



Courtesy of Visit Winston-Salem, © J. Sinclair Photography

What: NCPA Annual Meeting & Scientific Session

When: October 1-4, 2015

Where: Twin City Quarter, Winston-Salem, NC

For more information including speakers, hotel reservations, and to register online, visit www.ncpsychiatry.org/annual-meeting.

A paper registration form is included on page 15.

IN THIS ISSUE

President's Message
PAGE 3

NC's Controlled Substance Reporting System
PAGES 4-5

Medicaid Pharmacy Update
PAGE 7

Cannabis Research Series, Part 7 – Last one!
PAGE 13

2015 Annual Meeting Registration Form
PAGE 15

Registration Opens for the NCPA Annual Meeting & Scientific Session

Nora Volkow, M.D., NIDA Director, 2015 Sethi Award Recipient Tops Speaker Lineup

The countdown is on – it's almost time for NCPA's Annual Meeting and Scientific Session. If you haven't already done so, get out your calendar and circle October 1-4 as "booked!" While you're at it, fill out the registration form on page 15 of this newsletter and make your hotel reservations for the conference. (Online registration is also available.) You'll be glad you did because the 2015 Program Committee has confirmed a truly outstanding lineup of presenters and topics.

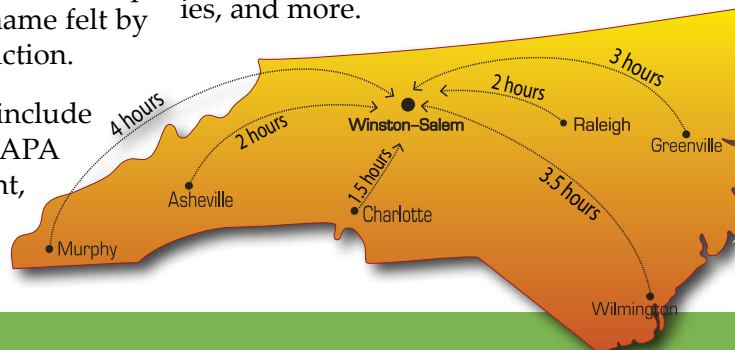
NCPA and the Psychiatric Foundation of North Carolina are proud and excited to announce that Nora Volkow, M.D., director of the National Institute on Drug Abuse, is the 2015 recipient of the V. Sagar Sethi, M.D., Mental Health Research Award, and she will be presenting at the Annual Meeting. Dr. Volkow is an internationally-known addiction psychiatrist and researcher who has made countless discoveries and contributions to addiction science. During the APA's Annual Meeting last month, Dr. Volkow delivered a riveting look into the evolution of addiction research, including the importance of embracing addiction as a disease to help eliminate the stigma and shame felt by patients suffering with addiction.

Other notable speakers include Paul Summergrad, M.D., APA Immediate Past President, Seth Powsner, M.D., and Jeff Bostic, M.D., Ed.D. The

schedule also has several in-state experts and NCPA members including *Sy Saeed, M.D., M.S., MACPsych* (back by popular demand!), *Rahn Bailey, M.D., Manish Fozdar, M.D., Stephen Kramer, M.D.,* and *Diana Perkins, M.D.* See details in left sidebar.

After years of alternating between the North Carolina coast and mountains, this year NCPA is traveling to Winston-Salem, City of Arts and Innovation (and perhaps the most convenient location in NC). The conference will be at the Twin City Quarter, located in the very heart of the city and comprised of the Benton Convention Center, luxurious Winston-Salem Marriott and upscale Embassy Suites Winston-Salem. Twin City Quarter is just steps away from the city's avant-garde arts district, which is home to shops, galleries, restaurants and bars, and the growing Fourth Street area.

In addition to the conference's scheduled receptions and events, there are plenty of activities to entertain young and old alike. Attendees can visit Old Salem or several other museums, tour one of the many breweries or wineries, and more.



Member Notes

Jack Bonner III, M.D., D.L.F.A.P.A., Professor Emeritus of Clinical Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine—Greenville, received the American Psychiatric Association's 2015 Distinguished Service Award at its 168th Annual Meeting May 18 in Toronto, Canada. The Distinguished Service Award was established in 1964 "to honor an APA member, non-member, and/or organization who has contributed exceptional meritorious service to the field of psychiatry."

Venkata "Amba" Jonnalagadda, M.D., F.A.P.A., Councilor at Large, has been appointed by Governor McCrory to the North Carolina Commission for Public Health through 2017.

John Stantopietro, M.D., D.F.A.P.A. and *Thomas Penders, M.D., D.L.F.A.P.A.* have been appointed to

the North Carolina Institute of Medicine's Task Force on Mental Health and Substance Abuse. Dr. Santopietro will serve as a co-chair of the task force, which convened earlier this month.

The *North Carolina Psychiatric Association* received the APA's 2015 District Branch Best Practice Award at the APA Assembly Meeting last month in Toronto.

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

President-Elect Thomas Penders, M.D., D.L.F.A.P.A.

Vice President Donald T. Buckner, M.D., D.F.A.P.A.

Secretary Samina A. Aziz, M.B.B.S., D.F.A.P.A.

Treasurer Christopher Myers, M.D.

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

Past President Ranota T. Hall, M.D., D.F.A.P.A.

Councilor at Large Venkata "Amba" Jonnalagadda, M.D., F.A.P.A.

