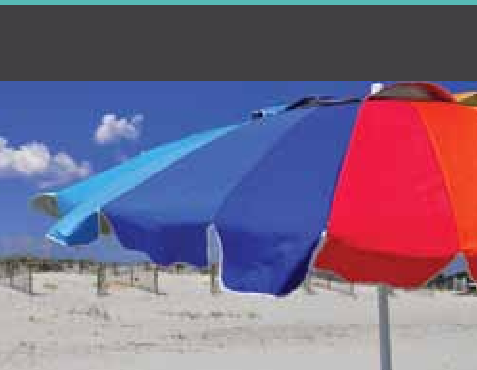
NORTH CAROLINA Psychiatric Association

news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

JUNE 2014



IN THIS ISSUE

President's Message
PAGE 3

NCPA Member Advocacy
4-5

NCPA Election Results
PAGE 9

Cannabis Research Series, Part 3
PAGE 10-11

Member News
PAGE 13

ATTENTION ALL NCPA MEMBERS:

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

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

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

Register for the NCPA Annual Meeting & Scientific Session

September 25-28, 2014 • Wrightsville Beach

Approved for up to 14 hours of AMA PRA Category 1 Credits™

Registration is now open for the 2014 NCPA Annual Meeting & Scientific Session, September 25-28, in Wrightsville Beach. The 2014 schedule builds upon NCPA's tradition of inviting nationally-known experts to provide the most up-to-date reports on the timeliest topics in psychiatric medicine and mental health care.

To register for the conference, visit www.ncpsychiatry.org/2014-annual-meeting or complete the form on page 7. Early Bird discount pricing ends July 19.

Sessions will range from lectures, to hands-on workshops, to panel discussions and case studies. The following speakers are confirmed for presentations at the conference:

- Andrew Krystal, M.D. – New Approaches to Insomnia and Depression.
- Michael Terman, Ph.D. – Chronotherapeutics: Light Therapy and Beyond
- David Mischoulon, M.D., Ph.D. – Treatment Resistant Depression & Advances in Natural Therapies
- Charles Zeanah, Jr., M.D. – Current Directions in the Study of Risk and Adversity in Early Childhood
- Sy Saeed, M.D. – Top 10 Research Findings of 2013-2014

Other sessions will discuss Healthcare Reform and Accountable Care, Video Game Addiction, and more!

NCPA will also hold its annual business meeting for members and other opportunities to network with fellow psychiatrists and colleagues.

Hotel Information

The conference will be held at the Holiday Inn Resort; make your hotel reservations today for the meeting to be included in the room block. To reserve a room, call the Holiday Inn Resort in Wrightsville Beach, 1-877-330-5050 and mention the North Carolina Psychiatric Association to receive the group rate of $159 (standard) or $189 (oceanfront). For online reservations, visit http://bit.do/NCPA-Hotel and select the "Change Search" link to enter your dates. Reservations must be made by September 1, 2014 to receive the group rate.

Support the Foundation

Again this year, the Psychiatric Foundation of North Carolina will pay the registration fees for medical students and psychiatry residents attending the Annual Meeting. The Foundation is also sponsoring the poster session on Saturday evening prior to the Awards Ceremony and Reception. If you would like to "sponsor a resident" and/or make a general tax-deductible donation to the Foundation, please indicate

Continued on page 6...

Hargrove Award Nomination Period Extended

The Psychiatric Foundation of North Carolina is now accepting nominations for the Eugene A. Hargrove, M.D. Mental Health Research Award; the submission deadline has been extended to June 30, 2014.

Nominees should be North Carolina residents with an M.D. or Ph.D. who are actively conducting research. For 2014, the award will focus on research related to Traumatic Brain Injury and/or Post Traumatic Stress Disorder.

To nominate a colleague, please send a one-page letter of nomination along with the nominee's CV by June 30, 2014. Nominations may be emailed to info@ncpsychiatry.org, faxed to 919-851-0044, or mailed to Psychiatric Foundation of North Carolina, 4917 Waters Edge Drive, Suite 250, Raleigh, NC 27606.

About the Award

Dr. Hargrove, who died in 1978, was Director of the North Carolina State Department of Mental Health, Developmental Disabilities and Substance Abuse Services from 1958 until 1973. This annual award (originally established by the North Carolina Foundation for Mental Health Research, Inc in 1980) is in commemoration of Dr. Hargrove's contributions to mental health care in North Carolina and his recognition of and support for research in the public mental health system.

The Psychiatric Foundation of North Carolina now presents this award to an individual who has been recognized by colleagues for exceptional contributions in the field of Mental Health Research. ***Linmarie Sikich, M.D., D.F.A.P.A.*** received the 2013 Hargrove Award for her work in child and adolescent mental health research.

For more information, visit www.ncpsychiatry.org/Hargrove-Award.

NORTH CAROLINA Psychiatric Association **news**

MANAGING EDITOR
Robin B. Huffman, Executive Director

ASSOCIATE EDITORS
Kristin Milam, Communications Coordinator
Katy Kranze, Membership 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 Kristin Milam, 919-859-3370 or kmilam@ncpsychiatry.org.

NCPA EXECUTIVE COUNCIL

President Burt P. Johnson, M.D., D.L.F.A.P.A.
President-Elect Arthur E. Kelley, M.D., L.M.
Vice President Thomas Penders, M.D., D.L.F.A.P.A.
Secretary Samina A. Aziz, M.D., D.F.A.P.A.
Treasurer Harold Carmel, M.D., D.L.F.A.P.A.
Immediate Past President Ranota T. Hall, M.D., D.F.A.P.A.
Past President Debra A. Bolick, M.D., D.F.A.P.A.
Councilor at Large Donald T. Buckner, M.D., D.F.A.P.A.
Councilor at Large Venkata "Amba" Jonnalagadda, M.D.
Councilor at Large Keith McCoy, M.D., F.A.P.A.
Councilor at Large Michael Zarzar, M.D., D.F.A.P.A.
Assembly Representative Debra A. Bolick, M.D., D.F.A.P.A.
Assembly Representative Stephen E. Buie, M.D., D.F.A.P.A.
NCCCAP Representative Allan Chrisman, M.D., D.L.F.A.P.A.
NC Psychoanalytic Society Representative David Smith, M.D., D.F.A.P.A.
NC Medical Society Representatives B. Steven Bentsen, M.D., D.F.A.P.A.
John G. Wagnitz, M.D., D.L.F.A.P.A.
Forsyth County Chapter President Chris B. Aiken, M.D., D.F.A.P.A.
RFM Representative Lauren Isbell, M.D. (Duke)
RFM Representative Heather Oxentine, M.D. (ECU)
RFM Representative Catherine Green, M.D. (WFU)
RFM Representative Laura Willing, M.D. (UNC-CH)

