

The PsychList

April 2023

~A modern "spin" on UBMD Psychiatry news and events~



A Note from the Chair...



Steven Dubovsky, MD,
Department Chair

A UB student group recently invited a speaker who was reported to have espoused a position that another group of students found objectionable. Outraged, they demanded that the speaker be barred from campus. President Tripathi expressed solidarity with the protestors but reminded everyone that freedom of speech (and the freedom to hear that speech), even speech one does not like, is protected by the First Amendment. Did the speaker give his remarks to anyone who is interested and end up being ignored by anyone who is not, or did protestors make it impossible for him to enter the campus, or did they shout him down if he did get to the lecture hall? Most of us don't care about the topic; why should we care what happened?

At the other end of the country, the California Medical Practice Act was just modified- with the endorsement of the California Medical Society- to provide sanctions on the medical license of any physician who promotes "misinformation" about COVID-19 and the efficacy of COVID vaccines. There are no definitions of what constitutes misinformation, and no classification of yesterday's misinformation that today turns out to be true. Most of us don't have California licenses; why should we care about an intrusion of politics into medical practice in the land of narcissistic actors?

These apparently diverse events are similar manifestations of a national movement to define "hate speech" as any speech we might hate, any information that contradicts our beliefs as disinformation, and anything that creates cognitive dissonance as a mortal threat. If medicine gets caught up in this movement, it can interfere with our ability to consider and evaluate contradictory data- an essential process in medical decision making. More direct distortion of clinical decision making occurs when one-sided thinking is imposed on practice standards, as just occurred when their success with the medical society encouraged California regulators to threaten to sanction physicians who prescribe a benzodiazepine for any reason for more than 3 weeks- an arbitrary global limit driven by fantasy and contradicted both by data and clinical experience.

"If liberty means anything at all, it means the right to tell people what they do not want to hear."

- George Orwell

Any process that interferes with the free exchange of ideas and data, no matter how much they threaten accepted dogma, will truncate the progress of medical knowledge, just as restricting the free communication of patients' inner experience, no matter how bizarre or odious, will incapacitate any therapeutic process. Ignoring information that does not confirm the clinician's preconceptions will fossilize the clinician in a state that no patient can trust- the clinician who knows everything and has nothing left to learn. As scientific clinicians, it is our responsibility to protect freedom of thought and speech in any domain that might impact our practice, which is to say any domain of scientific and clinical interchange, and probably any domain of public discourse.

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Does Free Speech Matter to a Department of Psychiatry?

Submitted By: Steven Dubovsky, MD, Department Chair

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As members of a university, we have an additional responsibility, and that is to the development and dissemination of knowledge through research and teaching. Obviously, research that is limited by loyalty to a particular ideology will never discover anything new. Similarly, to be successful educators we can't just teach our students what to think- we have to teach them *how* to think. This is the only way to develop the next generation of clinicians who are capable of critically assessing, integrating and applying the complex, contradictory, confusing and at times maddening mass of data that is real life. If we are to fulfill this responsibility, we cannot support the growing tendency of students (and professors) to attack any idea they think that they will not like. A university should teach its students how to evaluate, and if necessary counter, thought that conflicts with their beliefs- especially thought that seems abhorrent- which is impossible if they run away from it. Inability to tolerate conflicting concepts creates intellectual weakness that demands that the world adapt to the person because the person cannot adapt to the world.

Along these lines, as educators and scientific clinicians, most of us are aware that not being addressed in the manner one prefers, or being told something one views as objectionable, might be upsetting, but it is not traumatic, except for people with the most marginally compensated mental illnesses. Being angered or confused by a particular idea does not make you a victim. Indeed, confronting new ideas should be an interesting challenge to rise to, not a catastrophe to retreat from. Expecting everyone else to recognize and respect your sensitivities implies an unrealistic grandiosity that will end up undermining your ability to deal with the everyday challenges of life. To paraphrase Chris Rock, "anyone who says that words hurt has never been punched in the face." Rock makes the point that encouraging people to feel victimized as a result of not having their sensitivities sufficiently catered to buries real victims of real violence in a crowd of victims of their own sensibilities in a virtual emergency room filled with people with paper cuts.

We ignore the impact of today's trends toward restriction of free expression, exchange of ideas, and evolution of knowledge at the peril of our clinical, scientific and educational identities. Only by open debate that we don't take personally, including debate of everything I just said, can we continue to learn and to grow as clinicians and as people.

Quarterly Coding Tip



Submitted By: Agnes Macakanja, BA, CPC

The U.S. Department of Health and Human Services made administrative strides to promote the adoption and awareness of telehealth during the COVID-19 public health emergency (PHE).

