



National
Recovery Month

Prevention Works • Treatment is Effective • People Recover

SEPTEMBER 2014

25
YEARS

IN THIS ISSUE

President's Message
PAGE 3

Preparing for Office Closures
PAGE 4-5

Cannabis Research Series, Part 4
PAGE 7

NCPA Annual Meeting
PAGE 9

Naloxone Prescribing Update
PAGE 13

ATTENTION ALL NCPA MEMBERS:

September is National Recovery Month! In observance, *NCPA News* has several articles with an addiction-related focus. For more information about National Recovery Month, visit www.ncpsychiatry.org.

Don't forget to add NCPA to your email account's safe sender list to make sure you receive all the messages we send!

NC Medical Board Adopts New Policy on Prescribing Controlled Substances for Pain

The North Carolina Medical Board (NCMB) has adopted a comprehensive new position statement on the subject of treating pain with prescription opioid medications. This position statement, "Policy for the use of opiates for the treatment of pain," replaces the former NCMB position entitled, "Policy for the use of controlled substances for the treatment of pain." The latter had been in place since September 2008. The new pain policy is in effect as of June 2014.

The new pain policy breaks ground for NCMB position statements in that it provides far more specific clinical guidance and information about NCMB expectations for patient management than is typically conveyed in a position statement. Most position statements convey general guidelines or principles, which licensees are then expected to interpret and apply to their specific circumstances.

With regard to opioid prescribing, however, the NCMB determined that more specific and detailed guidance would benefit patient safety and the licensees who prescribe these medications.

Deaths from opioid overdose have reached epidemic proportions in North Carolina and across the nation. Analyses of overdose deaths have shown that, in most situations, the drugs involved in overdose deaths were originally obtained with a valid prescription from a

licensed physician, physician assistant or other authorized prescriber. Inappropriate prescribing of opioid medications is one of the most serious quality of care issues the NCMB addresses, accounting for a significant percentage of adverse public actions each year. It is the NCMB's hope that making more comprehensive guidelines available to licensees who are treating pain will encourage responsible prescribing, reduce deaths from accidental overdose and avoid regulatory problems for prescribers.

The new Position Statement is organized in three sections: 1) general information and goals; 2) detailed guidelines linked to the principles articulated in section one; and 3) glossary of terms. Also included is an extensive reference list of all resources used to create the new pain policy. The NCMB's pain policy draws heavily on the Federation of State Medical Board's 2013 Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain. It also borrows content, with permission, from "First Do No Harm, The Indiana Healthcare Providers Guide to the Safe, Effective Management of Chronic Non-Terminal Pain."

Read the NCMB's new pain policy online, www.ncpsychiatry.org/june-13-2014-ncmb-opioids.

Reprinted with permission from the North Carolina Medical Board.

Member Notes



John Diamond, M.D., D.F.A.P.A.

John Diamond, M.D., D.F.A.P.A. was recently appointed to the North Carolina Physician Advisory Group (NCPAG). The NCPAG is a charitable, nonprofit organization that was created for the purpose of advising the North Carolina Department of Health and Human Services on ways to improve the health of the state's vulnerable populations by expanding access to quality, cost-effective health care services.

John Wagnitz, M.D., M.S., D.L.F.A.P.A., previously served in this term-limited position.

Sy Atezaz Saeed, M.D., M.S., FACPsych, Professor and Chairman at East Carolina University's Brody School of Medicine, Department of Psychiatric Medicine, joined the North Carolina Institute of Medicine Board of Directors in May. Members of the board are appointed by the Governor, the Speaker of the House and the President Pro Tempore of the Senate.



Sy Atezaz Saeed, M.D., M.S.,
FACPsych, 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.



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 Oxentime, 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. and Ranota T. Hall, M.D., D.F.A.P.A.

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 Nafteil, M.D., D.F.A.P.A.

DHHS Waiver Advisory Committee Jack Nafteil, 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.

Focusing on Psychiatric Leadership

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

The Executive Council of NCPA has decided to make psychiatric leadership its principal focus for the year. Leadership is a term one reads or hears about frequently in the media. It can be about politicians of the other party accused of not showing enough of it, or about sports figures praised for their ample display of this quality, which is consistently held up as one of the modern social virtues. There have been innumerable articles and books written about the topic, but what is its relevance to psychiatry?

Condensing all the theories of leadership down to the real world, leadership in a psychiatric context involves an inherently active (as opposed to passive) approach to one's clinical, administrative, and educational responsibilities. It is based on a foundation of beneficence and a willingness to communicate one's point of view. It does not mean telling others what to do just because you are a psychiatrist; instead it means working collaboratively to get the best result for your behavioral health patients.

One of the misconceptions about leadership is that it is carried out on a grand scale, trying to change the world. The opposite is true. Most acts of leadership begin on a smaller scale with people who are looking to make a difference in a local issue, are impatient with the status quo, who perceive a vacuum of leadership and step into it with their ideas, or agree to chair a committee. For leadership to have an impact, the original ideas need to be supplemented by action through communication, commitment, and persistence.