Councilor at Large Mary Mandell, M.D.

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

Councilor at Large Amy Singleton, M.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 Brad Reddick, M.D.

NC Psychoanalytic Society Representative David Smith, M.D., D.L.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 Corneliu Stanciu, M.D. (ECU)

RFM Representative Catherine Green, M.D. (WFU)

RFM Representative Laura Willing, M.D. (UNC-CH)

CONSTITUTIONAL COMMITTEES

Budget Christopher Myers, M.D.

Constitution and Bylaws Stephen Oxley, M.D., D.L.F.A.P.A.

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.B.B.S., D.F.A.P.A.

Nominating Burt P. Johnson, M.D., D.L.F.A.P.A. and Thomas Penders, M.D., D.L.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.

Disaster Allan Chrisman, M.D., D.L.F.A.P.A.

Health Care Delivery Systems Committee Michael Zarzar, M.D., D.F.A.P.A.

Legislative John Kraus, M.D., D.F.A.P.A.

Practice Management Carey Cottle, Jr., M.D., D.F.A.P.A.

2015 Program Stephen Kramer, M.D., D.L.F.A.P.A.

Psychiatry and Law Katayoun Tabrizi, M.D., D.F.A.P.A.

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

Palmetto/GBA/Medicare Carey Cottle, Jr., M.D., D.F.A.P.A.

State Employees & Teachers' Comprehensive Health Plan Jack Naftel, M.D., D.F.A.P.A.

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

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

Hello? Hello? Anybody There?

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

I begin my term as president of the North Carolina Psychiatric Association with **excitement tinged with trepidation**.

The excitement comes from the opportunity I and the other officers have to move the agenda of NCPA forward. Our proactive agenda is clearer because of Past President Ranota Hall, who during her term worked on the revitalization of our committees through the use of committee charters. Not a “sexy topic,” but an essential one. Because of her diligent work our committees now have a mechanism to develop specific goals and keep themselves on target to achieve those goals.

In addition, Immediate Past President Burt Johnson has given us a laudable agenda item for the coming year. The task force he envisioned and now chairs will help us address the clinically and morally reprehensible practice of boarding psychiatric patients in emergency rooms for days or weeks awaiting a hospital bed.

Finally, Robin Huffman, Katy Kranze, and Kristin Milam in our central office will be adding items to the agenda as they continue

to monitor the world beyond the house of psychiatry. There are many ideas and projects out there by diverse groups that can cause great harm to our guild and/or our patients. A case in point: As I write this message there is a bill in our state legislature that, if passed, will make it illegal for physicians to ask any patient about gun ownership. Imagine being fined by the Medical Board for asking a patient with suicidal or homicidal thoughts about guns in their home! Unbelievable.

The trepidation is that we will miss issues that need to be on the agenda or we will waste the time of our Executive Council and the resources of NCPA on frivolous ones because we have not heard from the Association’s silent majority—those members who do not let us know stances they think we should be taking or projects we should be developing. Or who don’t call when they hear of some idea or plan out there that carries the potential for harm to our patients or profession. It’s like the little Baptist church I grew up in—leaders only knew what 5 percent of the folks thought or wanted. I would like it to be different for NCPA this year. I would like



to see our silent members speak up to me, to the other officers, to our committee chairs and to our central office staff. Three months from now I would like us to be in data overload!

Below you will find instruction on all the ways you can communicate with NCPA leadership. My promise to you is that I will return every phone call and answer every email you send—and in a timely fashion. My hope is that at the end of my term, more members of NCPA will have a greater sense of ownership of our agenda and pride in the accomplishments I am certain we will have. 🌱

Engage With NCPA and Take Ownership of Your Professional Association!

There are many ways to get in touch with NCPA. We encourage member participation and want to get to know all of our members better!

To reach NCPA staff or Executive Council members, it’s easiest to send an email to info@ncpsychiatry.org. Emails sent to this address are quickly routed to the appropriate staff member, Executive Council member, and/or Committee Chair. You may also call our office in Raleigh, 919-859-3370.

Contact information for fellow NCPA members and colleagues is available in the online NCPA Member Directory, www.ncpsychiatry.org/member-directory. Please note

that users of the Directory must login and accept the Terms and Conditions of Use prior to accessing its content. To familiarize yourself with the Terms and Conditions of Use, visit www.ncpsychiatry.org/member-directory.

If you are interested in becoming more engaged with NCPA, please consider joining a committee. Committees are a great way to network with colleagues, gain leadership experience, and contribute to NCPA’s overall goals. Committee work doesn’t necessarily mean adding time-consuming assignments to your to-do list – many committees meet electronically and tackle projects as needed. To see a list of current Committees and Committee Chairs, visit www.ncpsychiatry.org/committees.

What Psychiatrists Need to Know About...

Controlled Substance Reporting

North Carolina is participating in a national effort to prevent and reduce prescription drug abuse – the project is a joint venture of the National Governor’s Association and SAMHSA. At the start of the year, NCPA signed on to participate in the North Carolina Statewide Strategic Plan to Prevent Prescription Drug Abuse. During the course of NCPA’s participation, one action step continued to surface as an integral part of the statewide strategy: increased participation of physicians in North Carolina’s Controlled Substance Reporting System (CSRS).

