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ATTENTION! New Rules Impacting Your Licensure

The North Carolina Medical Board has received final approval of rules impacting your medical licensure. Effective July 1, 2017, all physicians and physician assistants (PAs) who prescribe controlled substances are required to complete continuing medical education (CME) in controlled substances prescribing during each three year CME cycle. To comply with the new rules, physicians must earn three hours of CME in controlled substances prescribing during each three year CME cycle and PAs must earn two hours of CME in controlled substances prescribing during each two year cycle. You’re off the hook if you did not prescribe any controlled substances during your most recent CME cycle.

For more information, see these sites:

- NC Medical Board, “Controlled Substances CME Requirement Approved”
- NC Medical Board, “Controlled Substances CME Requirement FAQs”
- NC Medical Society, “New Opioid Prescribing CME Rules Approved”

ACP Early Career E-Poster Competition

ACP Early Career Physicians are invited to submit an abstract for participation in the National Abstract Competition, part of the Internal Medicine Meeting 2017.

The deadline for submission is Dec. 1.
Consistent with its mission, the NC-ACP recognizes the importance of graduate medical education and seeks to support medical student and residency education in North Carolina by supporting resident and student research projects from North Carolina-based internal medicine residency programs and medical schools. Award recipients are required to provide financial record keeping, a mid-year progress report and a final report. The NC-ACP is proud to announce the recipients of the 2016-2017 Education Innovation Grant Program.

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**BCBSNC, NCTracks to Require Credentialing of Mid-Level Providers**

New federal regulations have prompted payers to require all mid-level providers to be credentialed. As previously announced, NCTracks will no longer allows claims for services to be filed as "incident to" beginning November 1. Similarly, Blue Cross Blue Shield of North Carolina recently announced that it too will require mid-level providers to be credentialed. Providers billing to BCBSNC are encouraged to initiate credentialing as soon as possible via the “Providers” home page on the BCBSNC website and have until January 1, 2017 to complete the credentialing process.

- [September 2016 Medicaid Bulletin](#), NC DHHS
- NCTracks [Provider Enrollment](#) webpage
- [Effective January 1 BCBSNC Requires Mid-Level Providers to be Credentialed](#), BCBSNC
- “[Become a BCBSNC Provider or Recredential](#)” webpage
Medicaid Expansion News

Patient health was improved in states that expanded Medicaid under the Affordable Care Act (ACA), according to two new studies. In a study published this month in *JAMA Internal Medicine* researchers found, “significant increases in outpatient utilization, preventive care, and improved health care quality; reductions in emergency department use; and improved self-reported health.” *Health Affairs* published a study which examined prescription transaction data to conclude, “by reducing financial barriers to care, the ACA has increased treatment rates while reducing out-of-pocket spending, particularly for people with chronic conditions.”


Defining MACRA

Medicare Access and CHIP Reauthorization Act of 2015 - This is the law that sunsets the volume-based Sustainable Growth Rate (SGR) and replaces the payment system with one that is value-based. The goal is to create a sustainable Medicare payment system for physicians. The new payment system begins in 2019 and will be phased in over several years.

- MACRA: About the New Medicare Payment Quality Program
- MACRA Glossary of Acronyms and Terms
- Webinar: What to Expect from all these Acronyms!
- Video: What’s with the Alphabet Soup of Regulations?
- MACRA Briefing Slide Presentation

ACP Offers New Patient FACTS

New patient facts sheets are now available from the ACP about Zika virus, antibiotic resistance, and insomnia. ACP’s Patient FACTS are designed to be user-friendly and easy to understand.
The need for high-quality Point-of-Care and Critical Care Ultrasound education continues to grow, therefore ACP has joined with the American Institute of Ultrasound in Medicine (AIUM) and Wake Forest School of Medicine to present a comprehensive and in-depth look at how and where medical ultrasound can effectively be used in point-of-care and critical care settings.

Attendees will participate in hands-on sessions and lectures covering the basics in several areas of medical ultrasound with clinical applications in inpatient, critical care, and emergency settings. This course also includes advanced uses, including cardiopulmonary assessment, and screenings for abdominal pathology and deep venous thrombosis (DVT).

This event uses live models, simulations, and didactic lectures to provide a comprehensive and in-depth look at how and where medical ultrasound can effectively be used in point-of-care and critical care settings.

The American College of Physicians (ACP) has joined with the American Institute of Ultrasound in Medicine (AIUM), and Wake Forest School of Medicine to present this Point-of-Care and Critical Care Ultrasound course.

North Carolina Zika Virus Information

As the number of travel-associated Zika virus disease cases in North Carolina rises – 66 as of September 29 – health care providers are reminded to ask all pregnant women about recent travel. Pregnant women who develop symptoms consistent with Zika virus infection within two weeks of travel to an area with ongoing transmission should be evaluated by a health care provider and recommended for testing.

- ACP Patient FACTS “Zika Virus”
- CDC Webinar “Preparing for Zika Transmission in the U.S.”
- NC DHHS “2016 Zika Virus Provider Memo” (updated August 31, 2016)
ACP Travel Grants for Early Career Physicians

Dear Early Career Physician Colleagues,

We have exciting news regarding a new funding opportunity exclusively for early career physicians from the American College of Physicians (ACP). ACP is happy to announce that it will be providing travel grants of $2,000 to a select number of early career physicians to attend ACP Internal Medicine Meeting 2017, March 30 through April 1 in San Diego, California.

