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ATTENTION ALL NCPA MEMBERS:

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

Generally, we send an e-newsletter during the 2nd and 4th week 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.

The North Carolina Medical Society Changes its Governance Structure

Palmer Edwards, M.D., D.F.A.P.A. currently serves as an At-Large Member of the NC Medical Society's Board of Director; he also served as the Speaker of the House of Delegates immediately prior to its dissolution. Dr. Edwards is a NCPA Past President and is in private practice in Winston-Salem.

The North Carolina Medical Society's House of Delegates voted in October to dissolve the House and allow the Board of Directors to develop and implement the Society's policies. In doing so, the new governance model will mirror the NCPA's practice of the Executive Council setting policy and the Annual Meeting focusing on educational activities.

Founded in 1859, the Society has been well-served by the House. Since before the Civil War, the annual meetings of the House have provided opportunities for members to come together from various regions of the state, consider issues of the times, and enact policies. In turn, these policies have guided the Society's leadership, especially with strategic planning and legislation pending in the General Assembly.

Over the years, the Board has been given decision-making authority as well. A central reason for this has been the need to respond to current demands, that couldn't wait to the next, yearly meeting of the House. This shared decision-making has worked well, allowing the Society to respond to the rapid sharing of information with the advent of the internet. With information being immediately available, important decisions are expected almost as quickly.

In the last several years, fewer and fewer proposals for policy changes have been presented to the House, and a smaller number of members have submitted them, despite there being greater than 11,000 members in the Society. In addition, some key issues facing medicine like Medicaid reform or the Affordable Care Act have been discussed in the House in a minimal way. However, the Board has discussed both these issues, along with multiple others, at length during their bimonthly meetings throughout the year.

In response to these changes, the House voted in 2014 to begin changes to the Constitution, to be voted on after one year of consideration. In addition to the dissolution of the House, a referendum option was added as a means for members to challenge policies or leadership of the Board, should this be desired. As there was strong sentiment to preserve an annual meeting, this will continue but the governance will be done separately. Elections will continue to be held in a similar manner. At the October meeting, greater than the required two-thirds of the delegates voted to adopt the necessary changes to the Constitution and Bylaws changes as well. NCPA was represented at the

continued on page 5...

From the Editor: Making a Contribution

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

I'm fully retired now, so my hands are no longer on the important work that NCPA members do every day. But my heart is still in it, and I have some brain left. So how can I continue to make a contribution to our shared efforts?

On my way to retirement I did a few things to restore myself to my default identity, that of English major, my undergraduate college degree. I opened a book store. I ran a book club that read primarily psychological memoir and first person accounts of mental illness.

So why not help with the newsletter? NCPA office staff have pub-

lished the newsletter without a psychiatrist regularly involved in the publication process for some time now. I want to help them improve what is already an excellent product to one that climbs to the top of your must-read list.

Only 35 percent of newsletter recipients open the electronic copy. This publication needs to be more important to you than that. I have some ideas. I want to hear yours. Watch this space. Call me: 919-414-7579.



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



NORTH CAROLINA
Psychiatric
Association

news

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To update your mailing address or if you have questions or comments about NCPA News, contact Kristin Milam, 919-859-3370 or kmilam@ncpsychiatry.org.

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2016 Program Philip Ninan, M.D., D.L.F.A.P.A., Michael Zarzar, M.D., D.F.A.P.A.

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Technology Jennie Byrne, M.D., F.A.P.A.

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DHHS Waiver Advisory Committee Jack Naftel, M.D., D.F.A.P.A.

DHHS Commission for MH/DD/SAS Haresh Tharwani, M.D., D.F.A.P.A., Brian Sheitman, M.D.

What About Quality?

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

As with medications, random controlled trials have demonstrated the effectiveness of a number of manualized psychotherapy treatments. Think interpersonal therapy for depression. Or behavioral therapy for specific phobias. Think cognitive behavioral therapy for depression or OCD. Or trauma-focused CBT for children. So why do we have such a difficult time finding therapists who will provide these treatments in fidelity with the models? Why is there so much “rent a friend” therapy out there? Looking for answers, I have just finished reading the summary of an Institute of Medicine (IOM) report on this issue. (Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards).

The report answers the whys and proposes solutions for this problem. It confirms my experience that, despite the research, evidence-based interventions are *not* routinely used in clinical practice. And further, that these proven interventions are not routinely taught in educational programs. (Lord, save us from eclecticism). The report also notes that we do not have any standard system in place to ensure that proven interventions are delivered effectively.

The somewhat intricate solutions outlined in the report are beyond the scope of this short column, but one is worth highlighting—the importance of developing quality

metrics for these evidence-based interventions. As we move into the pay for performance world, all clinicians who provide psychotherapy will have to demonstrate that what they do is effective. Demonstrating good patient outcomes will be paramount to show value to payers. When payers are capitated, they will seek partners who have the best patient outcomes, and they will be willing to pay more for those outcomes because they understand that these upstream costs will prevent higher downstream costs such as hospitalizations and emergency room visits.

According to the report, before we can develop solid quality metrics each evidence-based model must be broken down into its various elements and the power of each element in bringing about the positive outcomes demonstrated by the particular model must be understood. A recent example: Bao, Y. et al. recently published a paper in *Psychiatric Services* (In Advance) on the collaborative care model (CCM) for depression treatment that looked at its process-of-care elements. They discovered that two elements were essential to positive patient outcomes—contact with the care manager in the first four weeks of treatment and early case consultation by a psychiatrist for those who were not improving. This, of course, suggests that these elements should be quality metrics for this model. Falling short on these metrics is likely to lead to negative patient outcomes.



