NORTH CAROLINA Psychiatric Association news

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

MARCH 2016

IN THIS ISSUE

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.

Psychiatrists Now Eligible for Loan Repayment Program to Serve Rural North Carolina

Franklin Walker, North Carolina Medical Society Foundation's Director of Rural Health Initiatives

The North Carolina Medical Society Foundation's (NCMSF) Community Practitioner Program (CPP) began 27 years ago and has matured into a crucial part of overall health care for North Carolina citizens who otherwise may have gone without necessary medical care. Hundreds of physicians, physician assistants and family nurse practitioners have had the opportunity, with the help of the CPP, to attend to the primary health care needs of patients in the poorly served areas and remote back roads of the state. Now, recognizing the pressing need for mental health services in these areas, the program is accepting applications from psychiatrists as well.

The CPP corps of health care professionals provides more than 400,000 patient visits each year to those who for the most part are uninsured, underinsured or Medicaid or Medicare eligible. Until the NCMSF places a CPP participant in their area, many citizens in these communities do not have access to quality, continuous, local primary care.

The three primary goals of the program have remained constant over the years.

- Improve access to health care for uninsured and underinsured populations in rural, economically distressed and medically underserved communities across North Carolina, prioritizing federally designated Tier I, II and III counties and whole or partial Health Professional Shortage Areas (HPSA).
- Provide cost-effective quality health care to underserved communities by helping the assisted CPP providers succeed and remain in their communities, operating financially viable practices despite low Medicaid and Medicare reimbursement rates, a high number of uninsured patients and often less sophisticated business operations.
- Develop and support a fellowship of primary care providers skilled in treating low-income, uninsured and underinsured populations.

The CPP's primary means of assistance to its participants is through educational loan repayment. In exchange for committing to five years in a rural or underserved area, CPP participants receive help repaying their educational loans. Over the life of the program, the average loan amount has been $36,000, with $70,000 the maximum allowed. For the 38 current participants, the average current loan amount is $46,000, reflecting the steep rise in the cost of medical school.

continued on page 7...

From the Editor: Many Ways of Learning

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

Those who endorse a biopsychosocial psychiatry might also embrace diverse ways of learning about what we believe, value, and do for others. I suggest that reading quality works of biography, autobiography and even some fiction can add to our usual ways of learning.

Certainly our formal period of "apprenticeship" in our resident years, ongoing reading of peer reviewed studies, and gathering with colleagues in various settings will remain our key tools for knowledge and wisdom. Nonetheless, I found William Styron's description of his clinical depression in "Darkness Visible" a real supplement to my understanding of what it would be to suffer such psychic pain. No patient I have ever treated spoke with such power and clarity. Too many of my patients had no words for feelings. The DSM does not convey it.

Penned first in 1989, and taking its title from John Milton's description of hell, Styron proceeds from a description of his experience through reflections on its causation, and reminds us of the many notable people who have so suffered.

In each of our print versions of the newsletter I will give a mini-review of a book and what it might have to teach. I will choose books that I believe are well written, are consistent in story and content with what I believe is good psychiatry, and have something valuable to illustrate.

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

Over time, I hope to compile a "top 20" of such educational readings. I invite readers of this newsletter to make suggestions. Reviews by members are welcomed.

NORTH CAROLINA Psychiatric Association news

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

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.

Knock, Knock, Knocking on the Door

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

Cop: "Willie, just why do you rob banks?"

Willie: "Because that's where the money is."

Or so the legend says.

Insurer: "Psychiatrist, just why do you want to break into primary care?"

Psychiatrist: "Because that's where the patients are."

Clinicians in the mental health sector see about 20 percent of our citizens who need help in any given year. Another 20 percent get their care in the medical sector (primary care, mainly). Care here is often inadequate. The remaining 60 percent receive no care at all. Zero. Zip. Nada. Why is that? Certainly some are offered help and refuse. But more importantly, these patients can't get to us, and we can't get to them.

Psychiatrists in practice approach patients on an individual by individual basis. This, combined with the fact that we are relatively few in number, creates a titanic backlog of patients awaiting care. I just finished reading an article in the Winston-Salem Journal about a man who sought psychiatric care for what he thought was a recurrence of his depression. His wait for a psychiatric outpatient appointment was going to be six months. Guess where he ended up? Yep, in the emergency room, and then in the hospital.

Even if we could see all comers, many would not see us because of the inability to pay co-pays or co-insurance (e.g. Medicare). Or, because many independently practicing psychiatrists take no insurances—it's cash on the barrelhead. Not judging—just saying.