For those who might feel hesitant to initiate or participate in discussions about the direction of policy

and quality standards, remember where the buck stops, and to whom the responsibility falls, when a clinical crisis occurs. In a multi-specialty behavioral health agency – it is with the psychiatrist. That responsibility brings with it a professional privilege and opportunity to help shape clinical policies and standards.

The physical concept of entropy, the tendency towards disorder in the universe, is a literal metaphor for the social environments in which we work. This tendency towards disorder can only be halted or reversed by the infusion of energy into the local system. The implication is summarized by the very accurate adage, "if you aren't making things better, things are getting worse." More than any other profession in the behavioral health field, psychiatrists carry the responsibility to bring energy to make things better where they work.

There is already a great deal of psychiatric leadership visible in North Carolina in the private, public and academic sectors. Taking an example from the public mental health domain, I work with several psychiatrists who are founders and owners of behavioral health agencies providing basic and enhanced services for the Medicaid and uninsured populations. These psychiatrists, still active as clinicians, have had to invest considerable energy ensuring the success of their agencies as financially stable providers of quality care.

Not everyone wants to own their own psychiatry practice. However, some of the employed Medical Directors of agencies in my region have taken advantage of the opportunity to engage with the owners and staff of their agencies over

More than any other profession in the behavioral health field, *psychiatrists* carry the responsibility to bring *energy* to make things *better* where they work.

policy directions and clinical standards, with the goal of improving the care delivered to their patients.

Nevertheless, we as a profession have opportunities to upgrade our leadership profiles. An arguable deficiency of most psychiatric training programs has been their relative neglect in preparing psychiatrists for their essential roles as leaders. Training and the exposure to appropriate leadership models can lead to greater ease in assuming a leadership role when the opportunity presents itself, which it always does.

Finally, a historical perspective may be illustrative. When the Community Mental Health Center model was developed and implemented in the 1960s and 1970s, the innovations were led by psychiatrists. That arrangement began to change in the 1980s when leadership gradually shifted to non-medical administrators. The result was a transition of community mental health from a medical model to a largely social services model, rather than a more balanced model that would have best served our patients.

The history of public mental health in North Carolina is a lesson in the reality that if psychiatrists don't exercise leadership then someone else will. 🌱

What Psychiatrists Need to Know About...

*Robin B. Huffman,
Executive Director*

Closing a Practice

Let's face it: you are indispensable! It is hard to take a day off, much less a week! What would your patients do if you took a two-week vacation? How would they get along without you? Or... how would you even manage to get someone to cover calls in your remote area of the state? You may even think retirement is out of the picture with your active private practice.

But here is a sobering thought—how would your patients manage and who would take care of your practice if you became suddenly ill or incapacitated? What would your staff or spouse do if you died unexpectedly? At least once a year, the N.C. Psychiatric Association receives a call from a physician's office staff or family member who is dealing with such a situation.

At the risk of sounding like a life insurance commercial, have you taken steps to prepare for a planned or abrupt closure of your practice? There are resources to help you now, whether you are mid-career or actively considering retirement. Frankly, these resources are also helpful guides to setting up and organizing systems in any practice, even if you plan to live and work forever!

Some of you may recall the old hospital adage of planning for discharge at the time of admission. In a way, having a departure plan when you start a practice is a good idea. Likewise, you probably have a will,

even though you don't intend to use it for a long, long time. The point is, you want to ensure that your wishes are carried out and your professional obligations are met, while placing the least amount of stress on your loved ones or practice colleagues.

Resources Available

In 2007, the APA approved a resource document, "Closing a Practice at Short Notice: What Every Psychiatrist and Their Family Should Know," for members. It was developed after the unexpected death of an APA member in Massachusetts, and it is designed specifically for "emergency closings." This document is available in the Member Resources section of our website, www.ncpsychiatry.org/practice-management.

"Closing a Practice at Short Notice" includes chapters on Immediate Steps (Clinical, Business, Regulatory), Medical Records, Personal Needs of the Physician's Family/Colleagues. This document provides a comprehensive understanding of a psychiatrist's practice and includes a number of useful worksheets and templates. These are available electronically and can be completed in advance of an emergency, which will help make the actual crisis less stressful should it occur.

The North Carolina Medical Board (NCMB) just released a new document this spring called, "The Doctor

is Out: A Physicians Guide to Closing a Practice." This guide complements the APA's document and has a much broader scope; it includes scenarios such as leaving one medical practice for another, closing a practice temporarily, retiring and more. It also incorporates information specific to North Carolina rule and law. And, like the APA document, it provides some suggestions for how medical colleagues can assist at times of stress.

Both documents emphasize the same thing—plan ahead—be it for taking a new job, moving, closing the practice, taking medical leave or retiring to Key West!