But, the IOM report demonstrates that the mental health field is behind the rest of medicine in developing robust quality measures for psychotherapy. And I would suggest that the same is true for medication management in clinical practice. So what are we to do? We don't need to wait around for the science to provide us with the perfect metrics. My suggestion—*just measure something!* For example, we can all begin following our depressed or anxious psychotherapy or medication management patients with the PHQ-9 and/or the GAD-7. This can be done with minimum cost and effort. The PHQ-9 and GAD-7 are in the public domain and therefore free. They are sensitive to treatment effects. I will personally send you a free Excel patient registry that will help you track the progress of your patients with these tools. Two things will happen. You will better understand how your patients are doing and you will be training yourself for the healthcare world to come.

I stole this Goethe quote from the IOM report, “Knowing is not enough; we must apply. Willing is not enough; we must do.” 🌿

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NCPA Announces 2016-2017 Slate of Officers

Voting begins in January

In accordance with NCPA's Bylaws, all voting members will receive election materials, including the ballot and a return envelope in January. Electing leadership for the association is one of the your most important duties as a member of NCPA. Please read the election letter and ballot carefully and return your anonymous vote by the deadline indicated in the voting materials.

Members of Executive Council serve staggered term limits to ensure a smooth transition of leadership each year. This slate includes President-Elect, Vice President, Treasurer, and two Councilor at Large positions. The 2016-2017 slate also includes the Secretary position, because Dr. Samina Aziz, who was elected to Secretary for a two-year term on the 2015-2016 ballot, has been appointed to serve as the NCPA's third APA Assembly

Representative, a brand-new position added to this year's Executive Council. The 2016-2017 Slate of Officers includes:

President-Elect: Don Buckner, M.D., D.F.A.P.A.

Vice President: Mehul Mankad, M.D., D.F.A.P.A

Treasurer: Christopher Myers, M.D.

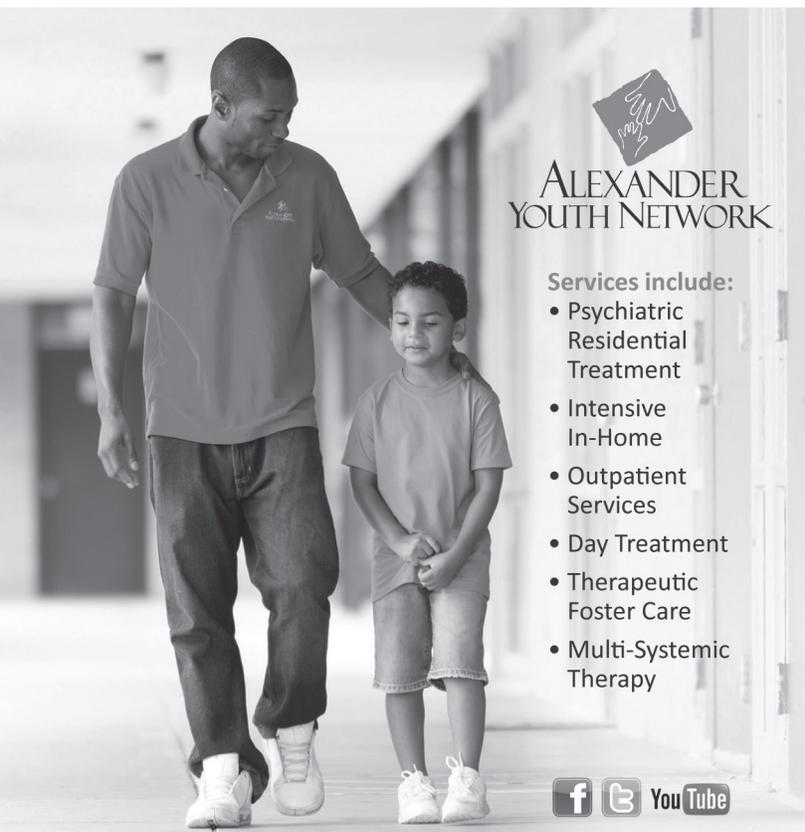
Secretary: Sonia Tyutyulkova, M.D., Ph.D.

APA Assembly: Samina Aziz, M.B.B.S., D.F.A.P.A.

Councilor At Large: Nadia Charguia, M.D.

Councilor At Large: Pheston "PG" Shelton, M.D.

Please contact the NCPA office with any questions, 919-859-3370 or info@ncpsychiatry.org.



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... *NCMS article continued from cover*

meeting by John Wagnitz, M.D., D.L.F.A.P.A. and B. Steven Bentsen, M.D., D.F.A.P.A.

One of the concerns about this transformation is that members will have less input into the operations of the Society. However, the prior system had local county medical societies and specialty societies (like the NCPA) select delegates to attend the annual meeting and represent the local or specialty membership. In the new system, each member can represent herself/himself with a direct vote. Members have always, and still can, attend and participate in any meeting of the Board. In an attempt to further engage with members locally, the Board has traveled this year to Chapel Hill, Asheville and Greensboro to meet with several county societies. In 2016, the Board will travel to Wilmington to continue this new effort to engage members.

