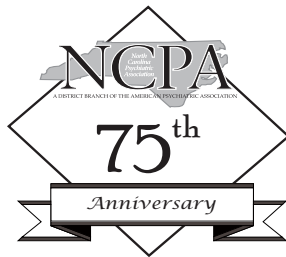


# NCPA NEWS

North Carolina Psychiatric Association

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## 75 Years of Advocating for Quality Care



This past year marked the 75th anniversary for NCPA. 75 years of traditions, triumphs and some turmoil in North Carolina mental health issues. NCPA's history begins in January 1935. North Carolina

made no provision for the care of the mentally ill until after the first half of the nineteenth century. Even though all of her neighboring states established hospitals for the mentally ill before 1840, and Virginia as early as 1773, all that could be done for these unfortunate persons in North Carolina was to incarcerate them in jails and almshouses.

Through the successful, but long-fought crusades of Dorothea Dix and her earnest pleas to the NC legislature, the Dorothea Dix Hospital was finally opened for patients in 1856. Although North Carolina was one of the last Southern states to recognize responsibility for hospital care of the mentally ill, the North Carolina Mental Hygiene Society, later known as MHA, organized in Raleigh on February 14, 1914, making it the first such organization in the South, and the eighth in the nation. Psychiatry in North Carolina made a large stride forward with the organization of the Duke University School of Medicine in 1931.

The organizational meeting of the North Carolina Neuropsychiatric Association (NCNPA) was held at the State Hospital in Raleigh on January 18, 1935. At that time there were only 28 physicians in the state who were working in the field of psychiatry, 17 of whom were on the staffs of the three state hospitals. The only requirement for membership in the North Carolina Neuropsychiatric Association was membership in the Medical Society of the State of North Carolina. This was in keeping with the policy of maintaining a close relationship with medicine in general.

A new Constitution was adopted at the annual meeting on

November 19, 1948, and amended in May, 1952. Article II of this Constitution specified that "The membership shall consist of psychiatrists, neurologists, neurosurgeons, and other physicians interested in the specialty of psychiatry." Provision was made for honorary membership, but the active members had to belong to the Medical Society of the State of North Carolina and/or to the American Psychiatric Association. Fifteen standing committees were established, among them the Executive Committee, composed of "the officers of the Association, two councilors, the chairmen of special and standing committees, as well as the chairmen of the Section of Neurology and Psychiatry of the North Carolina State Medical Association and the Mental Hygiene Committee of the State of North Carolina."

When the first meeting of the Assembly of District Branches of the American Psychiatric Association was held in May, 1953, only 16 District Branches had been established. North Carolina, although an affiliate of the American Psychiatric Association, was not one of them. In 1955 a petition for District Branch status was rejected by the APA because the constitutional requirements for membership were "too inclusive." A committee appointed to solve the impasse recommended the formation of a separate North Carolina Branch of the national organization with a more restrictive constitution, at the same time retaining the old North Carolina Neuropsychiatric Association with its constitution. This recommendation was adopted, and the new constitution was accepted by the APA. On April 30, 1956, the North Carolina District Branch became a member of the Assembly of District Branches.

*(Anniversary continued on page 3)*

### Inside This Issue

President's Column	Page 2
NCIOM Task Forces	Page 6
NC Center of Excellence	Page 8
Electronic Prescribing	Page 12

**From the President.....****Finally Opportunity! We Need Your Involvement****B. Steven Bentsen, M.D., D.F.A.P.A., President**

After a decade of demedicalization and abject destruction of integrated clinical services, an opportunity for re-engagement and meaningful medical stewardship exists. The financial crisis and subsequent rise in government debt has pushed the cost of healthcare to the forefront. We cannot sustain spending almost 20% of our GDP on healthcare, almost twice that of other similar industrialized countries.

At a recent Medical Society meeting Allen Dobson, MD, former Assistant Secretary of the NC Health & Human Services, now a Brookings Institute Scholar, discussed a recent meeting in D.C. with Fortune 500 CEOs. The number one factor in where businesses choose to relocate is the cost of healthcare; states are now competing to lower health care costs to attract and maintain business. State governments are responding with numerous initiatives effecting health care. Tort reform, restrictions on medications, inclusion of involuntary commitment to other disciplines, privatization of forensic psychiatry and expansion of Medicaid waiver to the entire state are some of the North Carolina bills NCPA is currently monitoring.


The federal government a few weeks ago issued guidelines for Accountable Care Organizations, a system where hospitals and physicians or physicians alone can organizationally join together and benefit from the provision of coordinated cost effective care. We now have approximately a dozen psychiatrists working with CCNC networks around the state integrating primary care with psychiatry. The Division of Mental Health has operationalized CABHAs, creating a psychiatric medical director position in each agency to oversee care. NCPA leadership and members have been and currently are active in all these endeavors. We need your input and involvement to convey your message and needs. Over the next few weeks you will receive member surveys regarding your practice and methods of communication, do you "Tweet?" At a time where systems are rapidly changing we need to identify your issues and respond to your needs. Help us to identify your issues in the year ahead so we can continue to advocate for our membership.

Looking back on this year in the context of our 75th Anniversary and the challenges that lie ahead, two conversations come to mind from past NCPA Presidents. In my last year of psychiatric residency in 1987, I was fortunate to carve out an administrative elective with

**Granville Tolley, M.D.**, who was nearing retirement and the last state hospital Medical Director and Hospital administrator. He felt at the time the system was on a downhill spiral as Administrators were replaced with non-clinical personnel in both institutions and government departments. I recall his foresight: He believed it would take at least 20 years to dismantle the current system, as he felt the foundation it was built on was mature and sound clinically and organizationally.

About 20 years hence, I recall a conversation with **Charles Vernon, MD**. At the time I was a Mental Health Center/LME Medical Director and was requesting his counsel, trying to sort out what was in store with the pending reform. While attempting to explain the reform issues, his eyes glazed over and he said, "I don't know what to tell you, the last time reform occurred we put a few psychiatrists in a room for a week or so in Raleigh and hashed it out. We just agreed on what was clinically appropriate -- what the treatments were that worked."

In addition to Dr. Vernon, Drs. Eugene Hargrove and **Nicholas Stratas** worked with the Institute of Government to create the county mental health system in the 1960s. They created an integrated system with strong clinical connections to our universities, which provided training to a generation of mental health practitioners.

Change all too often is not linear, but circular. Although the "golden days of medicine" are long gone, we are at a moment when medical leadership is desired. The opportunity to actively improve patient care and outcomes is at hand. Engage and use NCPA and its resources. Let us know your challenges. 

### **NCPA Receives Honorable Mention in DB Best Practice Award - 2011**

**N**CPA was proud to receive notification from the APA Assembly Awards Committee that NCPA has been awarded "Honorable Mention" for its creative and dedicated work as an APA District Branch.

The award was established in 2002 and NCPA has won the award in 2002, 2008 and 2010. We received Honorable Mention in 2007. NCPA will be recognized at the APA Annual Meeting in May.

The Association has members who have served and still serve as representatives, officers and committee chairmen for groups past and those still in existence, such as, the NC Mental Health Council, NC Health Council, NC Commission for MHDDSA, NC Commission for Children With Special Needs, state DMA Drug Utilization Review Board, state Medicaid's Physician Advisory Group, State Employees & Teachers' Comprehensive Health Plan Advisory Board, NC Council of Child and Adolescent Psychiatry, NC Psychoanalytic Society, NC Medical Society and the APA.

This year's Membership Directory is dedicated to the accomplishments of NCPA in the role of serving the professional needs of our membership and advocating for quality care for the people of North Carolina. Several past presidents shared their thoughts and memories with us and brought to light our rich history. As we continue to grow, from 28 members in 1935 to over 900 member today, we will continue to fight for our members and citizens of our state to continually improve mental health care.

#### ***Past President Reflections:***

**M**y tenure as president in 2002-03 was a tumultuous one during which we faced a runaway locomotive. This period was dominated by repeated attempts to inject clinical reality into the state's headlong drive to reform the community health system. Initially I agreed with the idea of reform of a less than perfect system. After one meeting with the reform evangelists, I changed my mind. The plan to privatize mental health care seemed strangely reminiscent of a Reagan era ideology that included Laffer curves and trickle-down economics. The mantra of the reformers centered on segregating clinical care from administrative services. Clinical services were to be transferred to private agencies while administrative and review functions were assigned to local management entities. Clinical services emphasize care for the severe, chronically mentally ill. All other facets of traditional MHCs networks were left to community providers. In this system the problem of scarce resources would suddenly disappear as private providers materialized from nowhere; costs would drop due "economies of scale" and a variety of ideological clichés would take care of the rest. A part of this solution involved closing state hospital beds at a time of growing admission rates and lack of any viability testing of these new provider networks. In this Brave New World, the care for some of our most challenging patients would be decentralized to community hospitals. Again, there was little viability testing before downsizing.