What are the things a physician, especially a psychiatrist, needs to think about? The APA document suggests the most important step is for a physician to determine who your "Special Administrator" for your practice affairs will be. Ideally, this is another psychiatrist, but if not, choose a trusted individual from the staff, the family, or business community who would not be overwhelmed with this role under the circumstances. This person should keep a signed authorization form that appoints him/her to this role. Information concerning keys, passwords and security codes needed to access practice record may need to be communicated to the Special Administrator and to your attorney. Your attorney, your practice staff, and/or your family should also have a record of the

contact information for the Special Administrator.

The APA resource document includes an "Emergency Closing Check List." This worksheet has places for you to write in the names/ phone numbers of the Special Administrator, staff who will need to contact patients, and information for where you keep lists and location of medical records of your active and terminated patients. There is also space for you to name other psychiatrists with whom you have pre-arranged short-term, emergency, and prescription coverage for your patients and names of colleagues to suggest referring patients to on a long-term basis. In an emergency, it will help everyone if there is a document with your medical license number(s), DEA certificate number, hospital and clinic affiliations, third-party payors, and billing service information. Not only is this helpful in an emergency, but also this document can serve as an aid to you in the course of managing your practice.

Notifications

There are a number of people to notify in case of an emergency closure of your practice, not the least of which are your staff. Depending on the circumstances, they may be dealing with their own concerns and uncertainty, and in addition must deal tactfully and carefully with your patients.

Some thought should be given to staff retention depending on the size

of the practice and the need to maintain the office for some time. Other obvious people who need to be notified as soon as possible include:

- Patients (including answering service and answering machine messages, letters, and possibly phone calls)
- Hospitals, clinics and agencies with which the physician is affiliated
- Third Party Payers and insurance agencies.
- State licensing boards
- Federal Drug Enforcement Agency (DEA) and state DEA (arrange for disposal of controlled substances, unused Government Order forms, etc.)

The NCMB also provides good, specific information to physicians regarding communications with patients and professional obligations. They include:

- Providing notice to patients.
- Providing continuity of care.
- Providing patient choice of healthcare provider.
- Special issues concerning mid-level professionals who are departing.
- Retention of medical records (NCPA gets asked these questions all the time!)
- Patient access to medical records
- Email and electronic medical records
- Balancing record retention, patient access and privacy.

"The Doctor is Out: A Physicians Guide to Closing a Practice" also includes letter templates, sample notices to put on the office door, and sample ads to run in local newspapers.

Business Decisions

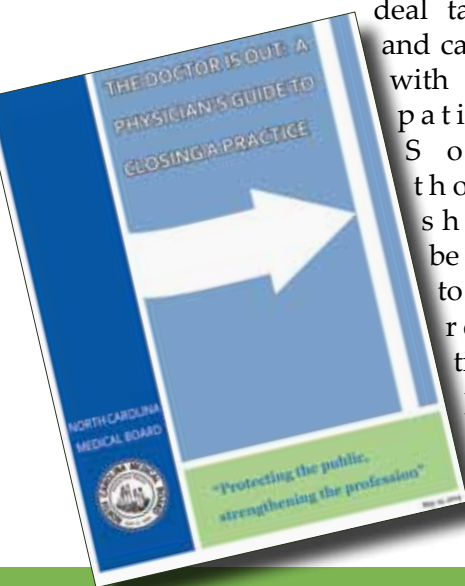
In addition to coordinating care for patients, practices must consider several "logistical" issues, including what office services will be re-

quired while closing a practice and who should provide those services. It is good to think in advance about such things as (including how long to continue or how quickly to stop):

- Leases—office premises, copiers, etc.
- Phone and fax services
- Internet, cell phone, consultant contracts
- Collecting outstanding patient bills
- Paying outstanding bills owed by the practice
- Business checking account (including putting a "stop" on the practice credit cards, etc.)
- Malpractice Insurance carrier (read the policy and terms)
- Mail
- Business Notifications

Regardless of whether your office closure is a short- or long-term situation, having a plan in place prior to needing it allows for a more stress-free transition. Drawing from both the APA guide specific to psychiatrists and the NCMB guide specific to North Carolina may give you enough peace of mind to take that trip to Europe after all! 🌿

Editor's Note: This information is not intended to replace the advice of a lawyer with appropriate expertise and experience. Please seek professional help.



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

The Endocannabinoid System in Health and Disease

Thomas Penders, M.D., M.S., D.L.F.A.P.A., Associate Professor at the Brody School of Medicine at East Carolina University, is NCPA's Vice President and Addictions Committee Chair.

This is the fourth in a series of articles by the NCPA Addictions Committee designed to review the current status of the science that may inform opinion as each member considers his or her stance on changes in public policy and legislation relating to cannabis.

Introduction

Following the identification and isolation of Δ -9-Tetrahydrocannabinol (THC) as the molecule responsible for the psychoactive effect of marijuana, THC was synthesized and became available to medical researchers in 1964. Prior to these discoveries it had been known that the cannabis plant contained a variety of chemical products. Today, despite the discovery of 70 such products, THC remains the only one capable of causing mood or sensory altering effects. Consequently, medical research has only recently begun to look at the effects of the remaining non-psychoactive constituents of the cannabis plant.