As the last Speaker, it was bittersweet adjourning the House whose time had come to end after more than 150 years. The House has served the Society well, but there's hope that the new governance system will be an even more effective approach in the 21st century. 🌱

Don't Forget to Pay (and Deduct!) Your Dues!

The APA is moving to a new dues payment schedule beginning next month. Members will need to pay dues in full or enroll in the Scheduled Payment Plan by March 31, 2016 to avoid experiencing an immediate lapse in membership. Previously the dues deadline was June 30, annually. You should have already received information from the APA related to your APA and NCPA membership renewal.

The Scheduled Payment Plan is a convenient, easy way to make sure your dues are always received on time and you never experience a lapse in membership or member benefits. If you would like your APA and NCPA dues to be automatically charged to your credit card in monthly, quarterly, biannual or annual installments, contact the APA at 888-357-7924.

As you prepare your tax documents in the New Year, remember that a portion of your APA and NCPA dues are tax-deductible as a business expense. Likewise, if your employer covers the cost of your membership, the company is entitled to the tax-deduction.

According to the APA, you may deduct 94 percent of your national 2015 dues as a business expense.

For your 2015 NCPA dues, 88 percent are tax-deductible as a business expense.

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

If you need assistance determining the amount you paid in 2015 for your APA and NCPA membership, please call the NCPA office at 919-859-3370 or email info@ncpsychiatry.org.

Classified Advertisement

W.G. (Bill) HEFNER VETERANS AFFAIRS MEDICAL CENTER, SALISBURY, NC is seeking full-time staff Psychiatrists. Duties may include not only clinical assignments, but also teaching and supervision of residents and students. Clinical locations include Salisbury, Charlotte, and Winston-Salem with duties including: General Inpatient and Outpatient Psychiatry; Post-Traumatic Stress Disorder Programs; Iraq and Afghanistan Combat Veterans Services; Traumatic Brain Injury Services; Buprenorphine Clinic. Forward letter of interest, Curriculum Vitae, VA Application form 10-2850 (Available at www.vacareers.va.gov) and OF-306, Declaration of Federal Employment http://www.opm.gov/forms/pdf_fill/of0306.pdf, to Human Resources specialists, Dale Carnell, Dale.Carnell@va.gov, or Haamid Abdul-Mutakallim, haamid.abdul-mutakallim@va.gov, W.G. (Bill) Hefner VA Medical Center, 1601 Brenner Avenue, Salisbury NC 28144. You may call

(704) 638-9000, ext. 4152 or 6469 for application information. Please include a copy of your CV to the current ACOS of Mental Health, German.Molina@va.gov. Candidate must be a U.S. citizen and proficient in spoken and written English. Liberal benefits include retirement plan with savings and government matching, health and life insurance, 26 days paid vacation and 10 paid federal holidays. In addition, a relocation allowance, recruitment/relocation incentive and Education Debt Reduction Program may be authorized for highly qualified applicants. Salisbury is a lovely historic city in the Piedmont Section of North Carolina, less than one hour from Charlotte and Winston-Salem. For more information about the W.G. (Bill) Hefner VA Medical Center and Salisbury, NC please visit the following links: <http://www.visn6.va.gov/>; <http://www.salisbury.va.gov/>; <http://www.salisburync.gov/>. Equal Opportunity Employer.

2015 Membership Report

New & Reinstated Members

Salina Agarwal, MD
 Joel Chisholm, MD
 Jason Cho, MD
 Helen Courvoisie, MD
 Saramma Eappen, MBBS
 Paul Garcia, MD
 Edith Gettes, MD
 Honi Gluck, MD
 Herbert Harmon, MD

Bryan Harrelson, MD
 Anne Hendricks, MD
 Obinna Ikwechegh, MD
 Rebekah Jakel, MD, PhD
 Jason Jones, MD
 Jeannie Lawrence, MD
 Angela Louie, MD
 Mark Mason, MD
 John Nicholls, MD

Amer Qureshi, MD
 James Rachal, MD
 Robin Reed, MD
 Kim Reynolds, MD
 Martha Shuping, MD
 Gregory Weiss, MD

New Resident-Fellow Members

Ahman Adi, MBBS
 Krista Alexander, MD
 Hammaad Alvi, MBBS
 Kammarauche Asuzu, MBBS, MHS
 John Boccock, MD
 Mandeep Bagga, MD
 Brian Blackmon, MD
 Richard Boiter, DO
 Kateland Branch, MD
 Rachel Bronsther, MD

Kevin Carmen, MD
 Christina Cruz, MD
 Heather Douglas, MD
 Elizabeth Hoffman Ferguson, MD, PhD
 Heather Ford, MD
 JacQuetta Foushee, MD
 Williams Gauss, DO, MPH
 Doug Henningsen, MD
 Hazi Hossain, MD

Yingying Kumar, MD
 Sarah Laughon, MD
 Muneeb Malik, MD
 Laura Maxwell, MD
 Christine McClain, MD
 Juvraj Padda, MD
 Hunter Story, MD
 Catherine Wehmann, MD

Members Transferring In

Melanie Asbury, MD
 Rahn Bailey, MD
 Kelley-Ann Cyzeski, MD
 Christopher Dunham, MD
 David Freeman, MD
 Lawrence Greenberg, MD
 Crystal Hagood, MD
 Sharon Halliday, MD