In retrospect we were also asked to "participate" (sign

off) on the evisceration of long established centers that had evolved over decades to fit local community needs. The plan also called for a divestiture of psychiatrists and a generalized "demedicalization" of mental health care. The local management entities relied on an ideological foundation of market forces. Unfortunately there was a dwindling pool of state funds mandated to put these ambitious programs in place.

Based on our assessment of the reality on the ground, we did not at once agree with this plan. It was soon apparent however that the action steps were already in place and had enough bureaucratic inertia to negate our protests- even requests for step-wise implementation and effectiveness testing. I wrote several letters to the News and Observer outlining pragmatic steps, but these were ignored. It became increasingly obvious that clinical wisdom was ignored, reframed as obstructionist or in terms of protecting self-interests. It was true that the emperor had no new clothes in this trickle down system of mental health care.

We also faced a very efficient propaganda machine put in place by masters of "double-speak" to sell this approach. The rest is history as the ideologically driven system starved but the mind-set survived. Problems continued in the face of even more austere budgets but it seemed we were relegated to "the voice crying in the wilderness." In some respects we survived the perfect storm but were now trapped in the same life boat with the reformers.

***Jarrett Barnhill, M.D., D.F.A.P.A.***  
*President 2002-2003*

**T**he last decade has been difficult for NC psychiatrists, whether in private practice, the public sector or in academia. One of NCPA's biggest challenges this decade was dealing with the state's failed mental health policy – a policy that gratuitously included a full-scale attack on community psychiatrists. My term as NCPA President (2007-08) coincided with many developments in the fight for public mental health that were driven by NCPA, including dramatic media coverage of the mental health mess. The biggest victory of that year was the passage of mental health parity, the result of long struggle by NCPA and its allies. Looking back over the Easley period (and my public career), it was about protecting the helpless from smug careerists; in the 2001-09 period, the careerists won. Very sad.

Serving as NCPA President has been the high point of my professional career. It was a sobering responsibility to speak for NC psychiatrists in advocating for our patients and our profession. I continue to be humbled by the trust NCPA members placed in me.

***Harold Carmel, M.D., D.F.A.P.A.***  
*President 2007-2008*



# North Carolina News

## Correct Coding Initiative

The NC Department of Medical Assistance (DMA), the state Medicaid office, began implementing the “National Correct Coding Initiative” (NCCI) at the end of March. NCCI is designed to prevent improper payments when a provider submits incorrect code combinations or to avoid payments of services in excess of what is medically likely.

NCCI edits will identify procedures and services performed by the same provider on the same date of service. This program has been in existence for Medicare since 1996, and was put in place for NC Medicaid services March 31.

There are two main components of the CMS mandate:

- NCCI – procedure-to-procedure edits for practitioners, ambulatory surgical centers, and outpatient hospital services that define pairs of HCPCS/CPT codes that should not be reported together.
- Medically Unlikely Edits (MUE) – these are units of service edits for practitioners, ambulatory surgical centers, outpatient hospital services, and durable medical equipment. This component defines for each HCPCS/CPT code the number of units of service that is unlikely to be correct (e.g., claims for excision of more than one appendix or more than one hysterectomy).

The current link to the NC Medicaid NCCI webpage is: <http://www.ncdhhs.gov/dma/provider/ncci.htm>

The CMS website has the NCCI State Medicaid Director letter and the Frequently Asked Questions documents, which contain valuable information regarding this mandate. These documents can be accessed from the following link: <http://www.cms.gov/MedicaidNCCICoding/>

The comprehensive list of codes can be downloaded by type of provider or service from the following link: [http://www.cms.gov/MedicaidNCCICoding/06\\_NCCIandMUEEdits.asp#TopOfPage](http://www.cms.gov/MedicaidNCCICoding/06_NCCIandMUEEdits.asp#TopOfPage)

As DMA progresses through the NCCI implementation, additional information will be published. **Please let NCPA know if you experience billing difficulties.**



**Make your Reservations Now!!!**  
**NCPA Annual Meeting & Scientific Session**  
**September 15- 18 - Asheville, NC**  
 Go on line for more information  
[www.ncpsychiatry.org](http://www.ncpsychiatry.org)

## A+ KIDS

*Jerry McKee, PharmD, NC Community Care Network*

The use of antipsychotic medications by children is an issue confronting parents, other caregivers, healthcare professionals and related organized healthcare agencies across the United States. The use of antipsychotic medications in children and adolescent populations is not as well studied as in adults. It is recognized that many antipsychotic medications do not have Food and Drug Administration (FDA) approved labeling for use in children. Of increasing concern, children and adolescents appear to be at similar or greater risk than adults for a variety of significant side effects related to the use of antipsychotic medications.

Due to well documented safety considerations, and limited efficacy information on the use of antipsychotic agents in children, the North Carolina Division of Medical Assistance developed a policy entitled Off Label Antipsychotic Monitoring in Children through Age 17. The policy creates an opportunity to gather information about antipsychotic prescribing trends within the child and adolescent Medicaid population of North Carolina.

The Division of Medical Assistance, partnering with Community Care of North Carolina and AccessCare, has implemented a registry for providers to document the use of antipsychotic therapy in Medicaid eligibles 0 through age 17. This registry development was supported and guided by an advisory panel consisting of child psychiatrist representatives from North Carolina’s four medical universities. The registry, named A+KIDS (Antipsychotics-Keeping It Documented for Safety), encourages the use of appropriate baseline and follow-up monitoring parameters to facilitate the safe and effective use of antipsychotics in this population. To date the registry has over 600 patient entries by over 400 providers. The data provided has already proven to be very interesting and will be very helpful as we move forward with this quality initiative..

Objectives of the A+KIDS registry include improving the use of evidence based safety monitoring for patients for whom an antipsychotic agent is prescribed, reduction of antipsychotic polypharmacy, and reduction of cases in which the FDA maximum dose is exceeded.


Data elements collected within the registry reflect a generally accepted monitoring profile for the safety and efficacy follow-up of the prescribed antipsychotic pharmacotherapy. The requirement of safety monitoring

*(Continued next page)*

documentation in the registry by the prescriber occurs when:

- The antipsychotic is prescribed for an indication that is not approved by the federal Food and Drug Administration.
- The antipsychotic is prescribed at a higher dosage than approved for a specific indication by the federal Food and Drug Administration.
- The prescribed antipsychotic will result in the concomitant use of two or more antipsychotic agents.

Implementation of the registry requirement will be done in phases by age of the recipient for whom the antipsychotic is prescribed. Phase one will apply to children who are Medicaid eligible and 12 years of age and younger and began on April 12. The subsequent phase for the 13-17 age group will occur under the same guidelines. Providers will receive notification of the official implementation date for each age group.

A widespread training effort about the registry has begun. Community Care of North Carolina and AccessCare will provide the training and education for providers and other parties as needed, including information on how to register as a provider for the A+KIDS portal. Providers are directed to the A+KIDS website at [www.documentforsafety.org](http://www.documentforsafety.org) "Registration" page to register as an A+KIDS provider to enable access to the on-line registry, or to learn more about this initiative. 



### **Lekwauwa New Medical Director for NC Division of MH/DD/SA**

**N**CPA member **Ureh Nnenna Lekwauwa, MD** was named Medical Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in December 2010. Dr. Lekwauwa served as the Medical Director for Centerpoint Human Services for 13 years, directing the development of clinical practice policies at that Local Management Entity (LME), promoting best practices in the service delivery system, and collaborating with providers and community stakeholders to improve service access and quality.

Prior to that, she served as staff psychiatrist at Centerpoint Human Services. She served on NCPA's Executive Council from 2002-2008 as a Councilor at Large. In her role at the Division of MH/DD/SAS she provides

leadership regarding the quality and effectiveness of service delivery.