While exploring the mechanism by which THC exerts its effects on the brain, researchers discovered a naturally occurring system, including lipid-based constituents, capable of producing actions similar to THC. This system of naturally occurring substances is part of what has become known as the endocannabinoid system. This system is present widely throughout the brain and has its own enzyme system regulating production and breakdown of the endogenous components anandamide and 2-arachidonoyol glycerol (2-AG), the primary neu-

rotransmitters for this system. Since 1988 it has been known that these chemical messengers act on specific receptors in the brain that have come to be known as CB receptors.

Cannabinoid Receptor Systems

Currently there is acceptance of two different CB receptors, CB1 and CB2. CB1 receptors are stimulated by the naturally occurring molecules, anandamide and 2-AG. These receptors, by a coincidence of nature, are also partially stimulated by THC. CB1 receptors are located in areas of the brain that serve to coordinate movement (basal ganglia and cerebellum) and are densely present in the area of the brain where memories for emotional events appear to be stored (hippocampus) and where fearful responses are coordinated (amygdala). These receptors also are distributed in areas that serve sensory functions such as hearing, taste, smell and touch and "association areas" where simple sensory functions are coordinated with other brain inputs (frontal cortex). This system of chemical messengers and receptors is unique in that there are no nerve cells or nerve circuits that are regulated purely by the endocannabinoid system. Rather CB1 receptors exist on nerve cells whose signaling systems are controlled by the more well-known neurotransmitters, i.e. dopamine, serotonin GABA and acetylcholine. Further, the CB1 receptors exist only on the "pre-synaptic" part of the nerve cell, the part of the circuit that sends out the chemical signal.

More traditional neurotransmitters have their receptors primarily on the "post-synaptic" portion of the nerve terminal, the part of the nerve cell that conveys messages further down the line. It has become clear to those studying this system that the endocannabinoid system exists to help regulate the activity of other neurotransmitter systems. Most commonly, a stimulation of the CB1 receptor will reduce activity and decrease the amount of traditional neurotransmitter released by a nerve cell for a given stimulation. Evidence is increasing, then, that the endocannabinoid system serves as a kind of break on nerve activity. The system has therefore been characterized as an "anti-stress" system and may have evolved to protect the nervous system during times of overstimulation or stress. Stimulation of brain CB1 receptors results in many of the perceptual changes that are associated with the psychotropic effects of marijuana.

The CB2 receptors are located largely outside of the brain and have important, though similar, roles in regulating activities of other systems such as the immune and metabolic system. CB2 receptors exist in large numbers in the spleen, bone marrow, gastrointestinal system and on peripheral nerves. The chemical messengers anandamide and 2-AG stimulate the CB2 receptors. Stimulation also tends to inhibit the activity of the cells where these receptors exist. Stimulation of the CB2 receptors produces effects throughout the body that we associate with use of marijuana.

continued on page 15...

YOU NEED A MEDICAL PROFESSIONAL LIABILITY INSURANCE PROGRAM THAT IS MORE THAN JUST A POLICY.

To safeguard your practice and reputation, you need a real program that includes proactive risk management resources and strategies, offers expert advice on call, and boasts a proven claims defense record.

- > Top-notch legal counsel with a proven claims defense record
- > Our in-house risk management helps you avoid risk and includes free CME seminars, online resources and a toll-free helpline
- > Premium discounts including part-time, early career, child and adolescent, moonlighting psychiatrists and more*

Anything else is risky business. Trust The Psychiatrists' Program.

Call us (800) 245-3333 PsychProgram.com TheProgram@prms.com

WE ARE PLEASED TO BE A BRONZE SPONSOR OF THE 2014 North Carolina Psychiatric Society Annual Meeting

More than just medical professional liability insurance.



*subject to individual account underwriting

Fair American Insurance and Reinsurance Company - New York, NY



Healthcare Management Services

Psychiatry Providers Wanted!

LifeSource, Inc. has partnered with long term care facilities in NC/SC and we're currently looking for qualified clinicians to provide on-site services for both part-time and full-time opportunities.

Just a few of our benefits:

- Competitive Compensation Package
- Practice with Flexibility and Autonomy
- Case Review and Support from a Group of Clinical Peers
- Health, Vision, Dental and Malpractice Insurance

LifeSource clinicians are able to work the hours they desire and have a dedicated support team to back them every step of the way. We are a stable and dependable company with structured growth to protect the financial assets of the company.

Ryan Caddell, PHR
VP of Recruiting

Phone: 910.620.8831

Email: ryan.caddell@1ssinc.com

www.lifesourceinc.org

Thank You to our Conference Sponsors & Exhibitors!

Silver Sponsor

AMERICAN PROFESSIONAL AGENCY, INC.