Gregory Henderson, MD
 Justin Johnson, MD
 Lauren Korrol, DO
 Naomi Leslie, MD
 Kim Masters, MD
 Jonathan McMath, MD
 Clemence Nyandjo, MD
 Joshua Pagano, DO

Jennifer Pasternack, MD
 Clifford Schilke, MD
 Jennifer Tota, MD
 Sonia Tyutyulkova, MD, PhD
 Sam West, MD
 Robert Wilson, MD
 Stephen Wyatt, DO

Members Transferring Out

Laura Albert, MD (Colo.)
 Denise Ambler, MD (N.Y.)
 Melanie Barrett, MD (Fla.)
 John Billinsky, MD (S.C.)
 Terra Caudill, MD (Fla.)
 Eric Christopher, MD (Wis.)
 Peter Clagnaz, MD (Fla.)
 Richard D'Alli, MD (Fla.)
 Diana Dell, MD (Fla.)
 Jeffrey Drexler, MD (Wis.)

Taly Drimer-Kagan, MD (Tenn.)
 Susan Ehrlich, MD (Wash.)
 Anisha Gulati, MD (Pa.)
 Herbert Harman, MD (Ore.)
 Nathan Harper, MD (Wash.)
 Craig Hummel, MD (Utah)
 Richard Jackson, MD (Va.)
 David Karol, MD (Ohio)
 Suzana Kitten, MD (Ill.)
 Harold Kudler, MD (Va.)

Robert Lucking, MD (Tenn.)
 Shirley Merritt, MD (Texas)
 Chelsea Neumann, MD (R.I.)
 Mariam Qureshi, MD (S.C.)
 Bharathi Raidoo, MD (Okla.)
 Shane Rau, MD, PhD (Va.)
 Laura Seal, MD (Iowa)
 Benjamin Smoak, MD (N.Y.)
 Timothy Van Dyck, MD (N.Y.)
 Sophia Wang, MD (Ind.)

NC Psychiatric Association's Annual Meeting & Scientific Session

BY THE NUMBERS

OCTOBER 1-4
2015
Twin City Quarter
Winston-Salem, NC

sponsors & exhibitors **25**

+16 hours of networking

speakers & panelists **17**

836 powerpoint slides

The NC Psychiatric Association's Annual Meeting was a success thanks to our wonderful host city Winston-Salem and our dedicated attendees, speakers, and vendors who attended despite Hurricane Joaquin's rainfall and flooding. The weekend was packed full of CME lectures, business meetings, and networking opportunities.



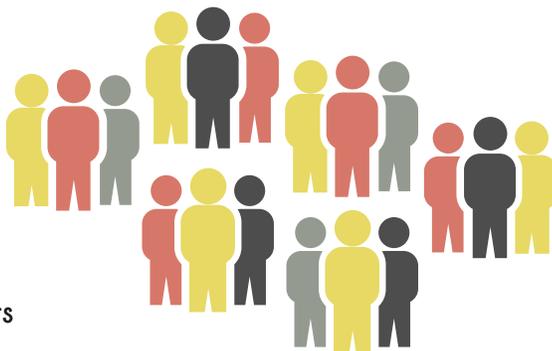
Hurricane Joaquin's official totals haven't been released yet, but the storm dumped an estimated 11.79" of rain and wind gusts upwards of 43 mph in Wilmington and Eastern NC.

125 ncpa members

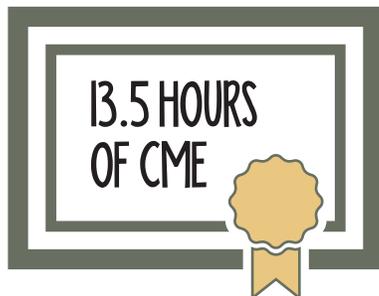
44 psychiatric residents

73 first-time attendees!

215 total registrants



..... ATTENDED 16 PLENARY SESSIONS AND WORKSHOPS



27 ATTENDEES
STILL NEED TO CLAIM
CME ...DO YOU HAVE
YOUR CERTIFICATE??

www.ncpsychiatry.org/2015-cme

RESIDENT

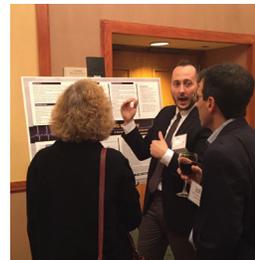
Each year, the ... and the NC Co sponsor a resident Meeting. This year judges awarded

First Place - M
QTc monitoring

Second Place
of using Broset violence among Department

Third Place - C
Hurts - Pain Killer and Poorly Rec

Child and Ado
NCCCAP - Ra
bullying behavior



Clockwise from top left: Po Raunak Khisty, MBBS, Stephen MD; Avinash Boddapati, MD with her poster alongside Th his poster to Elizabeth Pekar

POSTER SESSION

Psychiatric Foundation of North Carolina
Council of Child and Adolescent Psychiatry
ent poster session during the Annual
ear 18 posters were presented and
d 4 prizes:

Mateusz Broszko, MD (ECU), Outpatient
A necessity or prolonged nuisance?