So what about the 60 percent? Many of them are sitting in primary care offices, their need for treatment unrecognized. But, with much of primary care going to universal screening for depression, many of these patients will no longer be incognito. Long and short, psychiatric care needs to be available in primary care clinics if we ever hope to make a dent in this problem. But, we must leverage our time and expertise in a way that brings value to the endeavor. Simple co-location will just duplicate the problem I outlined above: too little capacity. We must take a population health approach that uses the psychiatrist as a consultant to a care management team. Fortunately, we have an evidence-based approach backed by 20 years of research that does just that: the collaborative care model (IMPACT, COMPASS, DIAMOND and others). See the AIMS link below and article on page 9.

Now my tirade. ***Why does insurance not pay for this?*** Reimbursement issues? Codes exist for the types of work that have to be performed to support these models. But insurance companies will not reimburse them. Collaborative care programs that do exist in North Carolina must be self-funded or supported by grants.

Because psychiatrists will refuse to do this type of work? I doubt it. I do it and love it. Other psychiatrists do as well. Politics? Is there an anti-psychiatrist bias in the system?

Maybe. Prejudice? Mental illness is considered a moral failing and therefore unworthy of monetary expenditure? Maybe. Ignorance? Of population health management? Of the research in this area? Probably.

Whatever the reason, for the sake of our patients, we as an organization must continue to advocate for this model and its value to the health care enterprise. The benefit of these models is proven. They improve the quality of mental health care and lower medical costs. We don't need more research. But we do need more advocacy. Educating others and pushing for the reimbursement of these models has been one of the themes of my NCPA presidency and will continue to be. Join me.

Notes From the APA Assembly

Samina Aziz, M.B.B.S., D.F.A.P.A., currently serves as one of NCPA's Representatives to the APA Assembly, and co-chairs the Membership Committee. She works at HRC Behavioral Health and Psychiatry, PA in Raleigh.

Earlier this year I was appointed to be the third representative from North Carolina to the APA Assembly. As I start to learn about APA governance, I wanted to share my experience with our members and try to bring you along on my journey.

Let me start by sharing with you why I care about the APA and being part of its governance. I became a member of the APA in 1996, the year I started my psychiatry residency, and I have now been a member for almost 20 years. My residency training director, the late Dr. Tana Grady, often talked about the importance of belonging to our national organization. I was a PGY-3 resident when I went to my first national meeting and was thrilled by the diversity of the organization and the depth of the experience. I came back energized and determined to be involved.

Then life got busy. While I continued to be a member, the demands of work and family took precedence, and my intent to get more involved was put on the back burner. My work took me first to rural Appalachia and then a State hospital in North Carolina. It enriched and informed me, and I was fully along for the ride that is mental health reform. I am currently in private practice in Raleigh. In every one of these settings I have relied on the expertise, mentorship and support of my colleagues.

In 2009, I became an American citizen and started to think about what I could do to make a contribution to my adopted country. That is when I started to get involved with the NCPA, first as a member of the Practice Management Committee, then as a Councilor at Large and for the last three years as the Secretary and Chair of the Membership Committee. As I got more involved with NCPA it became clear to me that while much of the advocacy we do is on the state level, we are impacted by decisions made nationally. I wanted to understand how policy and advocacy worked at the level of our national organization. So this year, when I was appointed by Dr. Kelley and the Executive Council as the third assembly representative from North Carolina, I was thrilled to start this journey.

The APA consists of 36,000 psychiatrists; each of these psychiatrists also belongs to one of the 74 district branches. Each district branch sends its representatives to the Assembly. The number of representatives depends on the voting strength. NCPA's current voting strength is 855. This allows us to have three representatives. In addition, Resident-Fellow Members, Early Career Psychiatrists and minority groups as well as allied organizations such as the American Academy of Child and Adolescent Psychiatry (AACAP) also have representation. The district branches are grouped into seven areas based on their geographic location, and North Carolina falls into the Area 5 Council, which extends from West Virginia to Oklahoma.

My first Assembly and Area 5 meeting was last year from October 29 to November 1, 2015. Starting as a new member in the Assembly is just like the first day of a new class, in a new school, in a new town. You walk in knowing there is a seat at the table for you but you need to figure out where it is. There is a definite order in which things go and rules to follow and names to learn. I was fortunate to have ***Dr. Debra Bolick and Dr. Steve Buie***, who had both been there for several years before me to answer my questions, and NCPA Executive Director Robin Huffman, who was there with a smile and an introduction when I needed one.