Background

This statewide reporting system was established by North Carolina law to improve the state’s ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances. It is also meant to assist clinicians in identifying and referring for treatment patients misusing controlled substances. The CSRS is administered by the Drug Control Unit, a division of the North Carolina Department of Health and Human Services

North Carolina utilizes the RxSentry Prescription Drug Monitoring Program, a web-based system that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of prescription drugs. Through this online system, North Carolina prescribers and pharmacies can

register in the system and contribute prescribing data that will ultimately work to:

- Identify and prevent diversion of prescribed controlled substances.
- Reduce morbidity and mortality from unintentional drug overdoses.
- Reduce the costs associated with the misuse and abuse of controlled substances.
- Assist clinicians in identifying and referring for treatment patients misusing controlled substances.
- Reduce the cost for law enforcement of investigating cases of diversion and misuse.
- Inform the public, including health care professionals, of the use and abuse trends related to prescription drugs.

North Carolina has had its CSRS since 2007, and while initial participant registration has increased, regular use of the registry has been somewhat stagnant. Users have lamented a lack of time and resources as reasons for not using the system; many requested the ability to delegate participation to select staff members.

Delegate Accounts Now Available

Utilizing delegate accounts is an effort aimed at reducing the administrative time required for a physician by allowing a staff person to

access the database. During last year’s legislative session, the ability to delegate participation in the CSRS was approved by the North Carolina General Assembly. Delegate account access is only for those who do not have prescribing authority. Physicians, Residents, Physician Assistants, Nurse Practitioners, Dentists and Pharmacists cannot be a delegate.

Further, the ability to delegate is limited to practitioners licensed in North Carolina. Delegates must work under the direction and supervision of the prescriber who holds the “master account.” Like with other supervisory roles, the master account holder is responsible for all delegate activity. While there is no limit on the number of delegates a master account may have, it is strongly recommended that the number of delegates is limited to a number manageable by the supervising prescriber.

Who Can Access the Information?

Information submitted through the reporting system is privileged, confidential and not considered a public record. Information may only be released under certain circumstances to people authorized to receive the information. People authorized to get information from the system include:

- Practitioners and dispensers of controlled substances for the purpose of providing medical care for their patients.

- Special Agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit.
- Assigned special agents of the primary monitoring authorities for other states.
- A court through a lawful court order in a criminal action.
- The Division of Medical Assistance (DMA).
- Certain licensing boards.
- Medical Examiners for the purpose of investigating the death of an individual.


Enrolling in CSRS

Enrolling in the system may be completed online or via a mailed application. Instructions for both

enrollment processes are outlined on the NC DHHS website, <http://www.ncdhhs.gov/mhddsas/controlledsubstance>. Rx Sentry also has created a step-by-step Practitioner's Training Guide that provides instructions on how to request access and link delegate accounts. The training guide is available on this website as well.

CSRS participation can serve as a resource for mitigating risks associated with prescribing controlled substances. For example, registrants can run reports related to their own prescribing behavior and receive alerts when their patients receive additional prescriptions for controlled substances from another registered prescriber. The system's obvious benefit is to improve patient health and safety by identi-

fying patients who are receiving multiple prescriptions and may be struggling with addiction or unintentional misuse or over-medication. As such, NCPA encourages the use of the CSRS by our members.

For questions related to the CSRS, please contact the CSRS staff within the North Carolina Drug Control Unit at 919-733-1765 or email NCControlSubstance.Reporting@dhhs.nc.gov. 

CSRS: Do's and Don'ts for Prescribers and Dispensers

DO:

- Prior to prescribing or dispensing a controlled substance, check the database for duplicate prescriptions or unusual activity.
- Discuss any findings of concern directly with your patients.
- Listen to your patients when they say the system is in error – contact NC CSRS staff to help address questions and verify information.
- Learn about SBIRT (Screening, Brief Intervention and Referral for Treatment www.sbirtno.org) and use it with your patients.*
- Use behavioral contracts with patients when appropriate.
- Report forgeries to law enforcement.
- Inform NC CSRS staff of non-reporting pharmacies.

DON'T:

- Use the CSRS to exclude patients from practices or services.
- Discharge patients without intervening and attempting to refer for substance abuse treatment or pain management.
- Use CSRS prescription information to make a referral to law enforcement when it's your only source of information.

For information or questions please contact the North Carolina Controlled Substances Reporting System staff at 919-733-1765 or email NCControlSubstance.Reporting@dhhs.nc.gov.

**Research shows that a brief intervention by a physician has an impact on patient behavior.*



CONNECT WITH YOUR PATIENTS VIA SAFE, SECURE, HIPAA-COMPLIANT VIDEO CALLS. IT'S SIMPLE.



TouchCare video calls are easy to get via a simple app download and even easier to use. Best of all, it's free for both you and your patients.

Use TouchCare to:

- Increase access to care
- Improve patient satisfaction
- Improve practice efficiency
- Encourage patient compliance



Medicaid Pharmacy Changes Take Effect June 5

All Medicaid Beneficiary Antipsychotic Medication Access Changes

The North Carolina Medicaid Out-patient Pharmacy Program implemented changes to three important programs that affect antipsychotic prescribing/use for NC Medicaid beneficiaries effective June 5, 2015. These programs are: Antipsychotics – Keeping It Documented for Safety (A+KIDS), Adult Safety with Antipsychotic Prescribing (ASAP), and the antipsychotic portion of the Preferred Drug List (PDL).