#### ***A little about Dr. Lekwauwa, in her own words...***

*I am a graduate of Ahmadu Bello University School of Medicine, Psychiatric Residency at Columbia University at Harlem Hospital NY, NY.*

*I accepted the position of DMHDDSAS Medical Director late last year, because I believe I can work with various stakeholders to improve the DMHDDSA service delivery system. "Vision is not seeing things as they are, but as they will be." (unknown author) With that in mind, I share DHHS vision that "All North Carolinians will enjoy optimal health and well being" through having **Medically/Clinically driven integrated service system** that is *outcome and recovery focused and accessible to all North Carolinians. I believe the system is on the right path with CABHAs in place and discussion about Medicaid waivers. My role is to work with stakeholders to put a system in place that ensures this vision.**

*During these past 20+ years that I have known NCPA, it has taken its advocacy role very seriously, a role I hope will continue as we navigate this period of economic uncertainty. I have been and continue to be amazed at the energy and passion NCPA leadership has brought to bare on the NC Service Delivery System, and I encourage NCPA not to grow weary: I believe that those who are not willing to be involved in a constructive way to shape any system shouldn't complain if that system does not turn out the way they would want it.*

*Right now the Division is focused on stabilizing the CABHAs, promoting care integration/care quality in our service delivery system and on Medicaid waivers, and I am doing the following to accomplish these goals*

- *Implementing quality measures within the CABHAs. Thanks to the LME Medical Directors who came up with and will be the drivers of these quality measures.*
- *Working with various stakeholders on improving communication, collaboration and care coordination to ensure quality care which includes the following*
  - *CABHA Medical Leadership Forum to communicate with and provide peer review and share ideas.*
  - *LME/CABHA Medical Director Forum to discuss practice, service and community challenges.*
  - *Still working on the best forum for my position to communicate directly with CABHA Medical Directors.*
- *Working with LME Medical Directors as a medium to help drive care quality in their community.*
- *Working with CCNC to promote care integration*

*(Continued on page 7)*

## NC Institute Of Medicine Task Forces of Interest

### Military and Their Families Task Force Releases Report with 13 Recommendations

Our service members, veterans, and their families make tremendous sacrifices in their service to our state and nation. North Carolina has a proud, strong connection to the military. The state is home to the fourth largest military population in the country, fifth largest military retiree population, and ninth largest veteran population. About 35% of the state's population is in the military, a veteran, spouse, survivor, parent, or dependent of someone connected to the military.

Many service members experience TBI, PTSD and other behavioral health problems such as depression, panic attacks, and generalized anxiety. Some have suicide ideation, and too many other service members commit suicide. Service members are at heightened risk for interpersonal conflict when they return home. In addition, some service members suffer from military sexual trauma.

The North Carolina General Assembly (NCGA) recognized the need to provide services and supports to meet the behavioral health needs of service members in the state when federal resources are not available. The NCGA asked the NCIOM to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve component members of the military, veterans, and their families and to determine any gaps in services.

The Task Force issued 13 recommendations to improve on existing military behavioral health systems, improve access to mental health and substance abuse services for military members and their families, and strengthen the mental health workforce through further training and incentives to enter the field. NCPA members on the Task Force were **Dr. Harold Kudler**, **Dr. Mike Lancaster** and **Dr. John Wagnitz**.

For more information: <http://www.nciom.org/task-forces-and-projects/?behavioral-health-services-for-the-military-and-their-families>

### Co-Location of Different Populations in Adult Care Homes Studied


The Task Force on the Co-Location of Different Populations in Adult Care Homes has issued its year-long study report on issues within adult care homes related to the co-location of the frail elderly with individuals with behavioral problems due to mental illness, substance abuse problems, intellectual or other developmental disabilities, or other disabilities; Although most people think of North Carolina's adult and family care homes (ACH) as residents for the frail elderly, more than 60% of residents have a mental illness, intellectual or developmental disabilities, or Alzheimer disease/dementia diagnosis.

The placement of individuals with mental illness, substance abuse problems, intellectual and developmental disabilities, and other disabilities that may result in serious behavioral problems in ACHs can pose a threat to the health and safety of other residents, especially the frail elderly, other people with disabilities, and staff. Problems reported in North Carolina ACH over the past five years have included physical harm, sexual assault, and verbal and psychological abuse.

For more information go to: [http://nciom.org/wp-content/uploads/2010/10/AC\\_ExecSum.pdf](http://nciom.org/wp-content/uploads/2010/10/AC_ExecSum.pdf).

### IOM Studying Early Childhood Mental Health

One of the newer Institute of Medicine groups is the Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families. This group is developing recommendations to ensure that there are systems and services in place to meet the mental, social, and emotional health needs of young children, ages 0-5, and their families. Two NCPA members are serving on the committee, **Dr. Judythe McKay** of Asheville and **Dr. Nnenna Lekwauwa**.

Information on this task force can be found at: <http://www.nciom.org/task-forces-and-projects/?task-force-on-the-mental-social-and-emotional-needs-of-young-children-and-their-families>. 

## NCPA Remembers...

### *Wilmer C Betts, M.D.*

The NCPA mourns the passing of **Dr. Wilmer C. Betts** on November 7, 2010. Dr. Betts with his partner, Dr. Douglas McRee, were the first two psychiatrists to start a private practice in Raleigh.

He was a teacher in the Residency Program at Dorothea Dix Hospital, president of the NCPA in 1974, a founding member and twice president of the Raleigh Academy of Psychiatry, chairman of the NC Medical Society's Mental Health Committee, and a member of the NC Medical Society's Physicians Health and Effectiveness Committee.

During his years of practice, he specialized in addiction medicine and also maintained a keen interest in Obsessive-Compulsive Disorder. He was a pioneer member of the OCD Foundation and was the only physician in the U.S. to conduct major clinical trials of Anafranil in the 1980s. After retirement in 1996, he remained active as a volunteer in local substance abuse and mental health programs. ~

### *Tana Grady-Weliky, M.D.*

Former NCPA member Tana Grady-Weliky, M.D. passed away following a battle with cancer in January 2011.

She was Associate Dean for Medical Education at Oregon Health and Science University. She earned her medical degree from Duke University School of Medicine. She was a devoted "Dukie" and served on the faculties of Duke University School of Medicine and the University of Rochester School of Medicine and Dentistry, where she also served as Senior Associate Dean for Medical Education.

Tana Grady-Weliky, M.D. was an active member of the APA and was the chair of the association's 2011 Annual Meeting Scientific Program Committee at the time of her death.

NCPA members remember Grady-Weliky as an invaluable mentor, teacher and role model to medical students and trainees and she loved working with them. She will be missed by all of us who knew her. ~

## NCPA Partnering with New Center Of Excellence For Integrated Care

NCPA is now partnering with the new Center of Excellence for Integrated Care (COE). COE has been built on the foundation of ICARE, another project of the NC Foundation for Advanced Health Programs.

The COE was established to provide training and technical assistance, including primary care practices, mental health outpatient providers, targeted case managers, and hospital emergency departments to help them implement integrated care tools, techniques and personnel into their patient care setting.

The Center will be collaborating with NCPA to identify available evidence and best practice standards before adopting those standards and making them available to health care providers.

The Center has received funding through the NC Division of Medical Assistance, Department of Health and Human

Services, the NC Health and Wellness Trust Fund, and the Governor's Institute on Alcohol and Substance Abuse.

The Center provides the following services to NC health care providers:

- \* Customized training designed with the provider organization;
- \* Learning collaboratives for emergency departments, Local Management Entities (area mental health agencies) and their contracted mental health providers, targeted case managers, and primary care practices;
- \* Technical assistance to help providers implement integrated care tools, techniques, and personnel into their healthcare settings;
- \* Current research on the efficacy and use of evidence-based integrated care standards, integrated practice management techniques, patient tools, clinical protocols and algorithms to help providers deliver care for the whole person. ~

(Lekwauwa continued from page 5)

- Working with various stakeholders on decreasing the number of patients in Hospital Emergency Rooms and the amount of time they have to wait.

*Congratulations to NCPA for 75 years of advocacy, leadership and serving the professional needs of Psychiatrists in North Carolina!* ~



# *The New APA-Endorsed Medical Malpractice Program*

The American Psychiatric Association has changed malpractice insurance carriers.

If you are not already insured with the  
American Professional Agency, Inc. don't get left behind!  
Join your fellow members who have found their protection with the  
APA-endorsed insurance product that best serves their needs.