CONSTITUTIONAL COMMITTEES

Budget Harold Carmel, M.D., D.L.F.A.P.A.
Constitution and Bylaws Stephen Oxley, M.D., L.M.
Ethics David Gittelman, D.O., D.F.A.P.A.
Fellowship Michael Lancaster, M.D., D.L.F.A.P.A.
Membership Samina Aziz, M.D., D.F.A.P.A.
Nominating Arthur E. Kelley, M.D., L.M.

STANDING COMMITTEES

Addiction Psychiatry Thomas Penders, M.D., D.L.F.A.P.A.
Community and Public Psychiatry Marvin Swartz, M.D., D.L.F.A.P.A.
Clinical Erica Arrington, M.D.
Cultural Diversity John Shin, M.D.
Disaster Allan Chrisman, M.D., D.L.F.A.P.A and John Wallace, M.D.
Health Care Delivery Systems Committee Michael Zarzar, M.D., D.F.A.P.A.
Legislative Keith McCoy, M.D., F.A.P.A.
Practice Management Carey Cottle, Jr., M.D., D.F.A.P.A.
2014 Program Chris Aiken, M.D., D.F.A.P.A.
Psychiatry and Law Katayoun Tabrizi, M.D., D.F.A.P.A.
Technology Jennie Byrne, M.D.
Palmetto/GBA/Medicare Carey Cottle, Jr., M.D., D.F.A.P.A.
State Employees & Teachers' Comprehensive Health Plan Jack Naftel, M.D., D.F.A.P.A.
DHHS Waiver Advisory Committee Jack Naftel, M.D., D.F.A.P.A.
DHHS Commission for MH/DD/SAS Tyehimba Hunt-Harrison, M.D., Haresh Tharwani, M.D., D.F.A.P.A., Brian Sheitman, M.D.

A Renewed Optimism for Psychiatry Following the APA Meeting

Burt P. Johnson, M.D., D.L.F.A.P.A., President

I returned from the American Psychiatric Association Convention in May buoyed by what I had heard about the possibilities for psychiatry in the U.S. This comes at a time when many in our field have been skeptical about psychiatry's future in a context of stalled parity implementation, brief medication visits, competition from Nurse Practioners and Physician Assistants, and in some cases declining reimbursements.

The sources of my optimism were several presentations I attended in New York City, above and beyond the day I spent listening to APA staffers educating me about how to best exercise my fiduciary responsibility for our North Carolina district branch.

The most significant session I attended was presented by Gary Gottlieb, M.D., who is President and CEO of Boston's Partners HealthCare, the result of a 1995 merger of the two largest hospitals in Boston. Partners has expanded into an extensive multi-hospital system and combined with a large network of community physicians, making it one of the handful of premier health care organizations in the country. What is important about this is that Dr. Gottlieb is a psychiatrist with a research background in Geriatrics, who is in an ideal position to survey the American Health Care System from the perspective of a psychiatrist.

While acknowledging that the percent of U.S. health resources devoted to behavioral health had, between 1986 and 2009, declined from 9.4 percent to 6.8 percent, he pointed out a growing recognition in our society of the prevalence of mental illness and substance abuse in large swaths of our population including veterans, Medicare and Medicaid enrollees, and particularly individuals with chronic physical illness. Several large scale studies estimate that well over 60 percent of the chronically medically ill suffer from a mental health or substance abuse disorder.

Dr Gottlieb was optimistic about the growing attention in the medical community to integrated care (behavioral health with medical and particularly primary care) and the evolution of Accountable Care Organizations towards bundled payments for episodes of care. In his view, this will lead to the better definition of the value of psychiatry in our country's efforts to bring more value and quality to that portion of the population who are medically and psychiatrically ill. It will lead to greater access to psychiatry for the large numbers of patients seen in primary care, with diagnosed mental health and substance abuse problems, many of whom are currently receiving less than optimal care. He pointed out that NCQA, the National Committee for Quality Assurance, the most prestigious U.S. health care accrediting body, now requires partial or full integration of behavioral health services in order for a medical program to gain accreditation as a patient centered medical home.

He also noted that 70-75 percent of U.S. health care dollars go to treat chronic conditions of all types, and five of the most exemplary are Schizophrenia, Depression, Dementia, PTSD, and chronic pain, all of which have roles for psychiatrists. Those roles include direct care, the supervision of inter-disciplinary teams in the integrated care context and consultation to primary care clinicians, not to mention providing population oversight of treatment, outcomes, and costs in Accountable Care Organizations. Many of these activities call on the accumulated knowledge and skills of psychiatrists outside of the framework of brief medication visits. An example of progress in this direction is that North Carolina psychiatrists with the appropriate codes in their contracts can now bill Medicaid for phone consultation to primary care physicians concerning the PCP's patients with behavioral health problems.

As many of you are aware, Vice President Joe Biden also spoke at the APA meeting. His presentation coincided with a temporary cessation of all other APA convention activities other than scheduled courses so the hall was full. He too projected a bright future for psychiatry. He emphasized the accelerating understanding of the brain's circuitry and physiology that are becoming available through sophisticated imaging and cellular level studies. The tables of contents of the Green Journal and JAMA-Psychiatry bear ample witness to this. These advances should give us tools to provide more effective treatment to our patients in the future. He went on to discuss the passage of the Mental Health Par-

Continued on page 9...