A+KIDS

This program, which was in place until two years ago, encourages the use of appropriate baseline and follow-up monitoring parameters to facilitate the safe and effective use of antipsychotics in Medicaid and Health Choice beneficiaries under the age of 18. Providers will once again be able to document information regarding the efficacy of therapy, side effects, and metabolic monitoring parameters (height/weight/BMI percentile, lipid panel, and blood glucose). Once the information is submitted to the NC-Tracks web-based portal or phoned in successfully, the medication is authorized for six months.

ASAP

The program targets off-label prescribing of antipsychotic agents and will include Medicaid eligible adults (age ≥ 18) on atypical (second generation) antipsychotic agents prescribed for an indication that is not approved by the federal Food and Drug Administration. To authorize the prior authorization for approved indications, the prescriber must write in his or her own handwriting “meets PA criteria” on the face of each new or renewal antipsychotic prescription or in the

comment block on e-prescriptions. The authorization period is equivalent to the length of the prescription.

Antipsychotic portion of the PDL

In a new development for NC Medicaid, antipsychotics will have preferred and non-preferred agents listed on the PDL. With the exception of Symbyax and Abilify, all brand antipsychotics with a generic available are non-preferred. The entire PDL may be found at <http://www.ncdhhs.gov/dma/pharmacy/PDL.pdf>. Please note that trial and failure of only one preferred agent is required for antipsychotic medications in order to request a non-preferred agent. Other non-psychiatric drugs have been on the NC Medicaid PDL for years, with two failures required before the nonpreferred drug is approved. Non-preferred drug requests may be submitted via phone or through the NCTracks Web Portal using your NCID and password (log in via <https://www.nctracks.nc.gov/nccmmisPortal/login>).

How are these programs related?

Providers will be required to complete out an A+KIDS or ASAP prior authorization (PA) for any preferred or non-preferred antipsychotic medication for all Medicaid beneficiaries – either via the NC-Tracks Provider Portal or by calling CSC at 1-866-246-8505. There will be NO FAX FORMS available for use. The flow chart online (*see box at right*) describes which program should be accessed to make an antipsychotic medication request and what information is required with each request.

Use of NCTracks Portal

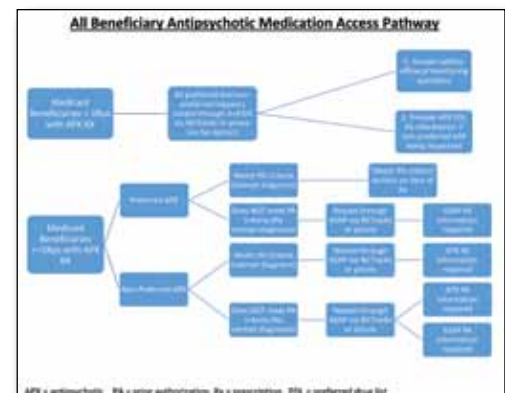
To use the NCTracks portal, users must have an NCID, which may be obtained by going to <http://ncid.nc.gov/>. Documents to assist and facilitate use of the NCTracks portal for each program (A+KIDS and ASAP) have been available since late May and are available to psychiatrists who wish to review and/or use them.

Contact your CCNC network Behavioral Health Coordinator or Network Pharmacist for additional questions. If you are unable to contact either of these individuals, you may contact Theo Pikoulas, Pharm.D., BCPP, tpikoulas@n3cn.org or Jerry McKee, Pharm.D., M.S., BCPP, jmckee@n3cn.org with Community Care of North Carolina.

Visit NCPA's Website for Additional Resources!

CCNC has developed a **Antipsychotic Medication Access Pathway** graphic to help providers navigate the recent pharmacy changes.

To access this helpful resource, visit www.ncpsychiatry.org/medicaid-pharmacy-changes and click on the **Program Overview Document**.



At Novant Health, we bring together world-class technology and professionals – like you – to help make our patients’ healthcare experience easier and more personal. Your commitment to care and our model of creating a seamless system of care for our patients are the foundation of our success.

Novant Health is comprised of experienced and compassionate psychiatrists, registered nurses, licensed counselors and clinical social workers to provide multiple treatment options tailored to patient’s specific needs. Our services include inpatient, outpatient, intensive outpatient and partial hospitalization, as well as a 24/7 outpatient assessment center where each provide a safe and encouraging environment that can make a difference in the lives of our patients.

The behavioral health service line serves six of the medical centers with inpatient services and multiple outpatient practice locations to provide timely localized care. The selected candidate will be employed by Novant Health and will enjoy a competitive salary, excellent benefits, retirement plan, and relocation allowance.

Psychiatry opportunities available

Novant Health has several positions available due to the expansion of services within behavioral health service line:

Greater Winston-Salem market: inpatient and outpatient opportunities; including positions for psychiatric hospitalists (7 days on/7 days off) and geriatric psychiatry.

Greater Charlotte market: inpatient and outpatient opportunities; including positions for consultation/emergency psychiatry & leadership opportunities: medical director and lead clinician to qualified candidates.

All markets have positions available for licensed psychologists, physician assistants and nurse practitioners.

Interested physician candidates should send a formal CV to Emily Slagle at:
ecslagle@NovantHealth.org.

Interested physician assistant and nurse practitioner candidates should send a formal CV to
Stephanie Floyd at: skuykendall@NovantHealth.org.

A Point of Personal Privilege...