Daniel Ayanga, MD (WFU), Feasibility
Violence Checklist to assess potential for
ing psychiatric patients in the Emergency

Cornel Stanciu, MD (ECU), Ouch It Still
ers That Cause Pain, A Review of A Rising
ognized Complication

Adolescent Award, sponsored by
unak Khisty, MBBS, MPH (WFU), Cyber
ors among hospitalized adolescents



Poster Session winners (L-R) Mateusz Broszko, MD, Cornel Stanciu, MD,
Stephen Buie, MD, President of the Psychiatric Foundation, & Daniel Ayanga,
MD explains his poster to Sophia Yuan, MD; Heather Oxentine, MD poses
with Thomas Penders, MD and Susan Penders; Mateusz Broszko, MD explains
his poster to Heather Oxentine, MD & John Diamond, MD.

7: PRESIDENT AWARDS GIVEN IN 2015

During Saturday evening's awards banquet, Immediate Past President Burt Johnson, MD and President Art Kelley, MD presented awards to members who have made positive contributions that impact both NCPA and the mental health field in 2014-2015.



President Award winners (L-R) David Gittelman, DO, Michael Zarzar, MD, Burt Johnson, MD, Robin Huffman, Stephen Kramer, MD, and NCPA President Arthur Kelley, MD. Winners not pictured: Jack Nafel, MD. & Katayoun Tabrizi, MD.

PSYCHIATRIC FOUNDATION OF NC HONORS RESEARCHERS, RAISES FUNDS

Foundation President Stephen Buie, MD presented longtime NCPA member Dan Blazer, II, MD with the 2015 Eugene A. Hargrove, MD Award for his extensive contributions to geriatric psychiatry and mental health research.

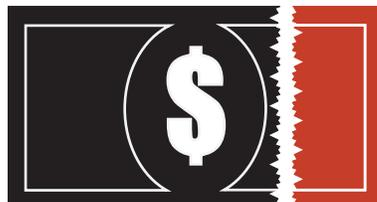
The 2015 V. Sagar Sethi, MD Award was awarded to Dr. Nora Volkow for her research contributions; due to the weather, Dr. Volkow was unable to accept the award in person.



Stephen Buie, MD and Dan Blazer, II, MD

44 FORTY-FOUR

of residents whose annual meeting registration fees will be paid by the Psychiatric Foundation



Thanks to attendees' generous support, the Psychiatric Foundation raised **\$5,341** to sponsor residents who

attended the 2015 Annual Meeting. The Foundation still needs help in raising the remaining **\$3,459**. To make a donation, send a check payable to Psychiatric Foundation of NC to 4917 Waters Edge Dr, Ste. 250, Raleigh, NC 27606 or go online, www.ncpsychiatry.org/foundation.

What Psychiatrists Need to Know About...

Clozapine REMS Program

Beginning in October, all clozapine products have been available only through the Clozapine REMS (Risk Evaluation and Mitigation Strategy) Program. The REMS Program has replaced all the individual patient registries and combines them into a shared program to provide a centralized point of access. The goal is to minimize the risk of severe neutropenia associated with the use of clozapine. Clozapine prescribers and pharmacies must be certified through the REMS Program, and the FDA has indefinitely extended the certification deadline due to ongoing technical problems.

Several key operational changes are addressed in the Clozapine REMS Program, including: 1) Social Security numbers are no longer used to identify patients, and 2) starting December 14, 2015, outpatient pharmacies are required to obtain a predispose authorization (PDA) from the Clozapine REMS Program before clozapine can be dispensed.

Further, prescribers have new requirements to prescribe clozapine. Prescribers or prescriber designees are responsible for enrolling patients and submitting ANC. And when ANCs are submitted depends on the patient inpatient or outpatient status. For outpatient patients, ANC must be reported to the shared Clozapine REMS Program before clozapine can be dispensed. For inpatient patients, ANC must be reported to the Clozapine REMS Program within 7 days of the most recent blood draw.

The Clozapine REMS Program website has a listing of Frequently Asked Questions, and we have included several of them following this article. One question our office received is about designee certification. REMS does allow prescribers to designate a member of their office staff to assist with patient management. Certified designees can enroll patients, report ANC lab results, and manage patients and view patient lists on behalf of the prescriber. The designee must complete a designee certification online. To do this, visit www.clozapinerems.com and access the Prescriber menu along the top. Under that menu there is a Designee Certification

drop-down menu that will take your designee through the steps of becoming certified (see graphic). Similarly, nurse practitioners and physicians assistants in your office who prescribe clozapine must be registered with the REMS Program.

The screenshot shows the Clozapine REMS website interface. At the top, there is a navigation bar with 'Home', 'Prescriber', 'Pharmacy', 'Patient', 'Resources', and 'Important Saf'. Below the navigation bar, the 'Prescriber' menu is expanded, showing 'Prescriber Certification' and 'Designee Certification'. A white arrow points to the 'Designee Certification' option. The main content area is divided into two columns. The left column is titled 'Prescriber' and contains text about certification requirements for prescribers, including a list of steps: 'Enroll: Complete the Enrollment form (name, address, NPI, DEA)', 'Educate: Review Clozapine and the Risk of Neutropenia: A Guide for Healthcare Providers', and 'Assess: Successfully complete the Knowledge Assessment'. Below this text is a blue button labeled 'Start Prescriber Certification'. The right column is titled 'Pharmacy' and contains text about certification requirements for pharmacies, including a list of steps: 'Enroll: Complete the Enrollment form (name, address, NPI, DEA)', 'Educate: Review Clozapine and the Risk of Neutropenia: A Guide for Healthcare Providers', and 'Implement: Implement the necessary staff training to the Clozapine REMS Program requirements'. Below this text is a blue button labeled 'Start Pharmacy Certification'. At the bottom of the page, there is a dark grey footer with the text: 'Get Certified: www.ClozapineREMS.com', 'FAQs: www.tinyurl.com/REMS-FAQs', and 'Customer Service: 844-267-8678'.