What Psychiatrists Need to Know About... Advocacy

Robin B. Huffman, Executive Director

There are many reasons people—yes, even psychiatrists!—avoid making the effort to engage in the public political arena. "Politics is dirty." "I don't know enough about an issue to comment." "Why would my opinion matter?" "I really don't know who my elected official is." "I really don't think an elected official wants to be seen in public with a PSYCHIATRIST."

And if we are really honest with ourselves we might admit to being a little shy, worried about embarrassing ourselves, or even not knowing what to call an elected official! ("Is she a Senator or Representative or Congressman or just plain Ms.?)

But frankly, there are even more reasons why a psychiatrist should engage. Your opinion does matter! You care for the patients who live in an elected official's district, and you know what the local system needs. You are struggling with what seem like unfair business practices from insurers. Your local emergency room is struggling to keep up with the numbers of people with mental illness accessing healthcare through its doors. You need legislators to understand the nature of addictive disease or how issues with mental illness play out in your community. Perhaps even more important, you treat people whose illness is still somewhat stigmatizing, and they may not be able to advocate for themselves. But you can be their voice.

You are a doctor. You know things legislators don't. That is the most important reason for picking up your pen or your phone or pulling out your checkbook. Legislators need and want to hear from you. The mechanics of how to do it are easy.

It's About Relationships

Perhaps the easiest way to engage in the political process is not to view it as a lobbying effort. Instead, the most natural thing in the world is for you to open yourself up to building a cordial relationship with your elected officials. Perhaps you go to church with your state or federal elected official. Or see them at the club or on the golf course or tennis court. You bump into them at the grocery store. That is great! (And please let the NCPA office know if you have these kinds of connections.)

If you don't know them, make a point to get to know them. Write them a note of congratulations for winning the election. Offer to meet for coffee to give them background information on mental health issues. Offer to be a resource for them to call when they have a question about an issue or a bill in front of them. Just reach out to them.

If you like their politics, make a campaign contribution. Offer to host a small gathering at your home to meet your neighbors, and ask your neighbors to bring checks! I'll never forget the day when an NCPA member called to talk about the most interesting situation: he was not only hosting a meet-and-greet at his home for a former neighbor from one political party who was running for one Senate seat, but he wanted to know if it was okay to host an event for another candidate with the opposing party who was running for a different Senate seat. He did both. That is what I call bipartisan support!

The Legislature Is Now in Session

By the time you read this newsletter, the "short" session of the N.C. General Assembly will be mid-way through and you will have read about the Governor's budget requiring prior authorization for doctors to prescribe psychiatric medications to Medicaid patients. Or you may have an opinion about the medical marijuana bills that have been introduced. Now is the time to let your elected official know your thoughts. Further, NCPA needs your help raising awareness about the issues that we have identified as key this session. Visit www.ncpsychiatry.org/legislative-priorities to see the 2013-2014 Legislative Priorities.

Call your legislators' offices, speak to them or to their LAs—lobby-speak for "legislative assistants." Reach them at their home or office on the days they are not in session; sessions typically are held Monday

evening through Thursday midday. You could also make an appointment with their legislative office in Raleigh. If you do come to Raleigh, call the NCPA office, and we will come with you. Even quick notes or emails that include your candid, but polite, thoughts can get the job done.

After all, you are part of their constituency. You helped elect them. You matter to them, and your helpful guidance and suggestions for improving your city and your state can make a difference for the patients you treat and for your profession!

RESOURCES FOR ADVOCACY EFFORTS

How to Find Bills on the Internet: Visit www.ncleg.net

Click on "Legislation/Bills" menu across the top of the page, then follow the instructions and tips given. If you know the bill number, you can enter it into the "Find a Bill" search on the top-right of www.ncleg.net.

How to Find Your Legislator: Visit www.ncleg.net

Click on the "Who Represents Me?"menu across the top of the page. Select the map box for the office you are seeking (federal or state) and type in your address in the search box on the map. The District number will display. Scroll down to find the "select by district" boxes and insert your district number there. When you hit enter, you will be taken directly to your representative's legislative page where you can browse the tabs for information including bills introduced, votes, committee assignments.

APA Resource Page: www.psychiatry.org/advocacy--newsroom

NCPA Advocacy Page: www.ncpsychiatry.org/legislative-priorities-updates

APA Holds Advocacy Leadership Conference

During the last week of March, APA members from over 40 states traveled to Washington, DC for APA's annual Advocacy Leadership Conference where they received advocacy and issue training and met with their elected members of Congress to encourage better access to psychiatric care for our nation's citizens. Keith McCoy, M.D., F.A.P.A., NCPA's Legislative Committee Chair, attended the conference on behalf of our district branch.

Attendees heard from nationally recognized political prognosticator Larry Sabato, Professor of political science from the University of Virginia, followed by the event's key note speaker Representative Tom Price, M.D. (R-GA). In addition, registrants heard the perspective of what it's like to be a psychiatrist working on the Hill from APA's Jeanne Spurlock Congressional Fellow Ellyn Johnson, M.D.

Representative David Price (left) and NCPA Legislative Committee Chair Keith McCoy, M.D., F.A.P.A.

Attendees of the conference were also briefed on APA's priority legislative items, including a recently introduced bill to incentivize the hiring of more psychiatrists in the Veterans Administration, federal funding of mental health services and research, permanently fixing Medicare's flawed reimbursement system, and bringing the parties together on comprehensive mental health reform legislation.

The APA Government Relations has created a training webinar, Advocacy Training 101: Basics to Promoting Mental Health to Policymakers, a course that aims to help psychiatrists and mental health professionals understand and participate in the legislative process by advocating for mental health issues. By completing this free course, participants can earn up to 1 *AMA PRA Category 1 Credits™*. Visit www.apaeducation.org under "New Courses" for more information.

"The Advocacy Day experience has been tremendously helpful in teaching me how to effectively and efficiently interact with legislators and policy-makers," said Dr. McCoy. "I have been able to build relationships with congressional staff members and even one Congressman, which extend beyond just the Advocacy Day experience. I have also noticed how much more easily I interact with local and state officials because of this training. I highly recommend this training for those who are interested in increasing their role in advocacy and policy."