Robin B. Huffman, Executive Director

Have I told you recently that you matter? That the work you do healing hurting people is a gift? That you are respected members of the medical community? That your opinion counts when designing public policy? With such “power,” however, there comes responsibility.

It would be much easier to keep our heads down, steadily doing good work day in and day out. To maintain the status quo, avoiding the bureaucracy and political back and forth, and not challenging authority. But in your roles of taking care of vulnerable patients who often can’t advocate for themselves, this is simply not an option. You have a bird’s eye view on the healthcare delivery system, and by speaking up you make a difference.

This spring we have experienced clear examples of why we must speak up and the impact of doing so.

NCPA’s annual White Coat Wednesday Legislative Advocacy Day coincidentally fell a day after a bill (H562) was approved in committee that would have prohibited

medical professionals from asking in a written patient history form or documenting in writing whether the patient had access to a gun.

Our lobbyist, Christopher Hollis, kept the bill from being voted on the House floor that first night, giving us a chance to rally the troops. The psychiatrists who attended White Coat Wednesday in Raleigh on April 29 met with legislators and their staffs about the bill. It was a chaotic day, tracking a fast-moving bill and seeking out the right lawmakers to meet with our experts on hand. We were also able to secure members to reach out to legislative leadership in their home districts that day and through the weekend.

It worked. Your presence at the State House in Raleigh—the physical presence of the 15 members at White Coat Wednesday, the countless emails and calls from members following our email alert, and the daily presence of NCPA’s lobby team, which is supported by your membership dues—changed the trajectory of that bill.

At press time, H562 has not yet gone to the floor of the House, and the

section that would have made your jobs impossible has been changed to language we can live with.

Legislative advocacy is not the only instance where you make a difference. Sometimes simply asking the obvious question and letting the NCPA office know about an issue can impact the practice of psychiatry across the state. Just this week a member asked us why he had received a medical records request from a Medicare insurer that included “Stars” measures for diabetic care and colorectal screening. What?! NCPA staff called the insurer, clarified the issue, and identified a solution that applies to all psychiatrists included in the network.

This is a win! Because one psychiatrist asked NCPA about an odd medical record request, we were able to find a “big picture” solution that benefits the entire membership (see page 14!). Taking a moment to call NCPA about issues like this, helps us help you and your colleagues. Your two cents makes a difference!

Keep up the good work!

NCPA’s White Coat Wednesday Advocacy Day was held April 29, 2015 in Raleigh. Pictured below are: 1. Immediate Past President Burt P. Johnson, M.D., D.L.F.A.P.A., Senator Joyce Krawiec, and NCPA President Arthur Kelley, M.D., D.L.F.A.P.A. meet in the North Carolina General Assembly Legislative Building; 2. White Coat Wednesday Attendees. Row 1, L-R: Silpa Kamisetti, M.D., Rebecca Taylor, M.D., Robin Casey, M.D., John Shin, M.D. Row 2, L-R: Nick Heyne, M.D., Kristin Milam, Robin Huffman, Burt Johnson, M.D., D.L.F.A.P.A., Arthur Kelley, M.D., D.L.F.A.P.A. Row 3, L-R: Katie Dunlap, M.D., Brad Reddick, M.D., Laura Willing, M.D., Sarita O’Neal, M.D., Elizabeth Falchook, M.D., Brittany Rodgers, M.D., and Kenya Windley Caldwell, M.D.; 3. Rebecca Taylor, M.D., John Shin, M.D., and Arthur Kelley, M.D., D.L.F.A.P.A. attend the morning’s issues briefing at the North Carolina Medical Society.

1.



2.



3.



Incorporating Search Engine Optimization Into Your Website

Just after the New Year, NCPA's Technology Committee published a series of resource videos that discussed developing a web presence – what that means, why it's important, and how to do it. If you haven't watched these short videos, be sure to visit www.ncpsychiatry.org/web-videos.

Further, as part of its work, the Technology Committee has sought out expert advice on several topics related to incorporating online resources into a psychiatry practice.

Digital media strategist Sarah Johnson answered the Technology Committee's questions about SEO.

What is SEO?

SEO (Search Engine Optimization) is the process of ensuring that your website (and any other online properties) presents information in a way that is readable and understandable not only for users, but for search engines.

Why should I have SEO on my website?

When looking for a new psychiatrist, a majority of patients will first turn to a search engine to find doctors in their area. If your prac-

tice is not "findable" online, you will miss opportunities for new clients. Just having contact information on a website is not enough -- basic SEO will ensure that it is readable by search engines, and true search engine optimization will also ensure that you are findable not just for basic terms like "psychiatrist in [town name]," but also for your specialty terms or other terms that potential clients may be searching for (i.e. "best geriatric psychiatrist in [city name]" or "ways to manage depression.")

Who typically manages SEO?