## **PROGRAM ENHANCEMENTS\***

- Years in APA's prior program count towards tail coverage
- Fire Damage Legal Liability included
- Occurrence and Claims-Made forms available
- Information Privacy Coverage (HIPAA) included
- Internet/Telemedicine included
- Licensing Board Coverage with no aggregate
- Interest Free Quarterly Payments/Credit Card payment is available
- 10% Discount for New Insureds who are claims-free for the last six months
- 10% Claims Free Discount if you have been claims free for the last ten years
- No Surcharge for Claims



**American Professional Agency, Inc.**

\*Please contact our office at (877) 740-1777 to obtain rates, forms, and complete program enhancements or visit our website

**[www.apamalpractice.com](http://www.apamalpractice.com)**





# Letters to the NCPA Editor

**I** read with delight the articles in the most recent *NCPA News* about the state's plan to integrate psychiatrists into two important state health systems: the Community Care of North Carolina networks and the newly mandated Critical Access Behavioral Health Agencies (CABHAs). What an opportunity for North Carolina psychiatrists to provide medical leadership in the effort to improve care for the residents of our state with serious mental health problems! But as I mulled it over, my delight turned to nagging anxiety.

*NCPA* has worked diligently in recent years to encourage the state to involve psychiatrists as medical leaders in the mental health system. Be careful what you wish for. Now the opportunity is here. It is time for us to step up and lead but are we up to the task? I fear two things. First, are we trained to do what is asked of us? These positions will require administrative expertise that many of us do not have. Did you get that training in your residency? This work will require a different way of thinking. It will require thinking about populations not individuals. It will require thinking about systems. It will require an ability to work collaboratively with other mental health professionals and administrators. Being an "M-deity" will not do.

Therefore, I think *NCPA* has a responsibility to offer ongoing training and support to those psychiatrists who take on this work. Secondly, will we take this work seriously? The high expectations of the state are clearly evident in the published job descriptions for these positions. However, rumors are already flying about agencies that are just looking for signature signing figureheads and opportunistic psychiatrists who are going to the highest bidders money-wise but have little interest in getting into the trenches. These are the makings of a potential debacle that would sully the reputation of individual psychiatrists as well as that of *NCPA*. Our budding influence with the state on matters of mental health care would come to an abrupt end. More importantly, our patients in publicly funded programs would continue to receive fragmented, sub-par care. I strongly encourage all of our members who are contemplating working in these positions to take time to consider what is riding on this experiment.

*NCPA* has worked hard to get the state of North Carolina to give its psychiatrists an opportunity to provide medical leadership in the public mental health system. Let's not blow it.

Respectfully,  
Arthur E. Kelley, M.D.

**I** received the *NCPA* newsletter this weekend and read it from cover to cover. It really helped.

The administrators here at my CABHA appear knowledgeable, and "ahead of the game." I did have a bad experience in my recent past with administrators who just wanted me to be a "puppet" and just sign off on documents. I was not involved in any medical /psychiatric or clinical decision making and it was a nightmare. The day I found out from my patients (children in group homes) that they were co-ed because Level 3 Group homes were gone...was the day I put in my resignation. They ended up getting rid of all insured patients and I still see them (most for free) because they essentially abandoned them. Ethically and legally as the only licensed person there, I was the only one who could be sued. As a professional, it would have been morally negligent to just leave.

I am from the old school where a handshake meant "trust." I also wrongly assumed that the title CEO or COO meant that they knew what they were doing. That bad experience taught me so much. I was afraid of taking this position because I never heard of CABHA: that is why I was so frantic for information. Your quick reply and knowledge saved me from leaving a potentially good job. I love teaching as do many psychiatrists, and we belong in this role. We earned the right to direct care.

The newsletter also helped us "naïve" psychiatrists realize that administrators may not be protecting us.

Sincerely,  
Sharyn Comeau M.D.



## Looking for Legislative Information?

Everything you need to know is right at your fingertips! Go to [www.ncpsychiatry.org](http://www.ncpsychiatry.org)

## Electronic Prescribing

As you may already be aware, Medicare currently has an incentive program in place for physicians who do electronic prescribing (e-prescribing, or eRx), which means transmitting a prescription electronically directly to a pharmacy. Besides earning you some extra money, and saving you some money down the line (see below), e-prescribing has some real advantages in making prescribing more efficient and safer: calls from pharmacists to clarify prescriptions should be significantly reduced, it's less likely scripts will be filled incorrectly, and you should receive notifications at the point of care of potential problematic interactions with medications prescribed by other physicians.

The denominator codes on which the e-prescribing initiative is based include most of the psychiatry and evaluation and management codes. All you have to do to participate in the incentive program is include the code G8553 when you fill out a claim for a Medicare beneficiary for whom you've e-prescribed when you've used one of the denominator codes. A minimum of 25 claims with the G-code in 2010 will earn you a 2% incentive for 2010, which is based on the value of your total Part B claims for the year. In 2011 and 2012, the incentive will be 1%. In 2013 it will be 0.5%, and thereafter there will just be a penalty in place for those who don't e-prescribe. The only exemptions to this penalty are for physicians who live in an area where there is limited internet access or who live in an area where there is no pharmacy that can receive electronic prescriptions.

This means that psychiatrists in small practices who are currently exempt from filing electronic claims, and exempt from Health Insurance Portability and Accountability (HIPAA) regulations if they did not do any other electronic patient communications, will soon be obligated to do electronic transactions if they wish to avoid the penalty, and, hence, will be covered by HIPAA regulations, in fact, if you don't e-prescribe starting in 2012 and in the first six months of 2011 you had at least 100 encounters using any of the designated denominator codes, you will not only not receive the 1% incentive, but you will be hit with a 1% penalty on all of your Medicare claims for that year. And it's a little more pressing than that, since currently it is the intention of the Centers for Medicare and Medicaid Services (CMS) to determine whether or not to apply the 1% penalty on whether or not you e-prescribed at least 10 times during the first six months of 2011. (It should be noted here that the APA has joined the AMA in protesting this plan, requesting, at a minimum, that the penalty be based on claims for the first ten months of 2011 rather than just the first six months.)

E-prescribing can be accomplished either with freestanding software or it can be done using part of an overall electronic health records (EHR) system. An e-prescribing system is cheaper than an EHR system, and because of its more limited functionality is comparatively easier to learn how to use. However, it's important to take into account that as of 2015 there will be a penalty if physicians are not using an EHR system, and there is an incentive program for using EHR if you begin by October 2012, although another factor to take into account is if you receive the EHR incentive you cannot also receive the eRx incentive.

### **What to Do?**

Unfortunately, there is no simple advice we can offer you on how to proceed in this confusing new world. As things stand now, you can't avoid the 1% penalty if you don't have e-prescribing software system in place well before the end of 2011. But in purchasing this software, you run the risk of wasting money on a system that will become unnecessary when you put an EHR system in place for your practice sometime before 2015. The easy answer might seem to be just to purchase an EHR system now, but that also might not be the most economically sound decision since EHR technology is relatively new and the EHR market is still evolving. It's not unreasonable to think that the cost and sophistication of EHR systems will be moving targets over the next few years.

Physicians who are already using or who are close to adopting electronic prescribing are best positioned to take advantage of the eRx incentive and to avoid the penalties that begin in 2012. Others will need to weigh factors such as the size of their Medicare caseload, immediate or long term plans to adopt an EHR, and the relatively small size of the reimbursement reduction to guide their decision of whether or not to participate at this time.

### **For More Information**

- CMS incentive program:  
<http://www.cms.gov/ERXIncentive/>
- AMA e-prescribing programs:  
<http://www.ama-assn.org/go/eprescribing>
- Other software systems available today:  
<http://www.surescripts.com/connect-to-surescripts/prescribers-connect.aspx>


*From the APA's Office of Healthcare Systems and Financing*



# APA/Federal News

## APA Launches International Member Recruitment Campaign

Help increase the APA international community! Share your APA membership experience and encourage friends and colleagues who are practicing psychiatry internationally to join the APA.

Additional Information and Requirements: <http://www.psych.org/Resources/Membership/EnrollmentFormsApplications/International-Member-Get-A-Member-Campaign.aspx> 

## Haloperidol Decanoate Shortage

The current haloperidol decanoate shortage has been affecting the United States drug wholesalers for the past 6 to 9 months. Although depending on your area of practice and geographic location, you may have not known about it until more recently. In general, manufacturers produce a quantity of medication based on how much has been purchased. If there are several manufacturers, and one company cannot produce a specific medication at all, usually the other manufacturers can increase supply to meet the demand. If however, there are only a few manufacturers or several manufacturers have difficulty in producing the medication, the supply can decrease significantly and cause a shortage. The following website can give you information on the various manufacturers of haloperidol decanoate and the reasons why they cannot produce a sufficient supply at this time.