NCPA Annual Meeting continued from cover...

accordingly on your registration form.

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

Continuing Education

For Physicians: AMA PRA Category 1 Credit™ – 14.0 hours.

Credit Statement: The Southern Regional AHEC designates this live activity for a maximum of 14.0 AMA PRA Category 1 Credit(s)™. Physicians should claim credit commensurate with the extent of their participation in the activity.

Accreditation: This activity has been planned and implemented in accordance with the Essentials and Standards of the North Carolina Medical Society through the joint providership of the Southern Regional AHEC and the North Carolina Psychiatric Association. The Southern Regional AHEC is accredited by the NCMS to provide continuing medical education for physicians.

Disclosure Statement: The Southern Regional AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Disclosure of faculty/planning committee members and commercial relationships will be made known at the activity. Speakers are also expected to openly disclose a discussion of any off-label, experimental, or investigational use of drugs or devices in their presentations.

For Non-Physicians (Physician Assistants and Nurse Practitioners)

Additional Credit: Other health professionals will receive Southern Regional AHEC CEU and/or contact hours and a certificate of attendance from an AMA PRA Category 1™activity. These certificates are accepted by the NC boards for physician assistants, nurse practitioners, nurses, physical therapists and athletic trainers. License requirements are subject to change. Southern Regional AHEC recommends that participants contact their licensing boards with specific questions. Southern Regional AHEC will provide 1.4 Continuing Education Units (14.0 contact hours) to participants upon completion of this activity.

This conference is jointly provided by the North Carolina Psychiatric Association, North Carolina Council of Child and Adolescent Psychiatry and Southern Regional AHEC.

Tentative Scientific Schedule: This schedule is subject to change at any time leading up to the conference. Please check www.ncpsychiatry.org/2014-annualmeeting for the most updated conference information.

Thursday, September 25

2:00-6:00	NCPA Registration
1:00-6:00	Exhibitor Set-Up
2:00-5:00	NCPA Executive Council Meeting
3:30-5:30	Disaster Psychiatry Workshop
6:00-7:30	Welcome Reception

Friday, September 26

7:00-8:15	Registration, Exhibits Open & Continental Breakfast
8:15-9:15	Lori Raney, M.D., Health Care Reform and Accountable Care
9:15-10:15	Charles Zeanah, Jr., M.D., Current Directions in the Study of Risk and Adversity in Early Childhood
10:15-10:45	Break with Exhibitors
10:45-Noon	Andrew Krystal, M.D., New Approaches to Insomnia and Depression
12:30-2:00	NCPA Business Meeting and Lunch (NCPA Members)
2:30-4:30	**Concurrent Workshops (Choose One)** • Integrated Care Workshop, Lori Rainey, M.D. • CBT for Insomnia, Melanie Leggett, M.D.
5:00-7:00	Foundation Reception
5:00-7:00	NCCCAP Social

Saturday, September 27

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

General Psychiatry Track

8:15-9:15	Deborah Dihoff, The Family in Psychiatric Care
9:15-10:25	Michael Terman, Ph.D., Chronotherapuetics: Light Therapy and Beyond
10:25-10:55	Break with Exhibitors
10:55-Noon	David Mischoulon, M.D., Ph.D., Treatment Resistant Depression

Child & Adolescent Psychiatry Track

8:00-9:00	Charles Zeanah, Preschool DSM 5 PTSD
9:00-9:10	Introduction to Problem Based Learning Session
9:10-9:30	Break with Exhibitors
9:30-11:35	Lisa Amaya Jackson and Robin Gurwitch, NCTSN Core Curriculum of Childhood Trauma
12:15-2:00	NCCCAP Business Lunch (NCCCPA Members Only)
2:00-4:00	**Concurrent Workshops (Choose One)** • Video Game Addiction, Thomas Slaven, Ph.D. • Light Therapy Workshop, Michael Terman, Ph.D.
6:00-9:00	Poster Session and Awards Dinner

Sunday, September 28

7:15-8:15	Continental Breakfast
8:15-9:15	Sethi Award Lecture
9:15-10:15	David Mischoulon, M.D., Ph.D., Recent Advances in Natural Therapies
10:15-10:45	Break
10:45-12:15	Sy Saeed, M.D., Science to Practice: Top 10 Research Findings of 2013-14

REGISTRATION FORM
2014 Annual Meeting & Scientific Session:

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

For Credit Card Payment – Register and Pay Online: www.ncpsychiatry.org/2014-annualmeeting

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)

Full Guest Name(s) for Name Badges: ______________________________

Meeting Registration Fees:

Please indicate # attending for CME/CEU:	"Early Bird" Before 7/19	"General" After 7/19
________ NCPA/NCCCAP/APA Member	$400	$450
________ Psychiatry Resident	Registration paid by the NC Psychiatric Foundation	
________ Non-member	$500	$550
________ Nurse Practitioner/Phys. Asst.	$350	$450
________ Single Day Registration (indicate day)	$250	$250

Please indicate # of guests attending:	Before 7/19	After 7/19
________ Spouse/Guest (Non-CME)	$80	$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 to purchase paper handouts?**

Yes ($25) _______ ***No*** ________

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 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:

To make your reservations, contact the Holiday Inn Resort by September 1, 2014 by calling: 1-877-330-5050; mention the NC Psychiatric Association to receive the discounted room rate of $159 (Standard) or $189 (oceanfront).

Early Bird Registration Deadline:

Registration must be received at the NCPA office by **July 19** to receive the discounted early-bird pricing.

General Registration Deadline:

All registrations must be received at the NCPA office by **September 18**.