> *"There are few things that energize me more than a roomful of people passionate about advocating for patients and advancing the profession of psychiatry."*

The four days were broken into Area 5 Council meetings and the Assembly Plenary sessions. In between, you can attend any of the five reference committee meetings that occur simultaneously. Each reference committee reviews and makes recommendations about action papers. An action paper is a work product of the Assembly that begins as a concern of a member that is not adequately addressed by the APA and requires action.

The Area Council meetings are relatively smaller — large enough to need a microphone to speak, but small enough to sit around a table. Here you discuss local and regional issues which may then become action papers that move through the Assembly. Each Area Council ap-

points representatives to the reference committees that review and present recommendations about action papers to the assembly. Area 5 representatives were warm and welcoming, and by the end of the weekend I knew more about how the organization and structure worked, and I started to learn about the people.

The Assembly Plenary is a formal event. It follows the Sturgis Standard Code of Parliamentary Procedure. We had designated seats with our state and area. The plenary is where the final reviews and decisions are made about action papers. This year's plenary also included a presentation titled "Out of Sight, Out of Mind: The Mass Incarceration of American Mental Illness" by Dr. Paul Burton, the chief psychiatrist at San Quentin State prison.

One of the most inspiring events for me was the presentation of the profile of courage award to Dr. Steven S. Sharfstein. Dr. Sharfstein is a former APA president and was presented this award for his ethical decision-making, including but not limited to the conclusion, despite great pressure, that it was not ethical for psychiatrists to participate in the questioning of imprisoned suspects at Guantanamo Bay. Hearing him talk about taking that stance made me proud of our profession and aware of the myriad of dilemmas that we come together to deliberate.

The plenaries proceeded with order and often much pomp and circumstance, but underneath all of that it was clear that the same issues affect us all regardless of our geographic locations.

There are few things that energize me more than a roomful of people passionate about advocating for patients and advancing the profession of psychiatry. I heard action papers debated that were relevant to patients all over the country. I went to a Women of Assembly breakfast where the discussion focused on why a women's caucus was still relevant today. I learned about how the Assembly worked and talked to psychiatrists from California and Hawaii to South Carolina and Virginia.

I found connections: someone whose daughters had danced ballet like mine, and an Indian psychiatrist who spoke Gujarati just like my maternal grandmother. I talked to IMGs about equality in licensure, something I had been impacted by many years ago. I listened and listened some more. I spoke when I felt my voice needed to be heard. And I tried to think about what would be most interesting and relevant to you all back in North Carolina. So I hope that between now and when we head back in May 2016, you will let me and your other representatives know what is most important to you. As long as we have representation, you have a voice.

Classified Advertisement

95%

OF CLIENTS RENEW WITH PRMS

WE PROTECT YOU

PRMS protects you from beginning to end, throughout every stage of your psychiatric career. That's why 95% of our clients choose to renew their medical professional liability policy and remain with PRMS year after year – the result of a comprehensive policy, outstanding customer service and a team of experts who truly understand psychiatric risk.

PROTECTION PRMS 20 YEARS DEDICATION

JACKIE PALUMBO
CHIEF UNDERWRITING OFFICER

Full-career protection is just one component of our comprehensive professional liability program.

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

800.245.3333 | PsychProgram.com/Dedicated | TheProgram@prms.com

PRMS® the psychiatrists' program®

NCPA Member Appointed to the NC Medical Board

Venkata "Amba" Jonnalagadda, M.D., F.A.P.A. has been appointed by Governor Pat McCrory to the North Carolina Medical Board, effective January 26, 2016. She joins fellow NCPA member ***Debra Bolick, M.D., D.F.A.P.A.*** who was appointed in 2013—likely the first time two psychiatrists have served on the Board at the same time.

Dr. Jonnalagadda currently serves as a Councilor at Large on NCPA's Executive Council and is a member of the Membership Committee.

Dr. Jonnalagadda is the Medical Director for Eastpointe Human Services and is a partner in private practice with Greenville Psychiatric Association, P.A. She also serves on the adjunct teaching faculty in the Department of Pediatrics at East Carolina University's Brody School of Medicine. In addition, Dr. Jonnalagadda works as a clinical psychiatrist with the Veterans Administration.