Bronze Sponsors

**LIFESOURCE OF NORTH CAROLINA
LOCUM LEADERS**

**MONARCH
PRMS, MANAGER OF THE PSYCHIATRISTS' PROGRAM**

Assurex Health
Carolinas Healthcare System
Genomind
Janssen Pharmaceuticals
Lundbeck
Medical Mutual
NAMI North Carolina
NC Evidence Based Practice Center

Otsuka Pharmaceuticals Neuroscience
Pasadena Villa
RHA Health Services
Skyland Trail
Takeda Pharmaceuticals
Takeda Pharmaceuticals U.S.A, Inc. & Lundbeck
Wake Forest Baptist Health
Wolters Kluwer Health



We have a two-step program. YOU COME HERE. WE HELP YOU.

At Monarch, we provide innovative services statewide for people with intellectual and developmental disabilities, mental illness and substance abuse disorders. Through telepsychiatry and Open Access, we provide quality care when people need it most. Monarch's day programs, educational, residential and employment services provide person-centered options to help people learn, grow, work and heal.



MENTAL HEALTH AND HUMAN SERVICES

MonarchNC.org • (866) 272-7826

PUTTING THE CARE INTO MENTAL HEALTH CARE.

NCPA Annual Meeting & Scientific Session

September 25-28, 2014 | Wrightsville Beach

In just a few weeks, the North Carolina Psychiatric Association's Annual Meeting & Scientific Session will kick off in Wrightsville Beach – we hope you will be there! If you haven't already registered, there is still time. Online registration is fast and easy. **Just visit www.ncpsychiatry.org/2014-annualmeeting and click on the "Register Now" button.** The deadline for general registration is Friday, September 18; after that date, walk-in registration rates will apply.

"Novel Approaches to Psychiatric Care," is the theme that naturally emerged as the 2014 Program Committee members and Program Chair *Chris Aiken, M.D., D.F.A.P.A.* set the workshop objectives and secured top-notch speakers, drawing heavily on the research talent and psychiatric expertise right here in North Carolina in addition to other prestigious out-of-state institutions. Attendees will learn about topics

ranging from treatment-resistant depression, insomnia, integrated healthcare, light therapy, video game addiction and more. The full schedule is available online, www.ncpsychiatry.org/scientific-schedule. **Earn up to 14 hours of AMA PRA Category 1™ credits.**

Attendees will also have time to network and socialize with new and old colleagues, alike, during several evening receptions, including Saturday evening's Resident Poster Session and Awards Dinner and Reception. Again this year, Sunday morning's breakfast hour provides the ideal time for NCPA committees to meet. NCPA members attending are encouraged to "meet and greet" with committees, learn more about committee work and even join a committee.

Feedback from the 2013 Annual Meeting has been incorporated into nearly every aspect of this year's

conference planning. From the needs assessment that helps shape workshop topics to the suggestions related to handouts and menus, NCPA staff strives to improve your conference experience year after year. Register today – you won't be disappointed!

Donate to the Psychiatric Foundation of North Carolina

Traditionally, the Foundation pays for NCPA Resident Fellow Members and Psychiatric Residents' registration fees to encourage attendance and engagement at the NCPA annual meeting. A contribution fund through the Psychiatric Foundation of North Carolina has been set up to assist with the residents' meeting expenses. For more information about the Foundation or to make a donation, visit www.ncpsychiatry.org/foundation.

Tips for Using Electronic Handouts:

- Download PDF handouts to your device or print handouts prior to the conference. *NCPA will send links to access the handouts 1-2 weeks prior to the conference; a USB is provided at check-in.*
- If you're using a tablet or smart phone to view handouts at the conference, install the Adobe Reader app prior to the meeting. It's free for iOS & Android and allows you to take notes (with or without a stylus), highlight text, make comments, etc. *Other apps are available for purchase and may have more "bells and whistles," but the Adobe Reader app is a solid, free tool.*
- Bring your device charger! *We will have charging stations around the conference.*

Other Ideas:

- If you don't already have one, install a free QR Code Reader app on your smart phone so you can scan the QR Codes found around the conference. (Search "QR Code Reader" in the App Store or Google Play Store.)
- Download the free Guidebook mobile app to see the daily schedule, speaker biographies, workshop descriptions, award winners, and more! (See QR Code at right.) *Search for NC Psychiatric Association within the app to find our event.*
- Use #NCPA14 to tag Tweets related to the conference. *Guidebook lets you access tweets within the app! You can also "check-in" to the conference using the Guidebook app.*
- If you have questions, ask NCPA staff. *We are here to help you!*



Scan this QR Code to Download the Guidebook App



Federal Correctional Complex – Butner, NC

JOIN THE LEADER IN CORRECTIONAL HEALTH CARE

Full-Time Psychiatrists Needed

Apply online: www.usajobs.gov

Apply online to our open continuous job announcement: www.USAJOBS.gov

What does the BOP offer?