Cancellation Policy: Cancellations on or before ***September 18*** 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 (Registered Guests Only):

________ Thursday Night Reception

________ 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/2014-annualmeeting **or call 919-859-3370.**

American Professional Agency, Inc.
" Let us take you under our wing! "

Join your colleagues who have chosen to be represented by our professional team and our program which is endorsed by the two most prominent associations in your profession - the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

- Superior protection provided by Allied World Assurance Company rated "A" (Excellent) by A.M. Best Company
- Access to a Risk Management Attorney 24 hours daily
- Individual Customer Service provided by our team of underwriters
- Telepsychiatry, ECT coverage and Forensic Psychiatric Services are included
- Many Discounts including Claims-Free, New Business and No Surcharge for claims *
- Great Low Rates
- Years in the previous APA-endorsed Psychiatry program count towards tail coverage on our policy
- Fire Damage Legal Liability and Medical Payment coverage included
- Interest-Free Quarterly Payments / Credit Cards accepted

*** Subject to State Approval**

APAmalpractice.com • (877) 740-1777

NCPA Executive Council Elected, Takes Office

Nomination and Election Procedures Explained

In March, NCPA members returned their election ballots, voting to overwhelmingly approve the 2014-2015 slate of officers proposed by the Nominating Committee. The newly-elected officers began their terms at the end of the APA Annual Meeting in New York, May 7. Congratulations to the incoming NCPA officers for 2013-2014! (See right)

Each year NCPA mails 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 is comprised of a chairperson and members who are representative of each area of the state (Historically, NCPA has divided the state into four geographical areas based upon the counties served by each of the state's original mental health hospitals.) The Nominating Committee then selects at least one candidate per office up for election, and reports its nominations to the Executive Council, and then the full membership. Nominations may also 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.

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. Officers take office immediately after the APA Annual Meeting each year.

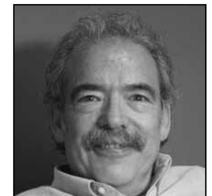
The detailed processes and procedures can be found in the Constitution and Bylaws. For more information about NCPA's Constitution and Bylaws and to view the full Executive Council membership, visit the "About Us" menu at www.ncpsychiatry.org.

Further, members with questions about the election process or interest in becoming more active in NCPA should contact staff for more information, info@ncpsychiatry.org or 919-859-3370.

President
Burt Johnson, M.D., D.L.F.A.P.A.

President-Elect
Arthur Kelley, M.D., L.M.

Vice President
Thomas Penders, M.D., D.L.F.A.P.A.



Treasurer
Harold Carmel, M.D., D.L.F.A.P.A.

APA Assembly
Stephen Buie, M.D., D.F.A.P.A.

Councilor At Large
Venkata "Amba" Jonnalagadda, M.D.

Councilor At Large
Keith McCoy, M.D., F.A.P.A.

... President's column continued from page 3

ity and Addiction Equity Act, and the release last year of regulatory guidance for the law. He acknowledged that not all insurance companies have complied with the Act, but assured the audience the next step was "enforcement and getting it right." He made sure to mention the Obama administration's Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative and the administration's pledge last year to devote $100 million to increasing mental health access, all of which increase resources flowing to our field and make an effort to reduce stigma.

I came away from this year's APA meeting encouraged about the possibilities for the future of our profession. All of us have a stake in how this turns out. One final piece of potentially good news is that the number of U.S. medical students choosing psychiatry increased this year after a period of declines.

Cannabis: Pharmacology, Psychoactive Agents and Drug Interactions

Ureh Nena Lekwauwa, M.D., D.F.A.P.A., is Medical Director and Chief Clinical Officer for the Division of Mental Health/Developmental Disabilities/Substance Abuse Services with the North Carolina Department of Health and Human Services.

This is the third in a series of articles by the NCPA Addictions Committee designed to review the current status of the science that may inform opinion as members consider their stance on changes in public policy and legislation relating to cannabis. Please note: due to space limitations, references cited are available online at www.ncpsychiatry.org/marijuana-series or by calling 919-859-3370.

Introduction

Cannabis or marijuana is the most commonly used illegal substance in the world and approximately 4 percent of the world's population has used cannabis at least once in the past year (Leggett). Herbal cannabis contains over 400 compounds including 60-plus cannabinoids that are aryl-substituted meroterpenes from the plant genus Cannabis (Ashton). Cannabidiol (CBD) is one of the 60 active cannabinoids identified in cannabis (Borgelt). As a major component of the plant, CBD accounts for up to 40 percent of the plant's extract, as a non-psychotropic phytocannabinoid. Pharmacology for most of the cannabinoids is largely unknown but the potent psychoactive agent, tetrahydrocannabinol (THC) is the major psychoactive agent that has been isolated, synthesized, and studied. The effects of THC are dose-related and most research on cannabis was established in 1970s using smaller doses of 5-25 mg THC; therefore, the risks and consequences of today's marijuana use may be unknown because sophisticated cultivation in the past 30 years increased the potency of cannabis products. In the 1960s and 1970s, the average "reefer" contained about 10 mg THC (Ashton). Now "joints" made of skunkweed, netherweed, and other potent subspecies of Cannabis sativa can contain up to 150 mg of THC (or 300 mg if laced with hashish oil). Today's cannabis smoker may be exposed to THC doses many times greater than in the past. For every cannabis user who develops a dependency, in DSM-5 terminology, a moderate to severe cannabis disorder, 10 users do not (Bailey).

Cannabis Pharmacology

Pharmacokinetics

When smoked, 50 percent of THC in a joint is inhaled and nearly all is absorbed through the lungs, rapidly entering the blood stream and reaching the brain in minutes. The effects are perceptible within seconds and fully within minutes. With oral ingestion, bioavailability is lessened and blood concentrations reach 25-39 percent of that obtained by smoking the same amount due to slow oral absorption and first metabolism in the liver. Once absorbed THC and other cannabinoids are rapidly distributed to all tissues at rates dependent on the blood flow.

Cannabinoids are extremely lipid soluble and accumulate in fatty tissues, reaching peak concentrations in four to five days and then are released slowly back into other body compartments including the brain. Because THC is sequestered in fat, THC tissue elimination half-life is about seven days and the complete elimination of a single dose may take up to 30 days. With repeated doses, high levels of cannabis accumulate in the body. In the brain, THC and other cannabinoids are differentially distributed – with high concentrations found in the neocortical, limbic, sensory, and motor areas (Ashton).