Some changes have been made permanent while others are temporary. The temporary changes do not have any effect on behavioral and mental health services.

****Note: All permanent or temporary Medicare changes are typically adopted by the commercial insurance carriers.**

The Administration's plan is to end the COVID-19 PHE on May 11, 2023. 'The Consolidated Appropriations Act of 2023 extended many of the telehealth flexibilities authorized during the COVID-19 PHE through **December 31, 2024.**'¹

Telehealth Behavioral Service Changes after the COVID -19 Pandemic/ Review of choosing E/M and Psychotherapy Codes

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Permanent changes

- Federally Qualified Health Centers And Rural Health Clinics can serve as a distant site provider for behavioral/mental telehealth services.
- Medicare patients can receive telehealth services for behavioral/mental health care in their home.
- There are NO geographic restrictions for originating site for behavioral/mental health services.
- Behavioral/mental telehealth services can be used using audio-only communications platforms.

**Review of E/M and Psychotherapy Codes

Psychotherapy without Evaluation/Management Services:

- ◆ **90832** Psychotherapy, 30 minutes with patient
- ◆ **90834** Psychotherapy, 45 minutes with patient
- ◆ **90837** Psychotherapy, 60 minutes with patient
- ◆ **90846** Family psychotherapy, 50 minutes without patient present
- ◆ **90847** Family psychotherapy 50 minutes with the patient present



*****If E&M services are provided along with add-on psychotherapy codes 90833, 90836 or 90838, the appropriate E&M code must be determined by the level of MDM, as newly defined. Time cannot be used to determine E&M when adding on psychotherapy.**

- ◆ **90791** Initial diagnostic assessment or reassessment without psychotherapy services.

OR:

New patient Evaluation and Management:

- ◆ **99202** Medically appropriate history and/or exam and straightforward MDM. When using time for code selection 15-29 minutes is spent on date of service.
- ◆ **99203** Medically appropriate history and/or exam and straightforward MDM. When using time for code selection 30-44 minutes is spent on date of service.
- ◆ **99204** Medically appropriate history and/or exam and straightforward MDM. When using time for code selection 45-59 minutes is spent on date of service.
- ◆ **99205** Medically appropriate history and/or exam and straightforward MDM. When using time for code selection 60-74 minutes is spent on date of service

Established patient Evaluation and Management:

- ◆ **99212** Medically appropriate history or exam, straightforward MDM. When using time for code selection 10-19 minutes total time spent on date of service.
- ◆ **99213** Medically appropriate history or exam and low complexity MDM. When using time for code selection 20-29 minutes total time spent on date of service.
- ◆ **99214** Medically appropriate history or exam and moderate complexity MDM. When using time for code selection 30 to 39 minutes total time spent on date of service.
- ◆ **99215** Medically appropriate history or exam and high level of MDM. When using time for code selection 40-54 minutes total time spent on date of service.

Add-on psychotherapy code:

**** Must use medical decision making as basis for codes 99212, 99213, 99214, 99215 if choosing add-on psychotherapy codes.**

_____ + 90833 Psychotherapy 30 minutes with patient	_____ + 90838 Psychotherapy 60 minutes with patient
_____ + 90836 Psychotherapy 45 minutes with patient	_____ + 90785 Interactive complexity

Sources:

Consolidated Appropriations Act. 2021, Consolidated Appropriations Act. 2022, CMS CY 2022 Physician Fee Schedule, CMS CY 2023 Physician Fee Schedule.

1. Telehealth. HHS.gov
CPT®

Residency News

Submitted By: Cynthia Pristach, MD

Many great things have been happening in the General Psychiatry Program!

Interviewing is complete and we look forward to welcoming our new PGY-1 residents after Match Day on March 17th.

Lauren Lucente, a PGY-2 resident, was nominated and selected by her peers to be inducted into the Richard Sarkin/Emeritus Faculty Buffalo Chapter of the Gold Humanism Honor Society. The Gold Humanism Honor Society is a community of medical students, physicians, and other leaders who have been recognized by their peers for their compassionate care.

Congratulations, Lauren!



Drs. Del Regno, Elberg, Pristach, Sengupta, and Carol Regan attended the 50th meeting of the American Association of Directors of Psychiatric Residency Training. The theme of the meeting was "*Envisioning a New Way Forward*", and featured four excellent plenary speakers as well as many great workshops on a variety of educational topics and techniques. Stay tuned for the introduction of some great educational innovations!

Lastly, the PGY-2 residents are completing their quality improvement projects which will be presented at the scholarly project poster session in May. A special shout out to Dr. Xu at the VA, who has graciously worked with one of the groups on a project to improve resident autonomy in the inpatient setting. Thank you, Dr. Xu!