NCPA members began reporting problems getting certified early on in the process, and the APA met directly with FDA officials in October. This meeting prompted the FDA to issue an alert, and later a deadline extension. In one of its alerts prior to the certification deadline, the FDA stated if "prescribers and pharmacists continue to experience any issues, they should use clinical judgment and consider the best interests of the patient. Continue prescribing and dispensing clozapine to patients with an absolute neutrophil count (ANC) within the acceptable ranges while the issues are being resolved." While the FDA reports that technical issues have been resolved, members are still facing long hold times when contacting REMS customer service and extra steps in their workflow related to REMS.

NCPA continues to work with the APA to identify problems related to REMS certification. Please contact us if you experience any issues (large or small) during the process. Call the NCPA office at 919-859-3370 or email info@ncpsychiatry.org.

Clozapine REMS Certification Frequently Asked Questions

How can a prescriber enroll in the single shared Clozapine REMS Program?

Prescribers can enroll online through the Clozapine REMS Program website or by submitting the Prescriber Enrollment forms via fax to the program contact center at 1-844-404-8876.

To complete certification on the program website:

- From the Home page you will use the “Start Prescriber Certification” button. You will be taken to the applicable stakeholder certification page, which will explain what is expected and required of you from the Clozapine REMS Program.
- From that certification page, you can use the “Begin Now” button to begin your certification in the program.
- Stakeholders that have completed the Clozapine REMS Program enrollment requirements will receive notification that they are certified in the program.
- For a faxed copy of the forms, contact 1-844-267-8678

Do my patients need to enroll in the Clozapine REMS Program?

Yes. Any patient prescribed clozapine must be enrolled in the Clozapine REMS Program by the patient’s prescriber or the prescriber’s certified designee. For immediate patient enrollment please visit www.clozapinerems.com or fax the completed enrollment forms to the Clozapine REMS Program contact center at 844-404-8876.

I am going to be out of the office for an extended period of time. Can I send my patients to one of my colleagues?

Yes, however, the covering prescriber must be certified in the Clozapine REMS Program and the new prescriber must enroll those patients into the program to continue the patient’s clozapine therapy or contact Clozapine REMS Program to have the patient assigned to the covering prescriber.

Can I have a member of my office staff manage my patients?

Yes. The Clozapine REMS Program allows a prescriber to identify a prescriber designee to perform some duties or functions on behalf of the prescriber. The prescriber’s designee(s) will need to become certified in the Clozapine REMS Program before they can perform any duties or functions for their prescriber(s).

A notification will be sent to the prescriber when the designee enrolls. Before a designee can become certified, the prescriber will need to approve the person acting on his/her behalf. Once the designee has been approved, they will be able to engage in patient management through the Clozapine REMS Program website.

What role can my designees play in the Clozapine REMS Program?

A designee can perform the following actions on behalf of the prescriber:

- Enroll Patients
- Report ANC lab results
- Manage patients and view patient lists

Do prescribers need to re-enroll in the Clozapine REMS Program?

No. Prescribers do not need to re-enroll in the Clozapine REMS Program. There is a one-time, initial enrollment into the program. However, prescribers must enroll every patient that is prescribed clozapine, even if the patient was enrolled by another prescriber previously.

My patient will not provide the required information to complete the patient enrollment. Can they still receive clozapine?

Per FDA requirements, these fields must be completed for prescribers and pharmacies to identify the patient in the system to submit ANC values and provide authorization to receive clozapine. If a patient and/or their caregiver will not provide the required information, the patient will not be able to receive clozapine therapy.

Milestone Reached as Subcommittee Passes Comprehensive Mental Health Reform Bill

On Nov. 4, a House subcommittee passed the Helping Families in Mental Health Crisis Act of 2015 (HR 2646), a major step on the road to comprehensive mental health reform.

"We are very pleased by Wednesday night's passage of HR 2646 by the House Energy and Commerce Health Subcommittee," said APA President Renée Binder, M.D., in a statement. "This bill goes a long way in addressing the shortcomings of our nation's broken mental health system."

The bill, which is cosponsored by 117 Republicans and 45 Democrats, includes provisions to expand options for care, boost Medicaid funding for mental health services, augment the mental health workforce, and increase the number of inpatient psychiatric beds. The bill would also overturn existing restrictions preventing Medicaid from paying for same-day general and mental health care and from covering care at psychiatric facilities with more than 16 beds.

Additionally, HR 2646 contains many top-tier APA priorities, including these:

- A number of meaningful psychiatric workforce development provisions.
- Provisions related to enforcement of the landmark Mental Health Parity and Addiction Equity Act.
- Enhanced authorized funding for research activities within NIMH.
- Stronger coordination of federal mental health resources across departments and agencies, and requirements for mental health

clinician leadership at the highest levels.