Cannabinoids are metabolized in the liver resulting in more than 20 metabolites – some are active and have long half-lives, the major one being 11-hydroxy-THC. Many metabolites are excreted in urine and some are excreted into the gut where they are reabsorbed and prolong cannabis actions. As a result of this delay and sequestering in fat, there is a poor relationship between plasma or urine concentrations and degree of cannabinoid-induced intoxication. The 11-hydroxy-THC is rapidly metabolized to the nonpsychoactive 11-nor-9-carboxy-THC (THC-COOH). A majority of THC is excreted via the feces (65 percent) with approximately 30 percent of the THC eliminated in the urine as conjugated glucuronic acids and free THC hydroxylated metabolites. At this point, THC becomes inactive or nonpsychoactive.

Pharmacodynamics

The biological effects of cannabinoid compounds including marijuana are determined by their binding to and further activation of cannabinoid receptors (Manzanares). Cannabinoids exert their effects by interaction with specific endogenous cannabinoid receptors —CB1 and CB2. The distribution

of CB1 follows the pattern of THC and includes cerebral cortex, limbic areas including hippocampus and amygdala, basal ganglia, cerebellum, thalamus and brainstem. THC increases the release of dopamine from the nucleus accumbens and prefrontal cortex. This effect, which is common to many drugs such as heroin, cocaine, amphetamine, and nicotine, may be the basis of its reinforcing properties and its recreational use. It is reversed by naloxone, suggesting an opioid link. THC binds to cannabinoid receptors and interferes with important endogenous cannabinoid neurotransmitter systems. Receptor distribution correlates with brain areas involved in physiological, psychomotor and cognitive effects. As a result, THC produces alterations in motor behavior, perception, cognition, memory, learning, endocrine function, food intake, and regulation of body temperature.

THC is metabolized via cytochrome P450 2C9, 2C11, and 3A isoenzymes. Potential inhibitors of these isoenzymes could decrease the rate of THC elimination if administered concurrently, while potential inducers could increase the rate of elimination.

Effects of Cannabinoids

The euphoria of inhaling cannabinoids comes within minutes of smoking and reaches a plateau lasting two hours or more, depending on dose. There can be dysphoric reactions such as severe anxiety and panic reactions. Paranoia and psychosis are also dose-related and more common in anxious subjects, "naïve" users, and psychologically vulnerable individuals.

Colors seem brighter, music more vivid, emotions more poignant and "meaningful," and spatial perception is distorted. Time perception is impaired, and the ability to know the actual passage of time is flawed. Hallucinations may occur with high doses.

Cannabinoids also affect cognition and psychomotor activities. Effects are consistently dose-related even with long-term users. There is slowing of reaction time, motor incoordination, defects in short-term memory, and difficulty in concentration. There is also impairment in the ability to complete complex tasks that require divided attention. Driving and piloting skills are impaired. Furthermore, these effects are additive and compounded with other central nervous system depressants. Withdrawal symptoms include restlessness, insomnia, anxiety, increased aggression, anorexia, muscle tremor, and autonomic effects.

Physiologic effects impact cardiovascular conditions such as dose-related tachycardia of up to 160 beats/minutes or more. With chronic use, although tolerance can develop, widespread vasodilation and reddening of conjunctiva and postural hypotension and fainting can still occur. These effects are risker for individuals with a predisposition to cardiac disease.

Respiratory issues include the herbal cannabis preparation that exposes individuals to more carbon monoxide, bronchial irritants, tumor initiators, tumor promoters and carcinogens than tobacco smoke – five times greater increase in carboxyhemoglobin, three times greater amount of tar inhaled and one-third more retention in the respiratory tract of tar than smoking a tobacco cigarette (Ashton). Chronic cannabis smoking is also associated with increased risks for chronic obstructive pulmonary disease.

Drug Interactions

The issue of cannabis and drug interactions is extensive and two types of drug interactions are pharmacodynamic and pharmacokinetic.

Pharmacodynamic drug interactions occur when two drugs exhibit similar effects on the body. In this case, the central nervous system (CNS) sedation is the main action of cannabis, and there are a multitude of drugs that can cause CNS sedation: benzodiazepine, antipsychotics, opiates, barbiturates, and others.

Pharmacokinetic drug interactions deal with how one drug can affect the absorption, distribution, metabolism and/or excretion of another drug. Each drug has a process of how the body "normally" handles the drug's absorption, metabolism, excretion, etc. A drug is absorbed at a specific rate and extent, distributed throughout the body at a certain volume, and metabolized and excreted at a certain rate. In the case of cannabis, it is an inhibitor of one of the main metabolic pathways (CYP3A4), as well as an inducer of another common metabolic pathway (CYP1A2).

If the metabolic pathway is inhibited, the other drugs that use the pathway will not get metabolized at a normal rate, and this can cause potential toxicity of that particular drug. As an example, a patient taking the anticoagulant warfarin (Coumadin®) and who decides to smoke marijuana, the warfarin metabolism may be inhibited, and the patient will accumulate a higher concentration of warfarin in the system and will be at risk for excessive bleeding.

If the metabolic pathway is induced, the other drugs that use the pathway will get metabolized at a faster rate that can cause therapeutic failure of the drug.

continued on page 13...

WHAT YOUR CURRENT POLICY MIGHT BE LACKING:

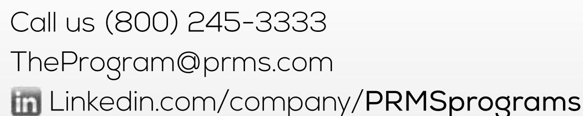
A STRONG DEFENSE

"Of course we hope you'll never need our claims expertise, but if you ever report a claim we are with you every step of the way, whether it's simply an adverse event for which you need legal guidance or a lawsuit requiring a robust full-court defense.

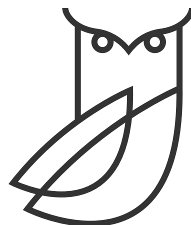
Take comfort that you will have our full support working closely with you, your defense counsel, and experts to vigorously protect and defend you.