<http://www.ashp.org/Import/PRACTICEANDPOLICY/PracticeResourceCenters/DrugShortages/GettingStarted/CurrentShortages/bulletin.aspx?id=526>

According to the website information above from the American Society of Health-System Pharmacists, it is unknown when supplies of haloperidol decanoate will return to sufficient quantities. Based on this information, the following are some suggestions that may assist you in caring for your patients:

1. New patients should not be initiated on haloperidol decanoate without first contacting your drug supplier.
2. For patients currently on haloperidol decanoate who do not have a non-compliance history, consideration of an

equivalent haloperidol oral dosage may be appropriate. For dosing information on converting from haloperidol decanoate to oral haloperidol, consult a standard psychiatric reference text or the package insert: <http://www.bedfordlabs.com/BedfordLabsWeb/products/inserts/HAL-P07.pdf>

3. If you cannot obtain any haloperidol decanoate and the patient requires a long-acting antipsychotic, the patient may need to be changed to another available long-acting antipsychotic: fluphenazine decanoate\*, Risperdal Consta®, Invega Sustenna®, or Zyprexa Relprevv®. Please note that there are other short-acting antipsychotic injectable medications, and these are not true substitutes for the long term needs of the patient.
4. Consider modifying therapy of patients who are not adequately responding to haloperidol decanoate to other appropriate therapies.

*\*There have been reports that fluphenazine decanoate supplies may be decreased. You may need to contact your drug supplier about this medication as well. <http://www.ashp.org/Import/PRACTICEANDPOLICY/PracticeResourceCenters/DrugShortages/GettingStarted/CurrentShortages/bulletin.aspx?id=402>*

Howard Peckman, PharmD, MS  
Pharmacy Manager-Office of Clinical Policy  
NC DHHS Division of MH/DD/SAS




American Professional Agency, Inc.

**www.apamalpractice.com**  
The ONLY APA-Endorsed  
Malpractice Insurance Program!

## Psychiatrists Speak Out

*We want to know when you write letters or opinion pieces that are published by, or submitted to your local print media. Your knowledge on mental illness and your ability to speak on behalf of those you treat is crucial in a well-informed debate on public policy. Please copy your letters to the NCPA office so we know about the public dialogue that is going on in the field.*

**T**here is a long list of problems with the mental health care system in North Carolina at present. Recent headlines have included closures of community agencies providing outpatient services, lengthy emergency room wait times for psychiatric hospital beds, and most recently, increasing interactions between those with behavioral problems and law enforcement authorities. It is important to understand some of the history and context for how our mental health care system got to the crisis that exists today, because action is warranted in addressing the challenges as described in this article.

State government has historically held the primary responsibility in organizing and financing mental health care systems. This is particularly true for uninsured individuals, who are twice as likely to have a serious mental illness compared with the general population. No direct funding for care of this population exists from the federal government. Our system of care for individuals with mental illness, although evolving, still significantly carries the remnants of earlier care structures in our nation's history...

...In conclusion, mental health issues are larger than a political one; it is ultimately how we and our society come to terms with how we treat people who have "mental" or "psychiatric" illness. Even these words are laden with stereotypes, preconceived notions, myths and, perhaps worst of all, ignorance. Our scientific and clinical knowledge has advanced to know there is not one mental illness; there are a variety of illnesses and disorders that affect mood, cognition, perception, and/or behavior with varying severity. These illnesses have different causes, effects and treatments but can affect individuals from all walks of life.

Although the system Dorothea Dix helped to create may be outdated, I believe her passion is not. Hopefully, more of us can be inspired to continue her cause because those struggling with mental illness at present deserve our attention now. Solutions are possible, but we must all first accept responsibility for the problem.

**C. Britt Peterson, M.D.**  
*OpEd September 12, 2010*



**Y**our April 25 editorial about Gov. Beverly Perdue's proposed budget suggested that the will to meet vital needs was not always present. The N&O has rightfully highlighted the failures of the state mental health system over the past few years, and I was somewhat surprised that you failed to mention a part of the budget that does in fact meet a critical need - \$23 million of increased funding for community services for mental health, developmental disabilities and substance abuse, and \$12 million to increase the number of local inpatient psychiatric beds. These additional funds will begin to repair a system reeling from previous budget cuts.

While there are many important un-met needs in this budget given the persistent effects of the recession, Perdue and Health and Human Services Secretary Lanier Cansler deserve great credit for addressing the vital need of rebuilding a decent mental health system for North Carolina's citizens.

**John Gilmore, M.D.**

*Raleigh News & Observer, April 29, 2010*



*Op-Ed Durham Herald Sun*

***Deliberate crime or insane mind?***

**I**n the wake of the tragic shooting in Tucson, Ariz., where Rep. Gabrielle Giffords and others were injured or killed, all of us seek explanations. Was this act the result of a deliberate crime or an insane mind?...

...Such horrifying attacks are often explained as a product of mental illness. While this may prove correct in this case, scientific data clearly reveal that mental illness adds very little to the overall prevalence of violence in society. Individuals with a mental illness are no more violent than the general population as a whole, and in fact are much more likely to be victims than perpetrators of crime.

That said, we do know that left untreated, certain severe mental illnesses can pose an increased risk for violence, especially when combined with drug abuse. We need to recognize the critical importance of making behavioral health services accessible in communities across our country to all people who need them. Budget cuts at every level of government have eroded the care that is available to those lacking the ability to pay....

**Khalil S. Tanas, M.D., Medical Director, The Durham Center.**  
*The center offers publicly funded mental health, developmental disability and substance abuse services to Durham County citizens.*





## Nominations Now Being Accepted...

### 2011 Hargrove Award - NCPA

The Psychiatric Foundation of North Carolina invites you to submit a nomination for the 2011 Eugene A. Hargrove, M.D. Award.

Dr. Hargrove, who died in 1978, was Director of the North Carolina State Department of Mental Health, Developmental Disabilities and Substance Abuse Services from 1958 until 1973. The award, which was established by the North Carolina Foundation for Mental Health Research, Inc., is in commemoration of Dr. Hargrove's contributions to mental health care in North Carolina and of his recognition and support of research in the public mental health system. It is presented annually to an individual for exceptional contributions in the field of Mental Health Research. The award is not restricted to psychiatrists and includes the fields of developmental disabilities and substance abuse.

The Board of Directors of the Psychiatric Foundation of North Carolina will select the recipient of the award from those nominated. The winning candidate will be honored at the NCPA Awards Dinner at the Annual Meeting on September 17, in Asheville. The selected individual will receive a framed medal, a monetary award and have his/her name inscribed on the Hargrove Award perpetual plaque.

To nominate a candidate, please send the nominee's name, complete mailing address and Curriculum Vita of your nominee, along with a letter of nomination reviewing the reasons for your choice and any other information of support, to the NCPA office by **June 30, 2011**.



### Human Rights Award - APA

The Human Rights Award was established to recognize an individual and an organization whose efforts exemplify the capacity of human beings to act courageously and effectively to prevent human rights violations, to protect others from human rights violations and their psychiatric consequences, and to help victims recover from human rights abuses.

Nomination Procedures: APA members are asked to submit nominations by **July 1, 2011** to:

For more information:

<http://www.psych.org/Departments/DGR/Component-Material/Human-Rights-Award.aspx>



### Jack Weinberg Memorial Award

Jack Weinberg Memorial Award for Geriatric Psychiatry Established in 1983 in memory of Jack Weinberg, M.D., this award honors a psychiatrist who has demonstrated special leadership or who has done outstanding work in clinical practice, training, or research in geriatric psychiatry. Candidates for the award must be psychiatrists who are nominated by an APA member. Honorarium is \$500 and plaque presented at the APA Convocation. Submission Requirements: Six copies each of a letter summarizing the accomplishments of the nominee; also two letters of endorsement from APA members, a current CV, and bibliography. Deadline: **July 31, 2011**.

For more information contact Diane Pennessi by email at ([dpennessi@psych.org](mailto:dpennessi@psych.org))



### Isaac Ray Award- APA

The American Psychiatric Association and the American Academy of Psychiatry and the Law invites nominations for the Isaac Ray Award for 2012. This Award honors Dr. Isaac Ray, one of the original founders and the fourth President of the American Psychiatric Association, and is presented to a person who has made outstanding contributions to forensic psychiatry or to the psychiatric aspects of jurisprudence. The Award, which will be presented at the Convocation of Fellows at the Annual Meeting of the American Psychiatric Association in Philadelphia, PA, in May 2012, includes an honorarium of \$1,500. The recipient obligates him or herself to deliver a lecture or series of lectures on these subjects and to present the manuscript for publication.