Rep. Murphy's "amendment in the nature of a substitute" (AINS) included a number of modifications and refinements to the bill that he originally introduced in June in response to concerns of some committee Democrats and outside stakeholders. For example:

- The AINS added language to make it more clear that states would receive a bonus for having Assisted Outpatient Treatment (AOT) programs and states would not be penalized for not adopting AOT.
- The AINS considerably streamlined HR 2646's proposed Health Insurance Portability and Accountability Act (HIPAA) provision.

While the vote was bipartisan, most committee Democrats voted against the bill. The 18-12 vote reflected concerns by Democrats about several points in the bill, including changes in HIPAA that they fear would reduce privacy protections and the potentially coercive effects of incentives for states to pass AOT laws.

"APA would like to thank Rep. Tim Murphy, Rep. Eddie Bernice Johnson, and the 161 other cosponsors of this important legislation," said APA CEO and Medical Director Saul Levin, M.D., M.P.A. "This bill has broad bipartisan support because members of both parties realize now is the time to fix our nation's mental health system."

No date has been set yet for the full committee to consider the bill.

"We will continue to work with our partners and with members on both

sides of the aisle to pass this legislation in the House," added Binder. "We encourage the full committee to act on this bill soon."

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Editorial Note: As written, HR2646 would restrict the way that Protection and Advocacy for People with Mental Illness agencies would be able to advocate for and educate patients with mental illness. Not all states are fortunate to have a strong and effective patient advocacy group like Disability Rights NC, which has been an integral ally of NCPA through the years. NCPA has expressed these concerns to the APA and trusts our combined efforts can improve this bill and get it passed.

State Legislative Update: Autism Bill Passes!

The NC General Assembly ended its session at 4:18 am on Sept. 30 after being in session for over nine months, the longest period since 2001.

In the September issue, NCPA reported on H562 (the omnibus gun bill) and the passage of the Medicaid Transformation bill (H372). At that time, the Autism Insurance Coverage bill (S676) had stalled with little chance for passage this session.

Fortunately, there was a push in the "Eleventh Hour" to pass the bill—it moved out of House Rules, was changed on the House floor, sent back to the Senate for concurrence, and approved with the same, single "no" vote as in its initial Senate passage. Governor McCrory signed the bill on Oct. 15, making North Carolina the 43rd state in the country to broaden coverage for autism. This is a huge win for the Autism Society of North Carolina and the citizens of our state.

Members Notes..

Michael Lancaster, M.D., D.L.F.A.P.A., Ashwin Patkar, M.D., D.F.A.P.A., and John Santopietro, M.D., D.F.A.P.A. were appointed by Governor Pat McCrory to the Task Force on Mental Health and Substance Use in August. The task force brings together the Executive, Legislative and Judicial branches of government and key stakeholders to make recommendations that will improve the lives of citizens with mental illness and substance use disorders.



Michael Lancaster, M.D., D.L.F.A.P.A.



Ashwin Patkar, M.D., D.F.A.P.A.



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



Jennie Byrne, M.D., Ph.D., F.A.P.A.

Jennie Byrne, M.D., Ph.D., F.A.P.A.

is the new Deputy Chief Medical Officer for Behavioral Health at CCNC. She most recently has served as the Network Psychiatrist for Northwest Community Care in Winston-Salem. Dr. Byrne also maintains a private practice, Cognitive Psychiatry of Chapel Hill.

PLEASE SEND US YOUR NEWS!

This feature is more than a “fluffy” who-is-doing-what social report. Members are doing “amazing things.” Sharing what you are doing can lead to greater accomplishments! Email your name, photo (if available) and details to info@ncpsychiatry.org.

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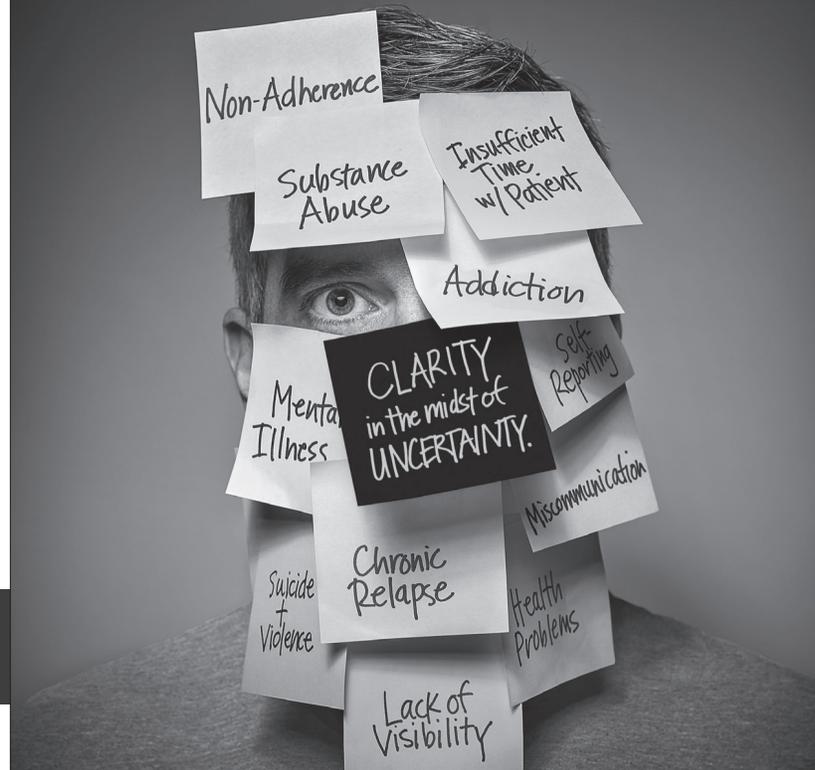
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Give the Gift of Education This Year (& Beyond!)