Dr. Jonnalagadda is President of the Pitt County Medical Society and a member of the Ethical and Judicial Affairs Task Force for the North Carolina Medical Society. In 2015, Governor McCrory appointed her to a three-year term with the North Carolina Commission of Public Health.

Dr. Jonnalagadda was born in Kakinada, India. She completed her undergraduate education at East Carolina University and completed medical education at the Brody School of Medicine and Spartan Health Sciences University (St. Lucia). Dr. Jonnalagadda completed residency training in psychiatry and a fellowship in child/adolescent psychiatry at Pitt County Memorial Hospital/Vidant Health in Greenville. She is board certified in child, adolescent and adult psychiatry.

Venkata "Amba" Jonnalagadda, M.D., F.A.P.A.

... Rural Health Initiative article continued from cover

Because the CPP is a private program, funded through private donations and grants, it is able to be more flexible in bringing providers into the program than governmental agencies like the Office of Rural Health and Community Care, which also offers loan repayment. Over the years, the public programs have seen dwindling funding, making programs like the CPP even more important.

Because the CPP has more flexibility and can thoroughly vet those providers who are willing and even eager to work in rural, economically distressed communities, retention in the program has been excellent. Seventy-three percent of CPP participants continue to practice in rural or economically distressed communities and 85 percent remain in North Carolina.

The CPP views medical practices as small businesses, vital to a strong rural economy and works to ensure that CPP participants remain financially sound as payment models evolve and change. Care delivery also is changing, and the program is helping participants focus on patient-centered care and think strategically about ways they can be a resource to the community and more effectively use the communities' assets to improve patient health.

Twice a year, the CPP providers meet to share their experiences, learn from each other and the NCMSF staff and leadership and bring new energy and ideas back to their communities.

The total amount of grant dollars benefitting the current group of community practitioners is estimated at $1.7 million. Additionally, the program typically provides approximately $50,000 per year of practice management and quality consulting to CPP practices.

With more than a quarter century of progressive improvement and success, a strong framework and innovative tools to navigate and embrace the rapidly changing health care environment, the CPP looks forward to a robust and healthy future.

For more information about the Community Practitioner Program, visit www.ncmedsoc.org/cpp.

What Psychiatrists Need to Know About... Medicaid Pharmacy Changes

ASAP, A+KIDS Key Points to Avoid Care Disruptions to NC Medicaid Beneficiaries

The NC Medicaid Outpatient Pharmacy Program implemented changes to three important programs affecting antipsychotic prescribing for NC Medicaid Beneficiaries effective Friday, 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). Prescribers are required to complete an A+KIDS or ASAP prior authorization (PA) for any preferred or non-preferred antipsychotic medication for all Medicaid beneficiaries through the NCTracks Provider Portal or by calling CSC at 1-866-246-8505. There are NO FAX FORMS for these programs.

The following is a compilation of key points around the Medicaid antipsychotic PA process for both Primary Care and Behavioral Health practices that may be useful when prescribing antipsychotic agents for Medicaid Beneficiaries to avoid care disruptions for this population:

1. Providers must be proactive on PAs for children/adolescents (< 18 years). Each new antipsychotic prescription in this age group will need an NCTracks PA. Therefore, Providers should be proactive and not wait for a PA request from the pharmacy. Once the PA is approved for a specific patient and medication, the PA is effective for a period of 6 months.
2. It is helpful when the practice documents the PA approval date in their Medical Records, or on a separate sheet. The PA is effective for 6 months from the date of authorization and is at the drug level; which means that if the dose is changed, the PA will remain effective. If the medication changes to a different antipsychotic agent, another PA is required.
3. For adults (> 18 years) with "on label" (FDA approved) use of preferred agents, write "meets PA criteria" on the paper Rx or in the comments section of the electronic Rx. Most patients seeing a psychiatrist will meet PA criteria.
4. For "off label" use (non-FDA approved indication), or when prescribing a non-preferred agent, the Provider should be proactive in getting the PA process initiated and approved. It is also helpful when the practice documents the PA approval date in their Medical Record. For adults, the PA is effective for a period of one year from approval.
5. For all prescriptions requiring a PA, consider writing "PA in process" on the prescription to alert the pharmacy to wait as permissible by the situation (in the pharmacist's professional judgement) before using an override. There is a 72-hour emergency supply available to use, by the community pharmacy, in the event the PA has not been initiated or is not approved.
6. Except in the event of an acute situation or emergencies, encourage patients to avoid going directly to the pharmacy to pick up the antipsychotic prescription to allow time to input the PA request and have it approved.