The deadline for receipt of nominations is **July 1, 2011**. Nominations will be kept in the pool of applicants for two years.

For more information:

<http://www.psych.org/Departments/DGR/Component-Material/Isaac-Ray-Award.aspx>



## APA Honors NCPA Members

The APA announced members who have been singled out for achievement as new “Distinguished Fellows” in addition to other honorees. The NCPA is proud of the significant number of our members who have been honored by the APA. If you recognize any of your colleagues listed, please take the time to congratulate them on their outstanding achievement. These members will be recognized at the NCPA Annual Meeting in September in Asheville.

### Distinguished Fellows

Kim Johnson, M.D.  
Lea H. Kirkland, M.D.

### Fellowship

Giuliana G. Gage, M.D.  
Premkumar Peter, M.D.  
Regina Martin Carroll, M.D.  
Preetinder P. Brar, M.D.  
Silvia L. Luccerini, M.D.  
Eric J. Christopher, M.D.  
Daniel W. Bradford, M.D.  
Mehul V. Mankad, M.D.

### New 50-Year Distinguished Life Fellows

Marianne S. Breslin, M.D.  
Nicholas Padiaditakis, M.D.  
John B. Reckless, M.D.  
Thomas A Smith, M.D.

### Life Member

Robert Andre Fleury, M.D.  
Donna Elliott Frick, M.D.  
Cheryl F. McCartney, M.D.  
Edward John Rhoads, M.D.  
Giuliana G. Gage, M.D.

### Life Member - continued

Thomas M. Penders, M.D.  
John J. Carter, M.D.  
Ernest R. Chander, M.D.  
Larry Carlton Dekle, M.D.  
David Lee Fuller, M.D.  
Michael D. Gribetz, M.D.  
John David Mauney, M.D.  
Joseph Ronald Mazzaglia, M.D.  
Dale McClure Simpson, M.D.  
James Shelton Wells, M.D.

## Are You Qualified? Apply for APA Distinguished Fellowship

Distinguished Fellowship in the American Psychiatric Association is a national honor and is awarded to those members of the profession who are outstanding. They must have achieved distinction in special areas; also they must have a recognized depth and scope of knowledge, and a breadth of skills and interests.

NCPA membership is approximately 900 members strong. The Executive Council believes that there are qualified members who may wish to be considered for Distinguished Fellowship, but who are unknown to the members of the Fellowship Committee.

The Council, therefore, invites NCPA members who are interested in Fellowship to contact the chairperson of the Fellowship Committee, **Elizabeth Pekarek, M.D., D.F.A.P.A.** to initiate consideration as a nominee for Distinguished Fellowship.

The nominee must have eight consecutive years of membership in APA as a General Member or Fellow and have made significant contributions in at least five of the following criteria in order to be considered eligible for Distinguished Fellowship:

1. Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board.
2. Involvement in the work of the District Branch or other components of the APA.
3. Involvement in other medical and professional organizations.
4. Participation in non-compensated mental health and medical activities of social significance.
5. Participation in community activities unrelated to income-producing activities. (Mere membership or donation earns no credit.)
6. Exemplary skill, knowledge, diagnostic ability, and therapeutic expertise in clinical contributions to psychiatric services.
7. Administrative contributions to psychiatric services that demonstrate increasing responsibility and advancement.
8. Teaching contributions in medical school or other academic institution, and in non-institutional settings.
9. Psychiatric or related research, published in the form of books, book chapters and/or articles in journals.

All nominations are the responsibility of the District Branch and must be invited by the Fellowship Committee and the Executive Council of the North Carolina Psychiatric Association.

To be considered, please contact Lana Frame at the NCPA office (919) 859-3370 or [lframe@ncpsychiatry.org](mailto:lframe@ncpsychiatry.org) by **May 27**.



# NCPA Membership Report

Please welcome the following new and reinstating members and say goodbye to our transferring members. (4/10 - 4/11)

## New & Reinstating Members

Erica Arrington, M.D.—Raleigh  
 Jennie Byrne, M.D.—Chapel Hill  
 Monique Brown-King, M.D.—Rocky Mount  
 Charles Browning, M.D.—Cary  
 Kuliakanda Chengappa, M.D.—Goldsboro  
 Paritosh Chowdhury, M.D.—Goldsboro  
 Kelvin Exum, M.D.—Rocky Mount  
 Susan Fredriksen, M.D.—Murphy  
 Tyehimba Hunt-Harrison, M.D.—Durham  
 Nadyah John, M.D.—Greenville  
 Archana Kumar, M.D.—Greensboro  
 Brian Long, M.D.—Charlotte  
 Eric Mizelle, M.D.—Raleigh  
 Sarah Ralston, M.D.—Durham  
 Pamela Reid, M.D.—Cary  
 Tiffany Tate, M.D.—Charlotte  
 Kumari Verghese, M.D.—Smithfield  
 Ellen Walker, M.D.—Durham

## Transfer In

Danielle Adegoroye, M.D.—High Point  
 Yesne Alici-Evcimen, M.D.—Durham  
 Peter Buonaccorsi, M.D.—Fayetteville  
 Connie Calvert, M.D.—Winston-Salem  
 Christopher Colenda, M.D.—Winston-Salem  
 Dan Cotoman, M.D.—Charlotte  
 Susan Ehrlich, M.D.—Farmville  
 Jeffery Fahs, M.D.—Salisbury  
 A. Kwasi Foluke, M.D.—New Bern  
 Dennis Franklin, M.D.—Charlotte  
 Jonathan Gerkin, M.D.—Chapel Hill  
 Geeta Handa, M.D.—Charlotte  
 Jennifer Hanner, M.D.—Chapel Hill  
 Fredrik Jarskog, M.D.—Chapel Hill  
 Timothy King, M.D.—Winston-Salem  
 Sarah Lisanby, M.D.—Durham  
 Robert McHale, M.D.—Albemarle  
 Herbert Pearsall, M.D.—Denver  
 Grant Yoder, D.O.—Jacksonville

## Member-in-Training Applications

Heather Clark, M.D.—WFU  
 Todd Derreberry, M.D.—WFU

Kafui Dzirasa, M.D.—Duke  
 William Felkel, M.D.—WFU  
 Trace Fender, M.D.—UNC  
 Jennifer Gillis, M.D.—WFU  
 A. Jun He, M.D.—UNC  
 Amber L. Johnson, M.D.—Duke  
 Norman P. Litchfield, M.D.—Duke  
 Ginger K. Lovingood, M.D.—Duke  
 Adam McDonough, M.D.—WFU  
 Reema D. Mehta, M.D.—Duke  
 Herman A. Naftel, M.D.—UNC  
 Behrouz Namdari, M.D.—Duke  
 Andrew Newberg, M.D.—UNC  
 Jay L. Patel, M.D.—ECU  
 Fathima F. Qadeer, M.D.—Duke  
 Mariam Qureshi, M.D.—WFU  
 Isabel D. Ross, M.D.—Duke  
 Madlena Rush, D.O.—WFU  
 Laura Seal, M.D.—ECU  
 Devin Singh, M.D.—Duke  
 Xiaowei Sun, M.D.—Duke  
 Dmitry Vilensky, M.D.—ECU  
 Laura Wakil, M.D.—Chapel Hill

## Transfer Out

Maria Almond, M.D.—MI  
 Phyllis Atwell, M.D.—MA  
 Carolina Aponte Urdaneta, M.D.—MO  
 Doug Burgess, M.D.—SC  
 Dana Castro, M.D.—FL  
 Andrea Chamberlain, M.D.—FL  
 David Helm, M.D.—KY  
 Mary Hill, M.D.—SC  
 Julia Kahler, M.D.—AR  
 Jonathan Lee, M.D.—VA  
 Holly March, M.D.—TX  
 Keith Meador, M.D.—TN  
 Thomas Milam, M.D.—VA  
 Chandrakant Patel, M.D.—VA  
 Shannon Pitts, M.D.—TN  
 Julian Selig, M.D.—VA  
 James Styron, M.D.—VA  
 Laszlo Szabo, M.D.—CA  
 Elizabeth Roberson, M.D.—FL  
 Ravi Telakapalli, M.D.—GA  
 Ava B. Walton, M.D.—HI  
 Benjamin Weinstein, M.D.—TX



## Legislative News

*Robin Huffman, Executive Director, NCPA*

It would be tempting to say that the reason it takes so long to publish an edition of the NCPA Newsletter is that the state of things here in North Carolina moves so quickly that by the time we write up the details, they have already changed! That is even more true this spring with the start of the state legislative session.