The Psychiatric Foundation of North Carolina is a 501(c)3 organization and the charitable arm of the NCPA. The Foundation's primary goals focus on providing training, education and research that assists psychiatrists in offering the best possible care for patients.

One way the Foundation works toward this goal is by sponsoring psychiatric residents who attend the NCPA Annual Meeting & Scientific Session. The 2015 Annual Meeting had a record number of residents attend. While the increased participation among residents is exciting for both NCPA and the Foundation, the donations which fund their at-

tendance have not kept pace — are you able to make or increase your current contribution to sponsor a resident? As you consider your year-end donations to charitable organizations, please include the Psychiatric Foundation.

In addition to sponsoring residents, the Foundation also recognizes researchers who make outstanding contributions to the field of mental health research through the Eugene A. Hargrove, M.D. Mental Health Research Award and the V. Sagar Sethi, M.D. Mental Health Research Award. The latter stipulates that recipients present a lecture at the NCPA Annual Meeting, and as a

result, attendees benefit by learning directly from world-class researchers each year.

In addition to general donations, the Foundation accept Tribute or Memorial donations, which serve to honor a loved one, friend, or colleague.

Tax-deductible donations may be made online (credit card) at www.ncpsychiatry.org/foundation. Donations may also be mailed to the Psychiatric Foundation of North Carolina, 4917 Waters Edge Drive, Suite. 250, Raleigh, NC 27606.

Submit your nominations for the 2016 V. Sagar Sethi, M.D. Mental Health Research Award now! Nominations must be submitted before the January 15, 2016 deadline. Submission criteria and instructions are available online, www.ncpsychiatry.org/sethi-award.

Thank You 2015 Foundation Supporters!

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Negative Transference in the Age of Email

Doreen L. Hughes, M.D. is a member of the NCPA Ethics Committee and is in private practice at Hughes Equine Energy, PLLC in Winston-Salem, NC.

I recently had by email a patient interaction that became complicated. I offer my experience and comments as possibly helpful to others, and ask for your feedback in service of our collective education.

The patient was a colleague referral, and I complied with the patient's request to confirm the appointment time by email exclusively. The evaluation and recommendations covered clinical issues that would be standard fare for a psychiatrist. I made a recommendation for a small medication change, and I scheduled the patient for a return visit. The interaction seemed otherwise uneventful.

Five days later I received a "scathing" email. The patient said I made her "feel like **** in a whole new way." She requested return of two-thirds of the fee.

I was stunned. I took a few days to digest her comments and revisit my documentation and my recollection of the session. There was one point in the interview where I probed for clarification of some history that seemed inconsistent, but the question seemed settled.

I chose to respond to the patient by certified mail. I prepared a draft in which I expressed my surprise that I had offended her, but since the service scheduled was completed, I would not return her fee. Since it seemed clear that she was dismissing me, in my draft I took care to make it clear that I would be helpful and cooperative in her finding a new psychiatrist.

To further process the situation, I consulted with a colleague and the

referring party. I followed the advice of my colleague to contact my malpractice carrier, even though at this point no legal issues were evident. Working with my carrier's risk management contacts was helpful; they suggested confirming that the patient was indeed terminating and for me to continue to be available for emergency care until the referral was successful.

I mailed my response four days after her email and received the receipt confirming delivery. I heard nothing for two months until another uncomfortable series of emails where she requested that I send records to her and another psychiatrist in a manner inconsistent with my current policy. Because her request would violate my existing policy, I took advantage of another legal consultation through my malpractice carrier. This was a very helpful process, providing guidance about the best way to satisfy the patient's request to have the records. I sent the entire record.

Two days later I received another email from the patient with an apology. She stated that her "defenses had been in high gear due to my strong negative reaction to you." She added some general comments to the effect that I could expect her to be polite if we ever met again.

This experience raised my awareness in multiple areas. Talking with risk management specialists brought up important aspects that I had not considered, especially in regard to termination of treatment and led me to review my consent for treatment. It also validated my routine practice of getting a signed

release of information with referring therapists at the first session. Likewise, speaking with an attorney, even when there is no expectation of legal action, can be extremely beneficial.

I wonder how this situation would have played out without the option of communicating by email. The immediacy of email, writing and sending it in private, and the lack of personal interaction all allow the sender to be distanced from the recipient. The ability to vent one's feelings without direct contact with the recipient is an opportunity for inappropriate—even violent—communication, which in this case was eventually tempered by the patient's ongoing therapy.

I would offer this word of caution related to email: be careful with it, sending or receiving it.

David Gittleman, D.O., D.F.A.P.A., NCPA's Ethics Chair, reviewed and offered comments on this article. Time and space considerations do not allow for a full report of his input, but this topic with his guidance will be an ongoing concern of the newsletter. Dr. Gittleman did point out that guidance on email use is still an evolving area, as APA has not formulated specific guidelines. He recommends that members review and follow the guidelines that are available from the AMA.



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March 31, 2016

Last Day to pay your APA and NCPA dues in full or sign up for recurring credit card payments.

April 8, 2016 (Tentative)

NCPA Spring Meeting – New for 2016 and beyond! Details Coming Soon.