- ✓ A supportive, safe and secure environment with opportunity for growth and advancement, geographic flexibility
- ✓ Competitive Federal Government salary and benefits, including health care and retirement, malpractice coverage
- ✓ Mid-level provider support
- ✓ No insurance hassles
- ✓ Modern facilities, electronic records
- ✓ Potential for Loan Repayment and/or Recruitment Bonus



Contact our National Recruitment Team

Phone: 1-800-800-2676 ext 5 or 919-575-8000 ext. 7123

E-mail: BOP-HSD/Recruitment@bop.gov

Website: www.bop.gov

The Federal Bureau of Prisons is an Equal Opportunity Employer

APA Introduces *Engage 2014*



For the next three months, until Election Day, APA's Department of Government Relations will be operating Engage 2014 — a grassroots campaign designed to encourage our members to advocate on behalf of the mental health community as well as increase participation in grassroots efforts among the

APA membership as a whole.

Many members of the House and Senate are vigilant about tracking constituents' views and incorporating those views into their decision-making. We must speak so that our representatives in Congress will have a better chance of making sure their actions reflect our views and that of our patients.

- Attend a town hall meeting, or participate in a meet and greet with your representative. The APA can provide you with an up-to-date list of events in your area.
- Attend a political fundraiser.

- Meet with your member of Congress through his or her district office in coordination with your district branch. The APA's Department of Government Relations (DGR) can help you arrange a meeting, provide you with talking points, materials, and other tips in preparation for your Congressional representative.
- Send an electronic message or call your representative's DC office. DGR can provide the text for your message or talking points for your call.
- Contribute to APAPAC. The bipartisan APAPAC supports candidates for Congress who have demonstrated an understanding of and support for our issues.

The APA has an Engage 2014 web page that includes resources, advocacy tips and a subscription link to the Engage 2014 newsletter, which will provide weekly updates of congressional events in your district. Visit www.psychiatry.org/engage2014.

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



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

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.

- Access to a Risk Management Team during business hours, as well as 24/7 through our hotline should emergency assistance be needed.
- Telepsychiatry, ECT coverage and Forensic Psychiatric Services are included
- Many Discounts including Claims-Free, New Business and No Surcharge for claims *
- Years in the previous APA-endorsed Psychiatry program count towards tail coverage on our policy
- Interest-Free Quarterly Payments / Credit Cards accepted

* Subject to State Approval

APAmalpractice.com • (877) 740-1777

New Regulations for Controlled Substances

Chris Aiken, M.D., D.F.A.P.A., is the director of the Mood Treatment Center in Winston-Salem, NC and chair of the 2014 NCPA Annual Meeting.

In 2007, North Carolina launched the Controlled Substances Reporting System (CSRS) in response to an alarming epidemic of unintentional drug overdoses. This mortality rate falls just below the rate for motor vehicle accidents, making overdoses the second most common cause of accidental death in our state.

Most of these are not suicides; 75 percent of the deaths are unintentional. Rates were highest among white men, age 25-55, and those living in the mountainous regions.

In 2013, new legislation passed which will change how the CSRS database can be used. Three key updates are:

- Physicians will soon be able to designate a member of their administrative staff to access the CSRS (the system is being updated to allow registration of designated personnel).
- The NC Department of Health and Human Services (DHHS), which operates CSRS, may now notify practitioners if one of their patients is suspected of doctor shopping.

- DHHS may notify the North Carolina Medical Board if a physician shows potentially improper prescribing patterns (this portion of the law will not go into effect until the Medical Boards adopt rules and criteria for receiving this information).

The legislation also shortened the reporting time for pharmacies to three from seven days. Other changes are detailed at: www.ncmedsoc.org/advocacy/public-health/prescription-drug-abuse-prevention.

It is recommended, though not required, that physicians check this database prior to prescribing controlled substances. Physicians who have not registered for the CSRS can do so at www.ncdhhs.gov/mhddsas/controlledsubstance.

DHHS recommends that physicians inform patients that they use the CSRS and warns against using the system to screen out patients or abruptly discharge them without an appropriate substance-abuse referral.

Last year also saw changes in federal legislation which will limit the dispensing of schedule I-IV medica-

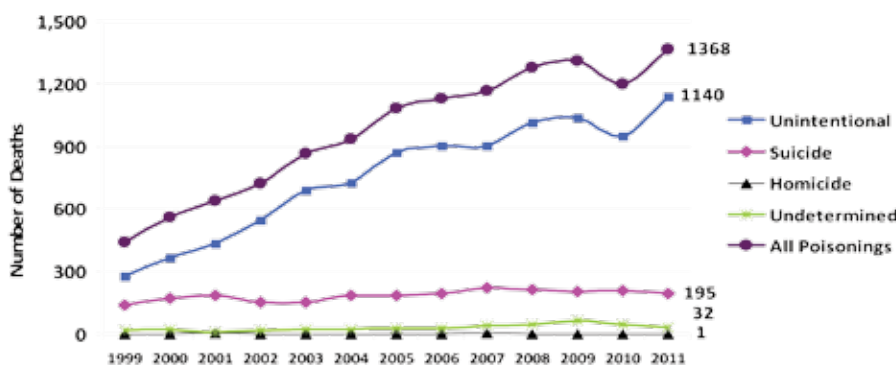
tions (e.g. benzodiazepines, z-hypnotics and modafinil). Prescriptions for these can no longer be filled or refilled more than six months after the written date. In North Carolina, schedule II medications (e.g. stimulants, opioids) also require a government-issued photo-ID for pick-up (a friend or relative can still pick up the medication with their own ID).