In the initial review of applications, those who will be first-time attendees to the ACP Internal Medicine meeting, physicians who serve rural or under-served populations, physicians of diverse backgrounds, and those without a significant source for CME funding will be given extra consideration.

To be eligible, you must be a current domestic Member or Fellow of the College who is 16 or fewer years out of medical school and you should have already paid your membership dues for this year, 2016-2017.

To apply, please complete the online application (www.acponline.org/travelgrants), write a 500-word essay on how attending the meeting will benefit you and the patients you serve, and include an updated curriculum vitae. All materials are due November 14, no exceptions. If you have questions, please email mbrdev@acponline.org.

If selected, you will be required to attend the entire meeting, March 30 through April 1. Although you are not expected to attend every session during the meeting, you will be required to participate in a few select activities such as the Opening Ceremony, a networking event for early career members, a Chapter reception and the Young Achievers Reception held the evening of April 1.

The social events are just icing on the cake. The ACP Internal Medicine Meeting is the most comprehensive meeting in Internal Medicine, offering the best national faculty, a broad array of clinical and practice management topics and interactive hands-on sessions. Participants can earn CME credits and MOC points.

This is an exciting opportunity and we are pleased to share this information with you. We hope to see you at IM 2017 in San Diego!

Sincerely,

Richard M. Wardrop III, MD, PhD, FAAP, FACP
Member, ACP Council of Early Career Physicians

Lacy C. Hobgood, MD, FACP
Member, ACP Council of Early Career Physicians

Duncan Vincent, MD
Chair, Early Career Physicians Committee, NC Chapter of the ACP
UPDATE: NC Medical Society’s “Toward Accountable Care” Initiative

Over four years ago the NC Medical Society launched the Toward Accountable Care (TAC) Consortium. The Consortium now includes over 40 health care association and organization members, including the North Carolina Chapter of the American College of Physicians, who joined for the purpose of helping prepare the physician community for the transition to the evolving value-based model of patient care. To help get the project off the ground and sustain its momentum, the NCMS was successful in securing two grants. One was from The Physicians Foundation which helped towards the development of resources that are available free of charge on the TAC website, including the Accountable Care Guide for Hospitalists and the Accountable Care Guide for Internal Medicine.

Additionally, the NCMS launched the North Carolina ACO Collaborative, which has grown to over 100 participants and meets twice annually. Smaller groups focused on MSSP and Next Gen ACOs have also been created.

Though the TAC grants are at an end, the NCMS will continue to support the NC ACO Collaborative and the NC MSSP/Next Gen Council. The passage of MACRA in 2015 with strong bi-partisan support, along with the adoption of MACRA implementation rules recently, are strong indications that health system transformation will continue, so the NCMS plans to continue its efforts to support the medical community as it navigates these changes.

Opioid Legislation from the 2016 Legislative Session

According to Project Lazarus, a statewide public health non-profit that is partnered with Community Care of North Carolina, our state has higher than average overdose death rates. Nearly all of these deaths involve prescription opioid pain relievers (like methadone, oxycodone, fentanyl, morphine, tramadol, or hydromorphone). The state is taking steps to combat the harmful and rippling effects of prescription drug abuse. Several bills took aim at the opioid abuse epidemic during the 2016 session of the NC General Assembly.

Most recently, the 2016 Appropriations Act established a medication-assisted opioid use disorder treatment pilot program with a goal of studying the effectiveness of combining behavioral therapy with the utilization of a nonnarcotic, non-addictive, extended-release, injectable formulation of opioid antagonist approved by the United States Food and Drug Administration for the prevention of relapse to opioid dependence.

Also significant, Governor Pat McCrory signed into law on June 20, 2016 an act authorizing the State Health Director to prescribe opioid antagonists by means of a statewide standing order, with immunity from civil and criminal liability for such action.
CDC: Kratom Represents an Emerging Public Health Threat

As more and more Americans are consuming the plant Kratom for its stimulant effects and as an opioid substitute, the Centers for Disease Control and Prevention (CDC) is warning the public and health care providers that its use can lead to severe adverse effects. In a recent CDC Morbidity and Mortality Weekly Report (MMWR), CDC states, “the reported medical outcomes and health effects suggest an emerging public health threat.”

While currently recognized as a Drug of Concern by the Drug Enforcement Administration and not regulated by the Controlled Substances Act, kratom exposure has been associated with psychosis, seizures and death. The North Carolina General Assembly in 2016 considered legislation to prohibit the sale or distribution of kratom to minors and establish a study committee to investigate kratom abuse in North Carolina. HB 747, Youth Access to Kratom/Study Abuse OTC Subs, received support in both chambers but was not ratified before the session adjourned. The issue is likely to be brought before the legislature again in the upcoming 2017 session.

- “Notes from the Field: Kratom (Mitragyna speciosa) Exposures Reported to Poison Centers — United States, 2010–2015,” CDC MMWR Weekly 2016;65(29);748–749
- “Kratom, the obscure tea that NC senators want to keep away from kids,” The News & Observer, June 23, 2016
- HB 747, Youth Access to Kratom/Study Abuse OTC Subs, North Carolina General Assembly

Gripping Music Video by ZDoggMD on End of Life Wishes

The music video by physician and entertainer ZDoggMD, Ain’t The Way To Die, based on the Eminem and Rihanna masterpiece Love The Way You Lie, looks at patients’ end of life wishes vs. their experiences of their final hours. According to the official website, the video has been viewed 89.5 K times, and has logged 3.8 M views on Facebook. Even more powerful than the video itself are the comments from viewers posted in response to the video.