View our 2013 claims results at **www.PsychProgram.com/Claims** and see for yourself how our strong defense can work for you.

Dave Torrans, II
Senior Litigation Specialist, PRMS



More than just medical professional liability insurance.



PRMS℠
Professional Risk Management Services, Inc.
the psychiatrists' program®

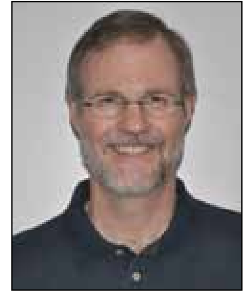
Fair American Insurance and Reinsurance Company - New York, NY
In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

Member Notes

Jack W. Bonner, III, M.D., D.L.F.A.P.A., Emeritus Professor, University of South Carolina School of Medicine–Greenville, was selected by The American College of Psychiatrists as its Archivist-Historian at the annual meeting held February 19-23, in San Antonio, Texas. He is a past president and fellow of the College and completed service in February as its Secretary-General. Dr. Bonner also served as Examiner for the American Board of Psychiatry and Neurology at its examination held March 29-30 in Little Rock, Ark. Dr. Bonner is a past president of the NCPA.

Jack W. Bonner, III, M.D., D.L.F.A.P.A.

Stephen Buie, M.D., D.F.A.P.A. received the Distinguished Medical Alumnus Award from the University of North Carolina, School of Medicine on April 11. The award honors alumni who have significantly enhanced the reputation and prestige of the School of Medicine through their lifelong careers of service and accomplishment. Criteria for selection include excellence in professional and community leadership and service or exemplary contributions to the medical profession or to humankind of such importance as to merit national and international recognition. Dr. Buie currently serves as an APA Assembly Representative for NCPA.



Stephen Buie, M.D., D.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, photo (if available) and details to info@ncpsychiatry.org.

Cannabis Pharmacology continued from page 11...

For example, if a patient takes alprazolam (Xanax®), then starts to smoke cannabis, this will lead to a lower concentration of alprazolam which could to lead to withdrawal and possibly seizures.

Sometimes there could be two different mechanisms at work. In the case of the patient above for the first few days, the pharmacodynamic interaction of the additive sedation will predominate, and the patient will be over sedated, but invariably the pharmacokinetic interaction will predominate resulting in lower serum concentration and less sedation.

Cannabis inhibits the CYP3A4 pathway, so all drugs that use CYP3A4 as a moderate to major pathway could be affected significantly. Furthermore, because a drug inhibits or induces the system does not mean it uses the system, but substrates of CYP3A4 need to be considered. There are many "minor" substrates of this system, but these interactions are not clinically relevant. Also, the likelihood for drugs that are topicals or ophthalmics to interact is very low.

The cannabidiol-rich cannabis extract, CBD, has been shown to be widely effective for children with epilepsy. CBD and conventional anti-convulsant drugs have some similar action mechanisms. CBD has anti-seizure effects and better seizure control (Hill). It is suggested that CBD may block seizures by blocking the N-methyl-D-aspartate (NMDA) receptor, enhancing the gamma-aminobutyric acid (GABA) receptor, and stabilizing ion channels similar to mechanisms as Banzel, Lamictal, Dilantin, Keppra, and Trileptal (O'Shaughnessy). CBD also received orphan drug status in the US as an orally-administered liquid for the treatment of dravet syndrome (Wilner). Further research will help determine which types of epilepsy CBD is going to help, its side effects, and how it interacts with other anti-seizure drugs.

Summary

Chronic cannabis use results in tolerance, dependence, withdrawal, and long-term cognitive impairments. Long-term use carries respiratory, cardiovascular, and other health risks. Cannabis use is associated with adverse psychosocial problems and affects multiple organ systems. Many physicians, medical organizations, health care providers, government/elected officials, and individuals take differing views of the benefits and risks of medical cannabis but almost everyone agrees further research is needed.

Medicare Now Covers Transcranial Magnetic Stimulation in North Carolina

Carey Cottle, Jr., M.D., D.F.A.P.A. represents NCPA on the Palmetto GBA Medicare Physician Advisory Committee.

Effective March 24, 2014, Palmetto GBA has approved the use of Transcranial Magnetic Stimulation in the treatment of major depression that has failed to respond to antidepressant medication. The approval requires failure of attempted treatment with four antidepressants and a course of evidence-based psychotherapy known to be effective for major depression.

According to the Coverage Indications, Limitations, and/or Medical Necessity, "Transcranial Magnetic Stimulation (TMS) is a non-invasive treatment that uses pulsed magnetic fields to induce an electric current in a localized region of the cerebral cortex. An electromagnetic coil placed on the scalp induces focal current in the brain that temporarily modulates cerebral cortical function. Capacitor discharge provides electrical current in alternating on/off pulses." A standard course of treatment consists of these treatments five days per week for four weeks, possibly followed by a taper of a few sessions over subsequent weeks.

Photo courtesy of Neurnetics, Inc.

The approval process began in November 2010, when Palmetto GBA initially stated they would not consider approval of TMS because they considered it experimental and without evidence for "long term" benefit for depression.

That's when NCPA became involved. Several North Carolina psychiatrists have assisted in educating Palmetto GBA on the best evidence showing TMS is effective in the treatment of major depression and that psychiatrists need this additional tool to provide optimal care of our patients. These psychiatrists include Dr. Vaughn McCall, formerly with Wake Forest Baptist Health; Dr. Andrew Krystal with Duke, and Dr. Susan Killenburg with UNC-Chapel Hill. Their assistance is greatly appreciated.

NCPA also had support from the APA's position on TMS. The relevant CPT codes are 90867, 90868, and 90869; however, as of press time, the allowable rates for these codes have not been published. Palmetto GBA's LCD L34170 covers North Carolina, South Carolina, Virginia and West Virginia. It's expected that Medicare's approval will assist the process of achieving approval from other insurers for TMS as well.

For more information visit, www.ncpsychiatry.org/Medicare-Resources.