This information was provided by the Community Care of North Carolina Behavioral Health Pharmacy Program. For more information visit, www.communitycarenc.org.

Members Notes...

Christina Cruz, M.D. and Laura Willing, M.D., received a Resident Physician Global Health Scholarship from UNC-CH to travel to Darjeeling and Haiti, respectively.

Marcus Gulley, M.D., L.M., received the Distinguished Faculty Award from the Wake Forest University Medical Alumni Association.

Venkata "Amba" Jonnalagadda, M.D., F.A.P.A., has been installed as the President of the Pitt County Medical Society for 2016.

Sarah Lisanby, M.D., D.F.A.P.A., was named the director of the Division of Translational Research at the National Institute of Mental Health. She joined the NIMH in the fall of 2015 and will oversee a research funding portfolio of approximately $400 million and help set a national agenda for research on mental illness.

Erin Malloy, M.D., D.F.A.P.A., Professor, Psychiatry and Director, Medical Student Education, has been named Director of the Center for Faculty Excellence at the University of North Carolina at Chapel Hill. The CFE supports faculty from the entire University across the full spectrum of their professional responsibilities, including teaching, leadership, scholarship and research, and mentoring.

James Peden, Jr., M.D., F.A.P.A., Professor and Associate Dean for Admissions at East Carolina University's Brody School of Medicine received a Lifetime Achievement Award from the Association of Medicine and Psychiatry.

Richard Weiner, M.D., Ph.D., D.L.F.A.P.A., was named the Interim Chair, Department of Psychiatry and Behavioral Sciences at Duke University.

Ted Zarzar, M.D., recently received a Junior Faculty Development Award at UNC-CH.

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.

APA Offering Free Training on Collaborative Care

In September, the Centers for Medicare and Medicaid Services (CMS) launched the Transforming Clinical Practice Initiative (TCPI) and awarded $685 million to 39 national and regional healthcare transformation networks and supporting organizations to support practice transformation through nationwide, collaborative, and peer-based learning networks.

As a TCPI Support and Alignment Network (SAN), APA received $2.9 million over four years to partner with the AIMS Center at the University of Washington and train 3,500 psychiatrists in the clinical and leadership skills needed to support primary care practices that are implementing integrated behavioral health programs. Once psychiatrists are trained, APA will work to connect them with local Practice Transformation Networks (PTNs) participating in TCPI.

Free training is available to psychiatrists through online modules and live trainings. CME credit is also offered. Content is similar for both training sessions so you may choose to participate in one or the other based on your learning preferences and availability.

- Online Modules - There are two parts to the training containing seven modules in all. It is recommended that participants complete both parts 1 and 2. To view the trainings, visit http://bit.ly/1PLGPDF.
- APA Annual Meeting - May 14 - 18, 2016 in Atlanta, Georgia. Early registration is now open. Take advantage of early bird rates for APA members, which expire February 4. Advance registration is February 5 - April 14. NOTE: Three free integrated care training courses will be offered during the APA Annual Meeting in May; attendees have the option to select one of the trainings when registering for the Annual Meeting. The course is titled, "Integrating Behavioral Health and Primary Care: Practical Skills for the Consulting Psychiatrist."

Stay up-to-date on TCPI and APA's Support and Alignment Network at www.psychiatry.org/sansgrant. If you have questions, contact Ashley Rutter, Program Manager at arutter@psych.org.

Department of Psychiatry

The patient's best interests always come first. This commitment is our top priority. Even though we are an academic center with serious commitments to education and research, we never lose sight of the fact that all our activities serve one person — the patient. We are well known for the high quality services provided in the Neuropsychiatric and Electroconvulsive Therapy (ECT) programs.

Our mission: Improve the health and well being of the people of this region by means of Patient Care, Education, and Research. It is the full and thoughtful integration of these three elements that makes academic medical centers different; it is the dedication to placing patient care first that identifies the best of these centers.

Inpatient Services: Adult inpatient services (24 bed unit) emphasize evaluation and treatment of depression, bipolar disorder, anxiety disorders and schizophrenia offering inpatient ECT when needed.

Child and adolescent inpatient services (14 bed unit) include evaluations and treatment for depressive disorders, anxiety disorders, oppositional defiant disorder, and conduct disorder.

Outpatient Programs: Our outpatient programs encompass services for adults - including a separate geriatric program - adolescents and children. A faculty member participates with a resident physician in the evaluation of every patient at every visit. The full-time faculty is available for specialty consultations.