2023 Black History Month Poster Winner

Submitted By: Beth Smith, MD

In celebration of the 2023 Black History Month, Kaleida Health held a poster contest. One of the winning posters was created by the Children's Psychiatry Clinic entitled, "*Black History in the Field of Mental Health.*" The poster was created by Liz Sengupta and Latressa Watkins.

Congratulations Liz!

"Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world."

-Harriet Tubman

Medical Education



Submitted By:
Charles Camp, MD,
Director of Medical Education

Michael DiGiacomo, MD,
Assistant Director of Medical Education

Leanne Hatswell,
Medical Education Coordinator

We are happy to announce that our first experience running the psychiatry module for the MS2s was a success! The course ran from 1/23/23-2/10/23 and, for those who may not be familiar, included lectures, small groups, and stimulation experiences geared at introducing students to our field and familiarizing them with psychiatric disorders and treatments. Organizing and navigating the course for the first time was certainly a challenge – we often felt like we were flying by the seat of our pants! But, as challenging as it was, we had a lot of fun and learned a ton in the process. We are so grateful to everyone who continued their participation in the course this year. Though we have participated in the course as presenters for several years now, this is the first time we've been able to truly grasp its full scope and see first-hand how important all of your contributions are to making it the great experience that it is. We had multiple students inform us that this was their favorite module of their training so far, and much of that is thanks to the strength of our group of educators, faculty, and residents included. Thank you all!

We will be running the course in a similar format for the next two cycles and are excited to implement improvements based on what we have learned. In the meantime, we remain involved in the curriculum revision to develop a new version of the course with updated pedagogies and revamped content which will make its debut in the winter of 2025. We are feeling excited about the road ahead!



Doctoral Psychology Internship

Submitted By: Julie Mikula, Program Administrator

Our department's Doctoral Psychology Internship has successfully matched with three talented trainees for the upcoming training year: Lauren Kennedy from Chatham University and Brianna Sacco from Pace University for our Developmental Track, and Gregory Watson from Nova Southeastern University for our newly formed Substance Abuse Track. We are thrilled to incorporate our new track, supported by a federal grant secured by Dr. Corey Leidenfrost, which will provide much needed services throughout our community. We welcome each of our interns and look forward to their start this coming July!



In related news, one of our current interns, Kitzia Moreno-Garza, attended the Association for Women in Psychology 2023 Conference held in Atlanta, Georgia. The conference focused on engaging in transformative justice as an intersectional feminist praxis across graduate student training, mental health, education, and medical settings. Kitzia presented on the impact of gendered cultural expectations on Latinas and its impact on the use of masturbation as a form of self-care. Interest in this topic was such that she has been asked to integrate her research with her passion for teaching and write a special issue in the journal *Feminist Pedagogy*, on teaching strategies for how to incorporate cultural perspectives when discussing the topic of pleasure in psychotherapy.

Congratulations, Kitzia!



Employee Spotlight



Mark Sutton, DO

Mark Sutton, DO, discusses his experience as part of the Emergency Psychiatry Fellowship, along with his future post-graduation plans.

Q: You are the first Emergency Psychiatry Fellow! Please describe this experience.

A: I have really enjoyed my time as the first Emergency Psychiatry Fellow at ECMC. My residency training did not provide a lot of exposure to emergency psychiatry, so this opportunity has provided me with a tremendous amount of clinical experience and opportunities to expand my knowledge and practice.

The fellowship has allowed me to work closely with Dr. Brooks. Her supervision and mentorship have been the most rewarding aspect of the fellowship as she has such a depth of knowledge and experience in the field.

Some of the highlights this year have been participating in the comprehensive treatment plans each week, attending the NUBE Conference in Phoenix, AS, and collaborating with Dr. Brooks on her research examining high utilizers in CPEP.

Q: Please describe your prior professional experience.

A: I completed my general adult psychiatry residency in Wilmington, Delaware at the Delaware Psychiatric Center. I had a great experience in the program and was Co-Chief Resident my PGY-3 & PGY-4 years. Prior to my residency, I completed medical school at the Philadelphia College of Osteopathic Medicine and received by undergraduate degree in Biology from Allegheny College in Meadville, Pennsylvania.



Q: Do you have any specific goals for the fellowship, or perhaps anything you hope to accomplish?

A: I would love to see the Fellowship continue to grow including expansion of other training opportunities for future fellows. Given that I was the first Emergency Psychiatry Fellow to go through the program, there were constantly new avenues that opened, but we faced logistical challenges to implement them into the curriculum this year. I see a lot of potential of engraining other clinical opportunities outside of CPEP into the Fellowship program, such as with community providers (ie. ACT teams/crisis services) and other services within ECMC.



Q: What do you like to do in your spare time?