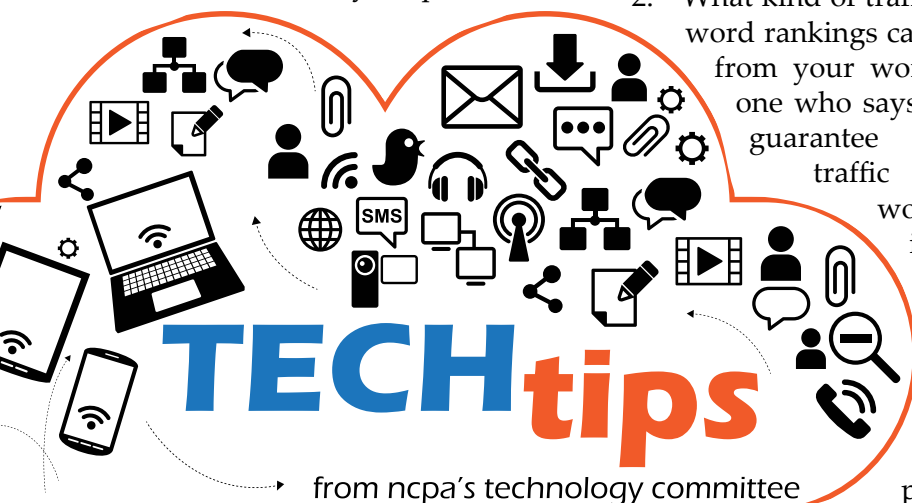
Unless your practice is very large and has a digital marketing manager, SEO is typically most effectively managed by a freelancer or an SEO firm.

What should I ask before hiring a SEO consultant?

1. What would you recommend for our SEO strategy and what terms would you recommend that we optimize for? (Look for an answer that shows thought specific to your practice - focusing on your specialties, on your doctors, etc.)
2. What kind of traffic or keyword rankings can I expect from your work? (Anyone who says they can guarantee specific traffic or keyword rankings is not being realistic or honest and is not a good partner).
3. How will we be able to measure the success of your work, and how will you differentiate between the growth of our practice as a whole and the growth of our practice that is truly driven by your SEO work? (Look for someone who mentions a transparent approach to reporting. And someone who is looking at traffic and conversion increases from inbound organic search traffic to a range of pages on the site, not just your homepage, because homepage traffic will always grow as your practice is growing.)

NEW Member Benefit!
Visit www.ncpsychiatry.org/video-library to see short videos about:

- Software Options for Telepsychiatry
- Developing a Web Presence
- Search Engine Optimization 101
- Creating a Professional Facebook Page
- Updating Your NCPA Member Profile & Blocking Unwanted Emails
- More coming soon!



What are red flags of a poor SEO consultant?

1. Guarantees or even mentions of specific traffic volume increases or percentage increases.
2. An implication that just adding keywords to your site is "SEO."
3. An approach that is cookie-cutter or appears to be repeated for other clients.

Attendees Hone Their Skills During NCPA's Review of Systems: A Practice Workshop

At the end of April, NCPA hosted a Saturday workshop aimed primarily at private practice psychiatrists in response to the many calls and emails staff field related to practice management issues. And the participant response was outstanding – many members remarked that they not only learned brand-new, useful information, but they also walked away with an improved understanding of their existing processes (i.e. coding and documentation skills).

Attendees heard from an impressive lineup of local and national speakers who focused on contracting, Value Modified Payments, documentation and coding, risk management and business development. **NCPA plans to offer future Review of Systems trainings on a regular basis; stay tuned for additional dates and locations in the future.**

The Review of Systems training is part of a larger project NCPA is working on with the Florida Psychiatric Society through a grant from the APA. The states worked together to identify common challenges facing private practice members and collaborated on the program development. The end goal is to develop a standard pro-

gram that is easily replicated among the APA's district branches and chapters to impact members nationwide.

Thank you to Strategic Behavioral Health for being a Gold Level Sponsor of the workshop!

What people are saying...

"Wow! You put together the highest quality workshop/one day conference I have ever attended!"

"Excellent presentations!"

"I will be able to understand future contracts much better."

"Very inspiring!"

"The presentations and discussions were highly informative. I especially appreciated the chance to hone my processes of CPT coding."

Review of Systems


a practice workshop



...Tech Tips continued from previous page

Where can I learn more about SEO and how it applies to my website?

The principles of SEO are the same for any industry, so the most important thing is to understand the basics of SEO, rather than looking at SEO for psychiatrists.

The website <http://moz.com/beginners-guide-to-seo> is a great guide to SEO for your site. Local SEO is also very important for service providers – some great information about it can be found here online: <http://moz.com/learn/local> . 

Sarah Johnson is Vice President of Digital Strategy Acceleration Partners. She can be reached at sarah@accelerationpartners.com, or (646) 664-1036 x 708.

YOU CAN COUNT ON US.

// We have underwritten more than 20,000 psychiatrists since 1986. This psychiatric-specific expertise allows our knowledgeable and relevant approach to underwriting, assuring a secure source of coverage so you can count on us to be there when you need us most.



Jackie Palumbo
Executive Vice President,
Chief Underwriting Officer

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

(800) 245-3333

| TheProgram@prms.com

| PsychProgram.com/InfoRequest

More than an insurance policy



Neurocognitive Effects of Adolescent Cannabis Use

P.G. Shelton, M.D., is an Assistant Professor of Child & Adolescent Psychiatry at East Carolina University's Brody School of Medicine where he also serves as Director of Medical Student Education.

This is the seventh and final 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. Please note: due to space limitations, references cited are available online at www.ncpsychiatry.org/marijuana-series or by calling 919-859-3370.

Neurocognitive effects of cannabis use during critical sensitive periods of brain development have been a growing area of research over the last decade. This is likely due to the increase in cannabis use and the changing public perception of the risks of use of these products. Increased acceptance of cannabis is evidenced by legalization of Marijuana for recreation purposes in several states, including Alaska, Colorado, Washington, and Washington, DC. It is also likely that legalization efforts have resulted in an increased perception of safety among cannabis products.