Editor's Note: Dr. Cottle represents NCPA and psychiatry on the Palmetto GBA Physician Advisory Committee. NCPA applauds Dr. Cottle's work in pursuing this Medicare policy change.

PRN Inpatient Psychiatry Position

Mission Hospital | Asheville, North Carolina

We have an excellent PRN opportunity for BC/BE psychiatrists to join our multi-disciplinary treatment team in beautiful Asheville, North Carolina. Most shifts would be on the weekend.

The Program Includes:
- 40-bed Adult and Geriatric Psychiatry Unit
- 10-20 Member Partial Hospitalization Program
- 8-Bed Crisis Care Unit Coverage

Clinical Duties Include:
Providing psychiatric evaluations, busy consultation service, behavioral treatment planning, individual interventions, and working with interdisciplinary treatment teams and active ECT program.

For additional information, contact: Adam Tabor, Physician Recruiter, at Adam.Tabor@msj.org or 828-213-5845

APA Assembly: Report from May's Meeting

Stephen Buie, M.D., D.F.A.P.A., is one of NCPA's APA Assembly Representatives.

The APA Assembly is the deliberative body of the APA, which represents the interests of District Branches and individual members. It meets twice a year, in May just prior to the annual meeting and in November, in Washington, DC. As NCPA's elected APA Assembly representatives, Debra Bolick and I want to represent your interests.

The Assembly considers action papers written by other Assembly members or general members; this year's action papers included subjects such as increasing the number of patients that a psychiatrist would be allowed to treat with buprenorphine, raising the standard of treatment within the Federal Bureau of Prisons, and no longer allowing pharmacies to charge a second copayment for a stimulant medication if they were unable to completely fill the first prescription.

The meetings also allow for APA staff and leadership reports and updates. Saul Levin, M.D., APA CEO and Medical Director, reported that the budget benefitted from the release of DSM-5. Brisk sales of the book and related materials have put the APA on firm financial footing. Membership had been declining but is now up by 3.4 percent (NCPA membership has increased by 12 percent).

The Assembly has been advocating strongly for a change in the Maintenance of Certification requirements for psychiatrists. An area of particular concern was the requirement of getting patient evaluations. The American Board of Psychiatry and Neurology recently ruled, "Diplomates no longer must complete patient surveys AND peer surveys to meet the feedback module for Part IV of MOC (PIP)." Diplomates now have either patient surveys or peer surveys. The ABPN also stated:

"Based on recent feedback from the field and availability of ABPN-approved MOC products, we have modified the requirements for the 10-Year MOC program. All diplomates in the 10-Year MOC Program (MOC candidates in 2015-2021) will be required to complete:

- 300 Category-1 CME credits
- 24 Category-1 CME credits from Self Assessment Activities (can count toward the 300 total CME credits)
- 1 PIP Unit (clinical module and feedback module)

If there's an issue that has been a burr under your saddle and you have been trying to figure out what to do about it, contact Dr. Bolick or me, and we'll work with you to determine whether the Assembly can address it. We are working on a format so that you can get a report about issues brought before the Assembly without overloading you with unwanted information. In the meantime, if you have questions or comments or an idea about an action paper, let us know (members can send a message to info@ncpsychiatry.org).

NCPA Member Experience: APA 2014 Convocation

It had been more than 10 years since I had been to the APA and almost 20 since I had walked in a convocation, but I did both those things several weeks ago at the APA Annual Meeting in New York City.

About a year ago I was invited to apply to be a Distinguished Fellow of the American Psychiatric Association. This was not the first time I had been invited, but I had not wanted to apply never feeling I was quite distinguished enough. But last year I decide to try.

I felt honored and humbled when my application, with the support of NCPA, was approved. The trip to New York was to be a part of the convocation where I received the medal and took the oath for Distinguished Fellowship. For those who have not attended the convocation, I would encourage you to go. There is a sense of being part of something larger then oneself.

As I stood in the group to be recognized, I congratulated one of my supervisors from residency who was receiving an honor herself and quickly found common ground discussing the challenges of maintaining membership with an Assembly delegate from Minnesota and psychiatrists from Louisiana. While we were recognized and invited to take the oath, it felt like a solemn moment to reflect on what our profession is and can be. As the award winners were recognized, it highlighted the work that is being done around the country and the enormity of what remains.

Walking out to find my family and show my daughters the shiny medallion around my neck, I felt proud and for the first time, maybe even a little distinguished.

***Samina Aziz, M.B.B.S., D.F.A.P.A.** currently serves as NCPA's Secretary and Membership Committee Chair.*

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

Calendar of Events

June 7, 2014
NCPA Executive Council Meeting

June 16-17, 2014
NC Council of Community Program
Spring Policy Forum
Hilton North Raleigh
www.nc-council.org

September 25-28, 2014
NCPA Annual Meeting & Scientific Session
Holiday Inn Resort, Wrightsville Beach
Registration Now Open!
www.ncpsychiatry.org/2014-annualmeeting

Early Bird Registration Ends July 19th!

On Demand DSM-5 Webinar at www.ncpsychiatry.org/dsm-5-workshop-information
Price $45; CME for Physicians Available
(see website for CME & Registration details)

Classified Advertisement

Seeking Psychiatrist in Duplin County — New Dimension Group (NDG), a physician owned behavioral health practice located in Rose Hill, NC, is seeking a NC licensed/license-eligible psychiatrist. Candidate will be responsible for carrying an outpatient workload, participating in multidisciplinary treatment teams, and maintaining effective and up-to-date documentation of patient encounters. The ideal candidate will be credentialed with NC Medicaid, Medicare, BCBS, and other major insurance carriers. There is no on-call obligation. Contact Wanda Allen at (910) 289-2610 ext.124, or email CV and letter of interest to wandaa@newdimensiongroup.org.

Advertise with NCPA

Whether you're seeking a new position or recruiting for new employees, NCPA has an advertising solution for you! Visit www.ncpsychiatry.org to see our current postings and rate information; NCPA members are eligible for special advertising discounts.