A: I enjoy spending time with my family, which consists of my wife, Liz, our son, Conor, and our Bernese Mountain Dog, Millie. I've always been a big sports fan. I played football all the way through college. I'm originally from Pittsburgh, so my loyalties will always be to the Steelers and Penguins. I also enjoy to golf, ski, and cook.

Q: Is there anything else you like would to share?

A: I am looking forward to joining the UPP faculty and continuing to work and teach in CPEP and on the psychiatric consult service at Buffalo General Hospital.



Psychology Externship

Submitted By: Hannah Dickinson, Psychology Student

As an undergraduate enrolled at SUNY Buffalo State University studying psychology, there aren't many opportunities to get hands-on experience in the field. Fortunately, I was lucky enough to get the opportunity to shadow Dr. Leidenfrost in the Behavioral Health Unit at ECMC.

One of my personal career goals is to become a licensed therapist, and during both of my shifts shadowing Dr. Leidenfrost, I was able to sit in on a psychotherapy session. I was glad to be afforded this opportunity, so I could witness what a therapist and client relationship looks like in a professional setting. I was able to observe and take note of the different approaches that Dr. Leidenfrost used to help alleviate some of the clients' daily stresses and concerns. I recognized some of the same techniques used by my therapist in my own therapy sessions.



During both days I was able to attend two lectures. In addition, I also got to observe Dr. Leidenfrost assessing a patient, and I found it very informative to witness how a doctor assesses for the patient's safety. I got to see what types of questions should be asked and how to appropriately discuss the concerns with the patient. I was also able to attend a group session held in 4 zone 3, where the group spent time working on answering brain teasers and riddles. It was fun to observe the different answers that the group members gave!



Hannah Dickinson

Overall, I am extremely grateful that I was given the opportunity to get to experience first-hand what the hospital environment is like for mental health workers. As I stated previously, a lot of undergraduate students don't get the opportunity to see what it's like in the psychology field before they have to choose their career path. Many students aren't even sure what type of environment they are interested in because of how many options there are in the field of psychology. It's really important that students get the chance to explore and learn first-hand what environment suits them and what they would like to do after graduation.



After having this externship experience, I now have a better understanding of what type of career I would like to have in the future. Before my externship with UBMD Psychiatry at ECMC, I never would have expected that I would like the hospital environment as much as I do now. Providing mental health care at a hospital exposes you to a lot of different types of patients and can offer a lot of experience in the field. I learned so much from my externship in such a short amount of time, and I learned and experienced things that school and books could never have taught me.

I am now more motivated and excited to continue my educational journey and work towards achieving my personal career goals. A huge thank you to Dr. Leidenfrost and all the UBMD Psychiatry and ECMC members that I was able to meet and learn from. I gained a lot of knowledge just from being around and observing all the intelligent people who work in the Behavioral Health Unit. It was an experience I will never forget, and I hope I find myself back at ECMC someday in the future!

AND THE
WINNER
IS.....



Please join the Department in congratulating Michael Guppenberger, MD, as the recipient of the **Dare to Soar Award**. This Nursing Award, chosen annually, was presented to Dr. Guppenberger as part of Doctors' Day 2023.

Thanks Dr. Guppenberger, and kudos to your achievement!



Pictured Center:
Michael Guppenberger, MD

Quotable Quotes

“Remember, it doesn’t matter whether you win or lose; what matters is whether I win or lose.”

-Darrin Weinberg

“The brain is a wonderful organ. It starts working the moment you get up in the morning and does not stop until you get to the office.”

- Robert Frost



Comic Corner



UB Profiles

Submitted By: Margaret Uebler-Otoka, Administrative Assistant

Don't wait, Just Git –R– Done!!! Review your UB Profile regularly throughout the year to:

- Facilitate the **School of Medicine’s Mandatory Annual Faculty Review Process**. Making updates throughout the year will make this task easier and ensure all your accomplishments are listed.
- Ensure your **Core Information** (title, education, publications, grants, research focus area/specialty, presentations, professional memberships and your “biographical sketch,” a 300-word professional summary) is all up-to-date and displays properly on the School of Medicine websites.
- For questions or assistance, contact Margaret at either mmu3@buffalo.edu or 716-898-5940.

Check out these sites for more information:

<https://medicine.buffalo.edu/offices/oc/resources/profile.html>

<https://smbweb.med.buffalo.edu/ubprofile/public/support.php>



Calling All Writers...

If you would like to contribute to future editions of the quarterly UBMD Psychiatry Newsletter, please contact Julie Mikula at juliemik@buffalo.edu or at (716) 898-3597. All submissions must be received on or before June 16, 2023 to be included in the next edition, published in July 2023. Thanks, in advance, for your input!