Although opioid overdoses have fueled much of this regulation, there is growing concern about benzodiazepines, which rank just behind opioids in unintentional overdoses. Benzodiazepines play a much larger role when combined with opioids or alcohol, where they increase both the amnestic and respiratory-depressant effects of these substances. Benzodiazepine co-prescription has been implicated in as many as 80 percent of the unintentional overdose deaths involving opioids.

Psychiatrists can take extra steps when prescribing benzodiazepines to reduce the risk of dependence and fatal overdose:

- Only write for the minimum amount needed each month.
- When prescribing benzodiazepines PRN, advise patients to use the least amount possible. This may require education about the symptoms appropriate for their use (you can reinforce this by writing "PRN severe anxiety" instead of "PRN anxiety").
- To prevent early refills on a PRN prescription, add "This is a 30 day supply" to the script.>>

Poisoning Deaths by Intent: North Carolina Residents, 1999-2012



Source: North Carolina Injury & Violence Prevention, www.injuryfreenc.ncdhhs.gov.

Naloxone Prescribing and Availability

An update from the Addictions Committee

Elizabeth "Bess" Stanton, M.D., M.S., F.A.P.A., is a staff psychiatrist at the Charles George VA Medical Center in Asheville, NC and member of the Addictions Committee.

Despite significant focus and interventions at the national, state, and local levels deaths from overdose of prescription opiates more than quadrupled from 1999-2010 and have risen steadily for the last 10 years. Currently deaths from prescription opioids far exceed those from cocaine and heroin combined. Drug overdose, primarily accounted for by prescription medications, now causes more deaths each year in the U.S. than motor vehicle accidents. Prescription overdose is now considered an epidemic by the Centers for Disease Control.

In response to these trends, there is a new treatment delivery option for prevention of overdoses for high-risk patients who are prescribed high doses of opiates for chronic pain or who are known opiate abusers.

Naloxone is an opiate antagonist that will displace an opiate from the mu opiate receptor, and if given early enough following an overdose will interrupt the respiratory depression, and reverse the opiate overdose. It has been used in Emergency Departments and by Emergency Medical Technicians in the field for years to reverse opiate overdoses very successfully. Now we have another option for at-home use that will save more lives,

especially in our rural areas where emergency medical resources are not immediately available as it will facilitate earlier administration.

In April 2014 the U.S Food and Drug Administration approved a new device, EVZIO, which is a hand held auto injector containing two doses of Naloxone that can be administered intramuscularly or subcutaneously by a caregiver or family member. It is much like an auto-defibrillator in that it gives verbal instructions to the caregiver once turned on. Also like the Naloxone kits, distributed by Project Lazarus, EVZIO is to be used outside of a healthcare facility, by a patient or family member to the patient who overtakes the opiates.

EVZIO is approved for pediatric and adult use with the same adverse reactions at naloxone hydrochloride in other delivery systems. Also the overdose patient should be carefully monitored as they may require repeated doses while awaiting EMS. The patient should be assessed and BLS/ACLS done as per American Heart Association/Red Cross guidelines. The patient will require transport by EMS to the nearest Emergency Room for further assessment and treatment as more interventions may be required to prevent death.

While EVZIO is a new tool to assist in saving patients in an overdose, the cost is high at \$848; however, insurance carriers will cover it, although they will require a prior authorization. It is included in the North Carolina Medicaid formulary, and while quite expensive (\$718), patients can pay the usual \$3 cost if criteria are met and the prior authorization approved. (Because the product is new the requirements for prior authorization approval are not known.)

Naloxone generic products offer significant cost savings. Naloxone kits are available locally through Community Care of NC (CCNC) Chronic Pain initiative from their 14 local networks, Project Lazarus, and the North Carolina Harm Reduction Coalition.

NORTH CAROLINA RESOURCES:

www.communitycarenc.com

www.projectlazarus.org

www.sa4docs.org

www.ncsam-asam.org

NATIONAL RESOURCES:

www.asam.org

www.aaap.org


Providers' Clinical Support System for Opioid Therapies (free web-based CME): www.pcass-o.org/

...continued from previous page

- Warn of potentially fatal interactions with benzodiazepines, opioids and alcohol.

Patients are often unaware of the CSRS and unhappy when they run

into problems with it. A treatment contract is a helpful way to raise awareness when starting a controlled prescription. Such a contract can make explicit your policies on early refills, lost prescriptions and

duplicate scripts from other practices; an example can be found at www.moodtreatmentcenter.com/csagreement.pdf. 