These shifts in public opinion have also led to increasing use of Marijuana among the adolescent and young adult population. Cannabis is now the second most used drug after alcohol in this age group with almost 23 percent of high school seniors and 20 percent of college students reporting monthly use in recent surveys. Of even greater concern is the frequency of moderate to heavy use among this population. Such use is increasing with 6.5 per-

cent of high school seniors reporting daily use, compared to just 2.4 percent in 1993.

Adolescence and early adulthood is a time of substantial neurodevelopmental change in the brain, primarily involving pruning mechanisms. The development during this period especially affects the frontal regions involved with executive functioning and higher order thinking. Consequently, the brain may be more sensitive during these years to externally induced changes in any major neurotransmitter concentrations such as the endocannabinoid system. This means that research investigating the neurocognitive effects among all levels of use in this age group is an important public health concern. Research in this age group has primarily focused on individuals who started their use as teenagers and those who use regularly, commonly defined as using at least once weekly. Typically, these studies have focused on the changes in individuals' cognitive effects, brain structure, or blood flow and function within the brain.

There is mounting evidence suggesting that regular cannabis use during the teenage or early adult years (between ages 25-30) is associated with cognitive deficits. These deficits can affect many different areas within the frontal lobe resulting in observable changes on psychological tests.

One recently published report of a large prospective longitudinal study by Meier and colleagues described the effects on overall IQ

scores among more than 1,000 individuals from birth to age 38, including 153 participants with a Cannabis Use Disorder (CUD). This study found that among those individuals who used cannabis regularly, there was a 6.6-point change in IQ over those who were not regular users of these products. After controlling for confounding variables, they further discovered explicit deficits in attention span, psychomotor speed, verbal memory, and executive functioning. At least two other 8-year-long longitudinal studies have demonstrated a decline in verbal memory and attention. A strong majority of multiple cross-sectional studies supports reductions in processing speed, complex attention, verbal memory, and executive functioning, including risk-taking behavior among frequent marijuana users.

Many studies to date have also documented abnormalities in brain structure within both gray and white matter in the brain. These abnormalities may signal neurodevelopmental delays and a disturbance in normal pruning and branching mechanisms, essential to development of the normal adolescent and adult brain. Studies have found increases in the posterior prefrontal cortex, anterior cerebellum, posterior inferior cerebellar vermis, and striatal volumes. Other findings include decreases in the right medial orbitofrontal volumes. Both growth and reduction of hippocampal and amygdala volumes have been seen. These volumetric deviations

continued on next page...

Attention Humana Medicare Advantage Plan Contracted Providers!

It has come to NCPA's attention that Humana is sending blast faxes to physicians statewide requesting patient medical records that are unrelated to the services psychiatrists provide. If you receive a blast fax request like this, please call the Risk Adjustment phone number included on the form, and tell the Humana representative you are a psychiatric physician and should be removed from these types of requests. This is for Humana Medicare Advantage Plans.

After talking with NCPA related to a member inquiry about these requests, Humana representatives explained that they are not interested in mental health medical records for patients.

...Neurocognitive Effects of Cannabis continued from previous page

are likely detrimental as they have been associated with poor executive functioning, poor verbal memory, increased mood symptoms, and novelty-seeking behavior.

Cortical thickness has also been examined among cannabis users by Lopez-Larson and colleagues. They found decreased thickness in the bilateral superior frontal, bilateral insula, and in the right caudal middle frontal cortices while discovering increased thicknesses in the paracentral, lingual, temporal, and inferior parietal areas comparable to non-cannabis users. Finally, Mata and colleagues have found reduced cortical gyrification in prefrontal cortex regions in young adult cannabis users compared to non-using controls.

While cannabinoid receptors are found primarily in the neuronal synapse, they are also present on glial cells which make up the white matter of the brain. Poorer white matter is related with slower processing speed and psychological dysregulation. Such reductions in white matter have been observed in numerous structures within the brains of cannabis users. Bava and colleagues have identified seven different white matter tracts affected by regular cannabis use with co-morbid alcohol use disorders. These tracts included the bilateral superior longitudinal fasciculus, bilateral thalamic fibers, the right

superior temporal gyrus, right inferior longitudinal fasciculus and left posterior corona radiate.

Unfortunately the alcohol-induced component to these changes could not be quantified. Several more studies, however, have reported reduced white matter quality in several prefrontal cortex, limbic, parietal, and cerebellar tracts in young cannabis users after controlling for use of alcohol. Overall the evidence is in support of significant changes in white and gray matter among regular cannabis users. These changes in brain structure offer concrete evidence that regular cannabis use contributes to anatomical alterations within major structures of the brain.

Cannabis use has also been linked with reductions in cerebral blood flow and inefficient brain activation patterns. Specifically, reductions in cerebral blood flow in the prefrontal cortex (PFC), insular, and temporal regions have been observed. It is unknown whether these reductions are partly responsible for the gray and white matter anomalies observed in youth who routinely use cannabis. Additionally, fMRI and PET studies in adolescent cannabis users have found abnormal PFC, parietal, insular, limbic, and cerebellar activation during attentional control, finger tapping, spatial and verbal working memory,

verbal learning, pleasant stimuli and executive functioning.

