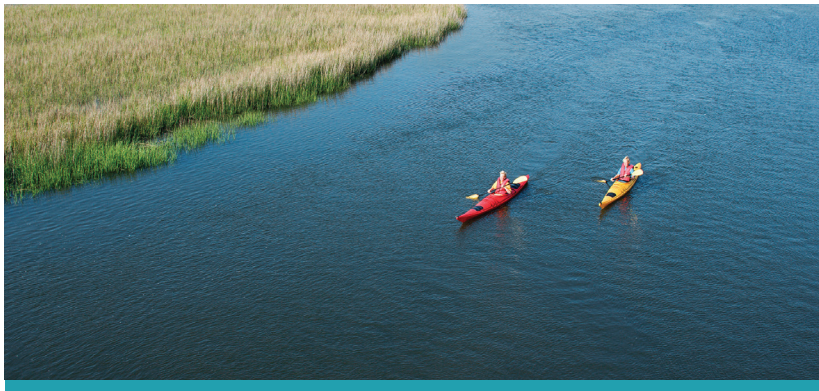
## What are the fees associated with the pilot project?

The usual MOC fee structure will be in place for pilot project participants. Specifically, those transitioning from 10-year MOC into continuous-MOC will be required to pay a fee equal to the amount 10-year exam.

Those currently in continuous-MOC will not be required to pay any additional fees to the ABPN to participate in the pilot project. However, to access some articles chosen for the test, a separate publisher fee may be required.

Diplomates may choose to contact their professional associations, medical schools, or local libraries to determine if the articles are available at low or reduced cost as part of their affiliation or appointment.

**NCPA's MOC Task Force is closely following this issue. If you are an eligible diplomate who chooses to participate in the pilot project, please provide your feedback on its impact to [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).**



## Find Work-Life Balance

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[VidantHealth.com/PhysicianJobs](http://VidantHealth.com/PhysicianJobs)



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# APA Announces 2018 Honorees

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

## Distinguished Fellow

Fred Caudill, M.D.  
Christopher Colenda, M.D.  
Logan Graddy, M.D.  
Toni Johnson, M.D.  
Maripat Moore, M.D.  
Jeffrey Simon, M.D.  
Elizabeth Stanton, M.D.

Austin Hall, M.D.  
Matthew Hough, D.O.  
Viranga Pathiraja, M.D.  
Robin Reed, M.D., M.P.H.  
Richard Smith, D.O.  
Michael Stevens, M.D.  
Rebecca Taylor, M.D.  
William Wright, M.D.

Michael Hill, M.D.  
David Johnson, M.D.  
Kalavathi Kolappa, M.D.  
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# Renew Your NCPA Membership

Membership in the North Carolina Psychiatric Association (NCPA) and the American Psychiatric Association (APA) are up for renewal on a calendar year basis. The APA has adjusted its renewal schedule over the past few years. Members are encouraged to renew by January 1 each year. It is especially vital that you renew prior to the end of the 90-day grace period to avoid losing your membership benefits.

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

- Online: [www.psychiatry.org/paydues](http://www.psychiatry.org/paydues)
- Phone: 1-888-357-7924
- Fax: 703-907-1085
- Email: [membership@psych.org](mailto:membership@psych.org)

## Scheduled Payment Plan

The Scheduled Payment Plan is a convenient, easy way to make sure your dues are always received on time and you never experience a lapse in membership (and the benefits to which you are entitled). The plan allows for your current APA and NCPA dues to be automatically charged to your credit card

in monthly, quarterly, biannual or annual installments. There is no additional cost and enrolling is easy. Contact the APA at 888-357-7924 to enroll.

## Married Couple Discount

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

## Lump Sum Dues Program

The APA continues to offer Lump Sum Dues payment where members may make a one-time payment to cover the cost of APA membership for as long as you wish to remain a member. Members would still pay NCPA dues each year. The Lump Sum Dues payment is an irrevocable payment to the APA; payment can be distributed among two installments if necessary. For more information on the program, please contact the APA Membership Department, 888-357-7924 or [membership@psych.org](mailto:membership@psych.org).

Please don't hesitate to contact us if you have specific question regarding your NCPA member benefits. Thank you for your continued NCPA and APA membership!

## Don't Forget to Deduct Your Dues!

When preparing your tax documents, you may deduct 88 percent of your 2017 NCPA dues and 96 percent of your 2017 APA dues as a business expense. Likewise, if your employer covers the cost of your membership, the company is entitled to the tax deduction.

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

For assistance determining the amount you paid for APA and NCPA membership in 2017, email [info@ncpsychiatry.org](mailto:info@ncpsychiatry.org).

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**P 919.859.3370**

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

## Calendar of Events

**April 14, 2018**

Executive Council  
Raleigh, NC

**May 5-9, 2018**

APA Annual Meeting  
New York, NY

**April 19, 2018**

Addictions Committee  
(By Phone Only)

**June 1, 2018**

Psych & Law Committee  
Raleigh, NC