SUPPORT WHEN YOU NEED IT MOST

Winning or losing a case depends on a solid defense and credible testimony from expert witnesses.

We only consider firms that have demonstrated expertise and success in defending psychiatric malpractice actions. Our equally accomplished expert witnesses have proven critical in the defense of malpractice claims. We only retain experts of the highest caliber with experience in the particular subspecialty each case involves.

PRMS is committed to supporting you when you need it most. View our recent claims results at www.PsychProgram.com/Claims

Scott Alkire JD, RPLU
Claims Manager, PRMS

Call us (800) 245-3333

TheProgram@prms.com

[in LinkedIn.com/company/PRMSprograms](https://www.linkedin.com/company/PRMSprograms)



More than just medical
professional liability insurance.



PRMSSM
Professional Risk Management Services, Inc.
the psychiatrists'
program[®]

...Endocannabinoid continued from page 7

Drugs that Affect the Endocannabinoid System

Over the past quarter century researchers have been able to synthesize chemical products that have specific actions on the CB1 and CB2 receptors. While the “synthetic cannabinoids” were used originally to help explore the nature of the endocannabinoid system, more recently they have been considered candidates as therapeutic agents that have actions through the natural protective function that seems to be a consistent result of increased activity of the endocannabinoid system. Several years ago a drug company (Sanofi-Aventis) marketed a drug in Europe that had the effect of reducing appetite. Since stimulation of the CB1 receptor increases appetite (as with the “munchies”), blockade of stimulation of the CB1 receptor decreased appetite. This drug, Rimonabant, was indeed an effective agent for weight loss. It also blocked the psychoactive effects of marijuana. The drug, however, was removed from the market after reports of associated anxiety and depression and several suicides relating to use of the drug. Further research is currently being directed at

learning more about the role of these receptors in several important psychiatric disorders such as depression, anxiety, the psychoses and addictions. There is accumulating evidence that hypo-action of the brain endocannabinoid system is associated with depression and that enhanced signaling within the system has antidepressant effects in normal individuals as well as those with depressive illness. More recently selective activation of CB2 receptors has been shown to reduce the stimulant effects of cocaine.


Synthetic Cannabinoids as Drugs of Abuse

Tragically, many of the chemicals developed by researchers to study the endocannabinoid system have been hijacked by chemists in overseas laboratories and have been manufactured, distributed and promoted as “synthetic marijuana.” These products, commonly referred to as “spice products” or K-2, are today commonly used by youth interested in drug experimentation. The use of these substances that produce much more potent stimulation than THC, has resulted in psychotic reactions that may require hospitalization. There is good evidence that use of these drugs by patients with chronic psychotic disorders can produce acute exacerbations in previously stable patients.

Other Constituents of the Cannabis Plant

A different constituent of the cannabis plant, cannabidiol, has been the subject of recent study. This constituent appears to have effects on the endocannabinoid system that are neuro-protective in nature. This substance may have anti-epileptic effects in some. The presence of higher concentrations of cannabidiol in some varieties of the Cannabis plant appears to reduce the psychomimetic effect associated with THC. Several workers have suggested that cannabidiol may have potential as an antipsychotic.

Summary

The active agent of marijuana, THC, appears to act on receptors present through the brain and distributed widely throughout the body that are part of a natural system that appears to exist to prevent damage from overstimulation or stress. Increasing knowledge of the mechanisms by which this system operates offers insights into how alterations in function of this system may play a role in psychiatric and medical disorders. Use of drugs that affect the endocannabinoid system will likely become important therapeutic tools in treatment of psychiatric and other disorders in the future. 

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
- 11-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.

For additional information, contact:

Misti Dixon, Physician Recruiter, Misti.Dixon@msj.org or 828-213-4187





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

September 18, 2014

General Registration Deadline for Annual Meeting
www.ncpsychiatry.org/2014-annualmeeting

September 25, 2014, 2:00 pm

Executive Council Meeting
Holiday Inn Resort, Wrightsville Beach, NC

September 25-28, 2014

NCPA Annual Meeting & Scientific Session
Holiday Inn Resort, Wrightsville Beach, NC

December 3-5, 2014

NC Council of Community Programs 2014
Conference & Exhibits
Medical Forum TBD
Pinehurst Resort, Pinehurst, NC

December 7, 2014, 10:00 am

Executive Council Meeting
Raleigh, NC

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

Psychiatric Adult Outpatient Private Practice For Sale | Charlotte, NC — Respected Charlotte Psychiatrist selling established, private adult outpatient practice. In business for more than 23 years in affluent South Charlotte suburb. Rental office space of 1,185 sq. ft. with two offices housed within larger office building. Seeking psychiatrists with a North Carolina medical license who have experience with insurance companies, including Medicare. Owner is retiring in 2015. He will facilitate transition. Office can accommodate two professionals. Please contact Attorney Scott Schattenfield (Scott@Schattenfield.com).

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.