In summary, there are many studies to date to suggest that regular exposure to exogenous cannabinoids may disrupt normal neurodevelopment. Numerous changes in brain vascularization, activation, gray matter, and white matter are observed. Of all the changes observed, the reduced IQ of nearly a half a standard deviation along with decreases in attention span, memory, and executive functioning are the perhaps most significant. Studies point toward some partial recovery in functioning with sustained abstinence in adulthood, but the largest and most significant study to date by Meier and associates, showed that younger adolescents never fully returned to their predicted pre-use IQ trajectory.

Currently, researchers are unsure of what levels of routine use and at what age one begins such use in adolescence, if any, would be considered safe from a neurocognitive recovery standpoint. Research and exploration into these questions may be useful goals for future studies. Preventive educational efforts should include the current and compelling evidence that exists which shows routine cannabis use, defined as at least once weekly, is not safe, and that level of routine use has been determined to be harmless. 🌿

REGISTRATION FORM

2015 Annual Meeting & Scientific Session:

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

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

Primary Attendee Name: _____ Degree(s): _____ First Annual Meeting? _____

Email: _____ First Name for Name Badge: _____

Address: _____ City: _____ State: _____ Zip: _____

Add'l Attendee Name (for CME): _____ Degree(s): _____ First Annual Meeting? _____

Email: _____ First Name for Name Badge: _____

Address: _____ City: _____ State: _____ Zip: _____

Guest Full Name(s) for Name Badges (not for CME): _____

Meeting Registration Fees:

	"Early Bird" Before 7/31	General After 7/31
Please indicate # attending for CME/CEU:		
_____ NCPA/NCCCAP/APA Member	\$450	\$550
_____ Psychiatry Resident	<i>Registration paid by the NC Psychiatric Foundation</i>	
_____ Non-member	\$550	\$650
_____ Nurse Practitioner/Phys. Asst.	\$400	\$500
_____ Single Day Registration (indicate day)	\$250	\$250

Please indicate # of guests attending:	Before 7/31	After 7/31
_____ Spouse/Guest (Non-CME)	\$100	\$100
_____ Children 6-17	\$25	\$25
_____ Children 5 and under	Free	Free

Registration fees include:

Continental breakfasts (Friday, Saturday, Sunday), Thursday and Friday evening receptions and Saturday night reception and dinner for all **registered** members, guests, and children. Other receptions may be added. **If you are bringing a non-registered guest to the Saturday evening dinner only, there is a \$50 per guest charge.*

Please indicate the number of people attending (Registered Guests Only):

- ___ Thursday Evening Welcome Reception
- ___ Friday NCPA Business Lunch (NCPA Members ONLY)
- ___ Friday Evening Reception
- ___ Friday Evening NCCCAP Social (NCCCAP Members and Residents ONLY)
- ___ Saturday NCCCAP Business Lunch (NCCCAP Members ONLY)
- ___ Saturday Evening Reception & Awards Dinner

Please Include any Dietary Restrictions: _____

ELECTRONIC Handouts: NCPA will provide electronic handouts via web & USB to all registered attendants. *Paper handouts are available for advance purchase for \$25.*

Do you want to purchase paper handouts? Yes (\$25) _____ No _____

TOTAL FOR NCPA MEETING: \$ _____

To pay by CHECK, mail this registration form with payment to: NCPA, 4917 Waters Edge Dr., Suite 250, Raleigh, NC 27606. (Check payable to NCPA)

To pay by CREDIT CARD, Register Online: www.ncpsychiatry.org/annual-meeting or call 919-859-3370.

Registration and Payment Confirmation Will Be Emailed Upon Receipt.

Early Bird Registration Deadline: Registration must be received by **July 31**.

General Registration Deadline: Registrations must be received by **September 24**. Walk-in registration rates apply after this date.

Cancellation Policy: Cancellations on or before **September 24** will receive a full refund, less \$50.00 for administrative fees. Refunds are not granted for no-shows.

Hotel Reservations:

The discounted room block expires September 2, 2015.

Mention the NC Psychiatric Association Annual Meeting to receive the discounted room rates.

Winston-Salem Marriott

Phone: 1-800-320-0934

Single/Double: \$149.00 per night

Triple/Quad: \$159.00 per night

Embassy Suites Winston-Salem

Phone: 1-800-696-6107

Single/Double: \$159.00 per night

Triple/Quad: \$169.00 per night

Additional conference information is available on the NCPA website: www.ncpsychiatry.org/annual-meeting

Please Support the Psychiatric Foundation of NC

You can sponsor the registration fee for a psychiatric resident attending the Annual Meeting with a tax-deductible contribution to the Psychiatric Foundation of North Carolina. The Foundation also accepts general donations.

Please indicate your tax-deductible donation amount: \$ _____

(Mail check payable to Psychiatric Foundation of North Carolina to above address)

Donations also may be made online at www.ncpsychiatry.org/foundation

Please Note: Only donations made to the Foundation are Tax-Deductible as Charitable Contributions. You will receive your donation information at the end of the year.



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

July 31, 2015

Early Bird Registration Ends for NCPA's Annual Meeting & Scientific Session

Register Now: www.ncpsychiatry.org/annual-meeting

October 1, 2015

Executive Council Meeting
Winston-Salem, NC

Fall 2015

NCPA is hoping to hold ICD-10 trainings.
Please stay tuned for more details!

October 1-4, 2015

2015 Annual Meeting & Scientific Session
Twin City Quarter | Winston-Salem, NC