It's a new day and a new set of leaders at the General Assembly. That means new staff, new offices, new committee chairs, and a host of new legislators to meet and engage with! And there is little "breaking in" time. Things are moving at an incredibly fast pace, with leadership who are driven to move things efficiently and quickly through the "sausage grinding machine"!

At the time this newsletter is going to press, there have been 51 legislative days, the House is already rolling out its budget and may have it passed on their side before the ink is pressed onto this paper, 871 bills have been introduced in the House, and 775 bills have been filed in the Senate. The new Republican majority is on track to have a budget passed weeks before the July 1 start of the state fiscal year.

The pace is dizzying and the strength, quality, and bill content are widely divergent. There are at least 100 bills NCPA is keeping its eye, with close to 40 of them having significant impact on psychiatrists. Our greatest fear is that, if we don't keep our eyes open, language that is not favorable to your practice of medicine or to the care of your patient, will be slipped in. The topics range from requiring photo IDs to pick up a schedule II prescription, to managed care capitated carveout waivers for Medicaid, to ensuring mental health services for members of the military to medical liability reform to expansion of autism treatment coverage, to expanding vaccinations pharmacists can give, to removing "most favored nation" clauses from insurance panel contracts. There is never a dull moment.

But the fun is even greater when there is a psychiatric doctor in the house, and we've had several days when NCPA members have been spotted roaming the halls of the legislative buildings. There was the day that Tom Penders, M.D., spent describing the clinical impact of "bath salts" and synthetic cannabinoids to a judicial committee. You should have seen the legislators' jaws drop and necks crane to get a better view of the foil package of "Bliss" that Dr. Penders purchased at a convenience store that many kids are snorting, thinking it is a legal drug.



Dr. George Corvin has been actively engaged in providing information for a couple of legislative actions and has met privately with legislators and spoken publicly at committee hearings. He was the very articulate clinician refuting the representative of the District Attorneys at a recent judicial committee hearing on removing the death penalty in cases of severe mental illness. The bill, which NCPA supported, passed the committee—something that had never happened in years past.

A dozen psychiatrists, including child fellows from ECU and Duke and a resident from Wake Forest, attended the second of NCPA's Advocacy Days this session. It was great to see a passel of psychiatrists in their white coats crowded around legislators and advocating for the profession and your patients. (The list of bills NCPA is tracking is on the website.)



**PRESS TIME UPDATE:** The House passed its budget, and the Senate seems intent on beating the speed record set by the House. Senate budget committees are meeting to resolve what is predicted to be complicated issues in a time-compressed manner.

The inside story is that the strategy to craft a Senate budget that will pass the test with the 5 Democrats who voted for the House budget, giving the chambers veto-proof numbers if the votes hold. Stay tuned. ☺



# More than just medical malpractice insurance...

You need a medical professional liability insurance program that is more than just a policy. To safeguard your practice and reputation, you need **a real program** that includes proactive risk management resources and strategies, offers expert advice on call, and boasts a proven claims defense record.

Anything else is risky business.

That's why you should trust  
The Psychiatrists' Program.

- We have handled more than 18,000 psychiatric claims. More than any other company in the world.
- In-house risk management helps you avoid risk; and includes free CME seminars, online resources and toll-free helpline.
- Occurrence and claims-made policies available.\*
- Premium discounts - and much more!

## The Psychiatrists' Program<sup>®</sup>

[www.PsychProgram.com](http://www.PsychProgram.com)

[TheProgram@prms.com](mailto:TheProgram@prms.com)

Individual: +1 (800) 245 3333 ext. 389

Group: +1 (800) 245 3333 ext. 310

*Managed and owned by:*



Follow us on Twitter!

[www.twitter.com/PsychProgram](http://www.twitter.com/PsychProgram)

*For over 25 years, providing medical professional liability insurance exclusively for psychiatrists*

\*may vary by state

## Members In The News

### Washington Post & Time Magazine Articles:

**D**r. Marvin Swartz has been appearing in many publications based on his research study *A National Study of Violent Behavior in Persons With Schizophrenia*.

Swartz, a leading expert in mental illness spoke with *Washington Post* reporter Greg Sargent about the Arizona shooter and whether his violent behavior might have been partly triggered by the nation's political climate is a wholly appropriate line of inquiry -- even if the shooter is found to be insane.

"It's a reasonable question to ask," Dr. Marvin Swartz, a psychiatry professor at Duke University who specializes in how environment impacts the behavior of the mentally ill, said in an interview this morning. "The nature of someone's delusions is affected by culture. It's a reasonable line of inquiry to ask, 'How does a political culture affect the content of people's delusions?'"

Swartz's study was also referenced in a *Time Magazine* article on January 10, 2011.




**N**CPA Member **Dr. Sarah Lisanby** was featured on the front page of the March 4, 2011 edition of *Psychiatric News*. Lisanby is part of an FDA advisory panel that favors ECT in high-risk category.

"It is important that the FDA is considering the reclassification to Class II," said Sarah Lisanby, M.D., the chair of APA's Task Force on ECT and professor and chair of the Department of Psychiatry and Behavioral Sciences at Duke University. "It is also important that [the FDA has] called on experts and allowed members of the public to raise the questions that concern them."

"Depression kills; ECT saves lives," Sarah Lisanby, M.D. (left), chair of APA's Task Force on Electroconvulsive Therapy, told an FDA panel on ECT devices last month. NCPA member **Richard Weiner, M.D., Ph.D.**, and Mary Rosedale, Ph.D., joined Lisanby in testifying in favor of reclassifying ECT devices into the less-restrictive Class II category.



### I'm a Psychiatrist – Meymandi Interview in *Psychiatry*


**A**s a noted psychiatrist, humanist, and philanthropist, NCPA member **Dr. Assad Meymandi** was chosen to be the first psychiatrist interviewed in the new column "I'm a Psychiatrist," a series of interviews in *Psychiatry Magazine* that recognizes practicing psychiatrists who offer something unique and positive to the ever revolving field of psychiatry. 

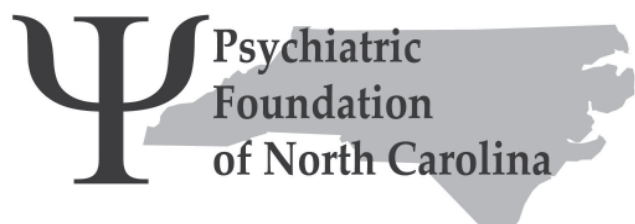


**N**CPA member **Thomas E. Sibert, MD, MBA**, is President and Chief Operating Officer (COO) of the integrated health system of Wake Forest Baptist Medical Center.

Sibert is responsible for the Medical Center's full continuum of clinical care, which encompasses all hospitals in the system, all ambulatory clinics, the management of Wake Forest University Physicians and Community Physicians; and all operations of the clinical enterprise. His purview includes areas previously associated with his role as President of Wake Forest University Physicians and Chief Medical Officer of the Health System.

Sibert is recognized as a national thought leader in the areas of quality and patient experience. He previously served as associate vice chancellor and president of the Faculty Practice Group and adjunct professor of psychiatry for the David Geffen School of Medicine's Department of Psychiatry at UCLA. Prior to his UCLA appointment, Sibert served six years as the executive vice president for clinical services for the UNC Health Care System and medical director and CEO for UNC Physicians and Associates at the University of North Carolina at Chapel Hill.

Sibert earned his medical degree from Baylor College of Medicine in Houston and a master's in business administration from Fuqua School of Business at Duke University. 



*Improving Psychiatric Care and Awareness*

## NCPA Election Results

President:	John H. Gilmore, M.D.
President-Elect:	Debra A. Bolick, M.D., D.F.A.P.A.
Vice President:	Elizabeth M. Pekarek, M.D., D.F.A.P.A.
Secretary:	Arthur E. Kelley, M.D.
Council At Large:	Donald T. Buckner, M.D., D.F.A.P.A. Samina A. Aziz, M.D., F.A.P.A.
APA Assembly Rep:	Stephen E. Buie, M.D., D.F.A.P.A.