Adult outpatient services include evaluation and treatment for the full range of psychiatric disorders including depressive disorders, neuopsychiatric disorders, anxiety disorders, schizophrenia, alcoholism and substance abuse. Intensive outpatient group therapy, individual evaluations and therapy form the core of our alcohol and substance abuse services. We are known for the quality of our ECT program offered on an outpatient basis.

The child and adolescent outpatient services perform evaluation and treatment of all childhood psychiatric disorders including depressive disorders, schizophrenia, bipolar disorder, anxiety disorders, conduct disorders, and attention deficit disorders.

It is the policy of Wake Forest Baptist Medical Center to administer all educational and employment activities without discrimination because of race, sex, age, religion, national origin, disability, sexual orientation, gender identity or veteran status (except where sex is a bona fide occupational qualification or a statutory requirement) in accordance with all local, state, national laws, executive orders, regulations, and guidelines.

For information regarding employment opportunities, contact Dottie Jones, 336-716-3221 or dojones@wakehealth.edu.

Wake Forest®
Baptist Medical Center

Renew Your Membership Now to Avoid Lapse in Benefits

Beginning in 2016, the APA has implemented a new dues payment schedule for all members — members will need to pay dues in full or enroll in the Scheduled Payment Plan by March 31 to avoid an immediate lapse in membership. Previously the dues deadline was June 30 annually.

The Scheduled Payment Plan is a convenient, easy way to make sure your dues are always received on time and you never experience a lapse in membership (and the benefits to which you are entitled). The plan allows for your current APA and NCPA dues to be automatically charged to your credit card in monthly, quarterly, biannual or annual installments. There is no additional cost and enrolling is easy. Contact the APA at 888-357-7924 to enroll.

Married Couple Discount

Married members receive a 15 percent discount on their APA and NCPA dues. Members who take advantage of this discount will only receive one copy of *The American Journal of Psychiatry*. Contact the APA at 703-907-7359 to claim your discount!

Lump Sum Dues Program

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

Integrated Care Symposium | March 29, 2016, 5:00-9:00 pm | UNC's Friday Center

Primary care providers are often the front line of treatment for behavioral health disorders, stretching primary care resources and expertise. Individuals with behavioral health conditions struggle to have their whole health needs met in the current delivery system. Innovative delivery models of bidirectional integrated care between primary care and behavioral health settings are increasingly popular. This program will educate attendees about local examples of Integrated Health and how the delivery of bidirectional integration between primary care and behavioral health care settings can improve outcomes for patients.

Join us for an exciting discussion, moderated by Dr. Warren Newton, and including:

- Drs. Tom Warcup and Li Zhou, Medical Directors from NC Physicians Network
- Dr. Mark Gwynne, Dr. Linda Myerholtz, Diane Dolan-Soto, and Sherry Hay of UNC Primary Care
- Drs. Leeza Park, Robin Reed, Don Rosenstein, Brian Sheitman, Beat Steiner, and Rupal Yu of the UNC Department of Psychiatry
- Dr. Abigail DeVries, Medical Director at Piedmont Health Services; Andrew Clendenin, MSW, Community Care of the Sandhills.

For more information and registration, visit www.charlotteahec.org or contact Carrie Jackman-Hoyle at 704-512-3720 or carrie.jackmanhoyle@carolinashealthcare.org

Charlotte AHEC | UNC School of Medicine Department of Psychiatry | UNC Health Alliance UNC Health Care

Credit Statements
The Carolinas Healthcare System/Charlotte AHEC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
MD, DO, NP: Carolinas HealthCare System/Charlotte AHEC designates this Live Activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PA: This activity is approved for 2.5 AAPA Category 1 credits. Physician assistants should only claim credit commensurate with the extent of their participation.
Psychologists: Charlotte AHEC is an approved provider by the North Carolina Psychology Board and designates 2.5 Contact Hours (Category A) for NC Psychologists.
Other Healthcare Professionals: This Live Activity fulfills the requirement for .25 Continuing Education Units (CEUs), representing 2.5 contact hours.

PA AAPA CATEGORY 1 CME

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

April 10, 2016
NCPA Executive Council
NCPA Office Building
Raleigh, NC

May 12-15, 2016
APA Assembly
Atlanta, GA

May 14-18, 2016
APA Annual Meeting
Atlanta, GA
www.psych.org

June 2016
Registration Opens for
NCPA Annual Meeting
Visit www.ncpsychiatry.org/
annual-meeting