## APA Election Results - 2011

The APA Committee of Tellers met Friday, February 18, 2011 and confirmed the results of the 2011 Election. The results posted below were made official March 12-13, 2011 at the Board of Trustees meeting.

President-Elect	Dilip V. Jeste, M.D.
Secretary	Roger Peele, M.D.
Area 2 Trustee	James E. Nininger, M.D.
Area 5 Trustee	James A. Greene, M.D.
MIT Trustee-Elect	Alik S. Widge, M.D., Ph.D.

## SPECIAL THANKS!!!

A special thank you to members **George Corvin M.D.** who has spent many hours talking to legislators regarding several bills of interest to NCPA and **Tom Penders, M.D.** who spent a day with legislators discussing synthetic Cannabinoids and methadone/MDPV (bath salts).

## Upcoming Meetings

**Access to Care** - Tuesdays, May 24 & June 28, 4:00 PM

**Executive Council** - Sunday, June 12, 10:00 AM

**Practice Management** - Sunday, June 12, 2:00 PM

**Psych & Law** - Friday, August 5, 1:00 PM

## Attention all Residents: NCPA/NCCCAP 2011 Poster Session

Here is your opportunity to shine! Register and be a part of our Annual Poster Session at the NCPA Annual Meeting. We want to recognize you for your outstanding research!

The process will take place during the poster session, at the NCPA/NCCCAP Annual Meeting and Scientific Session, September 15-18, 2011 in Asheville, NC. The resident presenters should be at their poster and available to answer questions during the session Saturday.

During the session, judges will ask each presenter questions regarding his or her poster submission to assess the individual's knowledge of the topic.

Judging will be based on 4 criteria. These criteria are

- 1) Content of Poster
- 2) Visual Presentation
- 3) Presenter Knowledge of Their Topic
- 4) Applicability to Practice

Please read the following guidelines. To apply and submit your poster, please access the link at the bottom of the page. **Application Deadline is June 15.**

Please link to Survey Monkey to apply and submit **http://www.surveymonkey.com/s/DDR2QT7**

## NCPA Dues Deductibility Statement

NCPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. NCPA estimates that **85%** of your dues are deductible as a business expense. The other 15% is allocatable to lobbying activities of the NCPA, and therefore are not deductible for income tax purposes.

**North Carolina Psychiatric Association**  
**2011 Annual Meeting & Scientific Session**  
**September 15 - 18, 2011**  
**Marriott Renaissance Asheville Hotel**  
 31 Woodfin Street  
 Asheville, North Carolina 28801  
 Toll-free: 1-800-359-7951

**This is a "Bring the Family" Event!**

**Events Happening During our Stay...**

**Asheville Citizen Times Half Marathon**  
 Please join us for the Southeast's most scenic and challenging runs, voted as "one of the top best half marathons in the Southeast" by Blue Ridge Outdoors magazine. Come for the run and then take some time to enjoy the many pleasures of Asheville and Western North Carolina. <http://www.citizen-times.com/section/trace>

**Brewgrass Festival**  
 Each year in the beautiful mountains of Western North Carolina, we gather over 40 American breweries to showcase more than 120 different beers. We add a great lineup of national and regional bluegrass musicians. <http://brewgrassfestival.com/>

**Heritage Weekend at the Folk Art Center**  
 Two-day celebration of traditional crafts and music featuring the World Gee Whimmy Diddle Competition at 2pm on Saturday. <http://southernhighlandguild.org/>

**Downtown After 5**  
 Celebrating its 22nd year, the event takes place each third Friday of the month through September. The event has a new location at Lexington Avenue at I-240. Free live music and dancing starts at 5pm with food and drink available for purchase. <http://www.ashevilledowntown.org/Downtown-After-5-2011.html>

**Tiffany at Biltmore**  
 Colorful evidence of Tiffany's Biltmore presence including special landscape touches floral displays and featuring the transformation of the Winter Garden fountain into a "growing" Tiffany-style lamp. [http://www.romanticasheville.com/biltmore\\_tiffany.htm](http://www.romanticasheville.com/biltmore_tiffany.htm)

**Trolley Rides and Tours**  
<http://ashevilletrolleytours.com/>  
<http://graylinesasheville.com/>  
<http://www.ashevilletours.net/>

For more information - [www.ncpsychiatry.org](http://www.ncpsychiatry.org)

**EXECUTIVE COUNCIL**

President..... B. Steven Bentsen, M.D., D.F.A.P.A.  
 President-Elect ..... John Gilmore, M.D.  
 Vice President ..... Mark Mattioli, M.D., D.F.A.P.A.  
 Secretary ..... Arthur Kelley, M.D.  
 Treasurer ..... Harold Carmel, M.D., D.F.A.P.A.  
 Assembly Representative..... Debra A. Bolick, M.D., D.F.A.P.A.  
 Assembly Representative..... Amy Ursano, M.D.  
 Immediate Past President..... Stephen E. Buie, M.D., D.F.A.P.A.  
 Past President ..... Stephen I. Kramer, M.D., D.F.A.P.A.  
 Councilors-at-Large ..... Craig Hummel, M.D., Linda Francis, M.D.  
 ..... Dan Johnston, M.D., Elizabeth Pekarek, M.D., D.F.A.P.A.  
 MIT Representatives ..... Greg Caudill, M.D., Nitika Gupta, M.D.  
 ..... Elizabeth Reynolds, M.D., Kelly Schofield, M.D.  
 NCCCCAP Representative ..... Erin Malloy, M.D., D.F.A.P.A.  
 NCMS Representatives..... John Wagnitz, M.D., D.L.F.A.P.A.,  
 ..... Palmer Edwards, M.D., D.F.A.P.A.  
 NC Psychoanalytic Society Rep ..... Rex Moody, M.D.  
 Newsletter Editor ..... Jim Michalets, M.D.  
 Executive Director ..... Robin B. Huffman  
 Membership Coordinator/Office Manager..... Lana Frame  
 Communications Specialist..... Linda Brochin

**COMMITTEES**

**Constitutional Committees:**

Budget ..... Harold Carmel, M.D.  
 Constitution and Bylaws ..... Charles R. Vance, M.D., D.F.A.P.A.  
 Ethics..... Diana Antonacci, M.D., D.F.A.P.A.  
 Fellowship..... Elizabeth Pekarek, M.D., D.F.A.P.A.  
 Membership ..... Arthur Kelley, M.D.  
 Nominating ..... Stephen Buie, M.D., D.F.A.P.A.  
 Tellers..... Peter Rosenquist, M.D., D.F.A.P.A.

**Other Committees:**

Access to Care Task Force ..... Margery S. Sved, M.D., D.F.A.P.A.  
 Addiction Psychiatry..... David A. Ames, M.D., D.L.F.A.P.A.  
 Community and Public Psychiatry..... Burt Johnson, M.D.  
 Cultural Diversity..... John Shin, M.D.  
 Disaster ..... Allan Chrisman, M.D., D.L.F.A.P.A.  
 ..... John Wallace, M.D.  
 Legislative ..... John H. Gilmore, M.D.  
 Practice Management..... Randy Grigg, M.D., D.L.F.A.P.A.  
 2011 Program ..... Brian Sheitman, M.D.  
 Psychiatry and Law..... Peter N. Barboriak, M.D.  
 Technology..... Gary Peterson, M.D., D.L.F.A.P.A.  
 NCPA Representative to CIGNA/Medicare..... James S. Williford, M.D.  
 NCPA Representative to State Employees & Teachers' Comprehensive  
 Health Plan ..... Jackson A. Naftel, M.D., D.F.A.P.A.

**NCPA Newsletter**  
**(919) 859-3370; 1-800-553-1935; FAX (919) 851-0044**  
**Jim Michalets, M.D., Editor**  
**Robin B. Huffman, Managing Editor**  
**Email address: rhuffman@ncpsychiatry.org**  
**Linda Brochin, Layout Editor**  
**Email address: lbrochin@ncpsychiatry.org**  
**[www.ncpsychiatry.org](http://www.ncpsychiatry.org)**

*Do you need to update your mailing address & phone?  
 Please let us know.*

**2011 NCPA Annual Meeting September 15 - 18!**  
 Marriott Renaissance Asheville Hotel  
 Go to [www.ncpsychiatry.org](http://www.ncpsychiatry.org) for more information!

Presorted  
 Standard  
 US Postage  
**Paid**  
 Raleigh, NC  
 Permit #2483

**North Carolina Psychiatric Association**  
 4917 Waters Edge Drive, Suite 250  
 Raleigh, NC 27606