

# The PsychList

April 2021

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



## A Note from the Chair...



Steven Dubovsky, MD,  
Department Chair

When a medical student who sat in on a patient consultation recently asked me if I was retired, I realized I must look older than I thought. I told him that, despite having completed residency at about the time that Freud started working on the first volume of the *Complete Psychological Works*, I have not gotten tired of seeing patients. To underscore the continued variety of clinical challenges I encounter regularly, the next week I saw an 18-year-old patient who had been treated for years for a problem for which no one had a diagnosis. When she readily responded affirmatively to questions about episodes of elation, decreased need for sleep, grandiosity, overspending, impulsivity and the like, the diagnosis was hardly a mystery and I could easily change her treatment to an approach that is likely to have an excellent outcome.

Next, I heard from the family of a patient I thought had a neurological problem- turns out it was catatonia. I had no idea what was wrong with the patient I saw after that. So far, I have not run out of things to learn, and I still don't feel that "now I've seen everything."

Then, I received a note from a patient I treated a number of years ago and have kept in touch with ever since. The patient, an excellent physician who has made a number of major discoveries in his specialty, wrote:

"...after you helped me through a major turning point in my life, you continued to help me view my life differently and continue to change for the better, over years. It is no exaggeration to say that without your care and guidance, the additional high-risk pioneer, and investigative, components of my interventional career would not have occurred. You modeled sticking with a difficult patient through layer after layer of self-destructive behavior to achieve potential that otherwise could not come to fruition. After years of [work in my specialty], I can compare the short-term excitement (with near-immediate feedback) of acute interventions to the slower haul of helping someone change for themselves (where often the feedback is more difficult to see, and there are painful 'two-steps forward/ one-step-back components, often over and over)."

The pressure these days for immediate solutions to complicated problems can make us forget what attracted us to the field, and to university department in particular. It is to remain open to new information and ideas, learn from our colleagues and our patients, and stick with our clinical, teaching, and research efforts until we find a way to make things better, whether it takes one day or many years. Our ability to maintain our personal, ethical, and intellectual standards- and to acknowledge when we don't know something or got something wrong- while steering through the twin storms of pandemic and political turmoil should help us never to get tired of meeting new patients and new challenges.

"The voice of intellect is a soft one, but it does not rest until it has gained a hearing."  
~ Sigmund Freud

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### Special points of interest

- Promotions

# Employee Spotlight

**Official Titles:**

Assistant Professor of Psychiatry  
Adolescent Psychiatrist

**Date of Hire:**

January 2021



Michael DiGiacomo, MD

Michael DiGiacomo, MD, discusses his transition into a position within the Practice and how this has created exciting opportunities for him and his family both personally and professionally.

**Q:** Where do you specifically work, and how has the transition from your prior job to your new position affected you both personally and professionally?

**A:** I work on the adolescent unit at ECMC. I also cover when needed on 9 zone 2, 4 zone 3 and in CPEP. I am thrilled to be at UPP and always hoped that I might have the opportunity to join the full-time faculty in the Department of Psychiatry. Changing jobs at Christmastime during a pandemic was a wild experience, but definitely the right move for me and for my family!

**Q:** How do you balance the challenge of teaching and precepting students with work?

**A:** I am definitely still learning the challenge of managing my team with teaching and my clinical responsibilities. I try to see my patients with my students whenever possible, and then discuss the case with them immediately after the interview. I also try to include students in family meetings, which are my longest meetings, to give students the most exposure to these patients and their families.

**Q:** What do you feel is the most challenging aspect of your job? The most rewarding?

**A:** So far, the most challenging aspect is addressing student questions – I feel like I have no idea what question might come next! In addition, the rotation on the child unit has been emotionally triggering for some of my students, so working to help them through their reactions to these patients and their families is also a challenge.

The most rewarding part of my job is to help patients who are in an acute crisis and helping their parents to understand what is happening to their child. I also find teaching medical students, residents, and fellows to be rewarding – I am grateful to all of my past professors and supervisors and feel fortunate to now be in a position to train future doctors, general psychiatrists, and child psychiatrists.

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

**A:** The most important aspect of my life is my family—my wife Ann and our children William (age 7), Natalie (age 5) and Amelia (15 months). Our family loves to be outside together, especially going on “Family Walks” in the neighborhood and to our favorite parks. We also love movies, especially Disney movies. The last movie we enjoyed as a family was “Onward.” Ann and I also love to watch movies together, that is when we have enough energy to stay awake during these hectic pandemic weeks!

I am a saxophonist, pianist, songwriter and singer. In recent years, I have been recording music in my basement studio and through my friend Jonathan’s studio. Jonathan’s quintet album won the *JazzBuffalo* award in 2019 (Shout out: Jonathan Hughes - “*Evenfall*” is on all streaming services). Jonathan and I plan to release our debut jazz-pop-rock album within the year.



# Residency News

Submitted By: Cynthia Pristach, MD

The residency program continues to focus on Program Improvement, incorporating ideas from residents that were suggested at our last Program Improvement Retreat. These include:

**Resident Wellness:** The Resident Wellness Committee continues to plan safe group activities which allow our residents to stay connected. We have re-instituted wellness lunches! Thank you to the Committee for your hard work!

**Improved Performance Feedback:** Residents want feedback during clinical rotations so they can continuously improve their performance. We have instituted a "reminder" for residents to solicit feedback from supervisors at the midpoint of their rotations. Faculty— thank you for having these invaluable discussions where you identify both the strengths and areas of improvement for our resident trainees!

**Rotation Reading Lists:** The Curriculum Review Subcommittee has taken on the task of requesting and reviewing reading and other scholarly material for each clinical rotation from faculty. If you have educational materials which you feel are important for residents to read during your rotation, please forward these to Dr. Pristach. We plan to post these materials on *Medhub* and update them periodically.

**Enhanced Allyship Curriculum:** The Program, in conjunction with our residents, is working to develop our curriculum in the areas of advocacy and structural racism. This is an exciting opportunity to engage more with the community and learn about ways to enhance the understanding and care of our patients.



The Annual Psychiatry Residents' Poster Day on May 28th!



Welcome to our seven incoming residents who will be joining our Program in June:

**Christian Binns**, Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo

**Siobhan Brady**, Liberty University College of Osteopathic Medicine

**Odeyuwa Izekor**, American University of the Caribbean School of Medicine\*

**Lauren Lucente**, Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo

**Austin Milbrand**, Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo\*

**Shalok Munjal**, Western University of Health Sciences College of Osteopathic Medicine of the Pacific\*

**Omar Shawaf**, University of New England College of Osteopathic Medicine

**Odeyuwa Izekor**, **Austin Milbrand**, and **Shalok Munjal** are this year's recruits to our Adult/Child Combined Track.

# Congratulations!!

# Quarterly Coding Tip

Submitted By: Agnes Macakanja, BA, CPC

## Tips to Successful Documentation of 2021 Changes in Outpatient Service Encounters

There have been several questions about how to document using time or medical decision-making (MDM) with the 2021 outpatient guidelines. Below are some tips for successful documentation of each patient encounter.

If you choose to **base the encounter on time**, activities and preparation must be completed on the date of service. It is still important for you to perform what you consider a medically appropriate history.

### Activities may include:

- Pre-visit planning, such as chart review.
- Discussion of prescriptions with Pharmacy such as patient compliance with medication.
- Phone call with power of attorney such as a family member.
- Pertinent history and exam.
- Discussion with PCP (or provider not in your group).
- Time spent documenting the visit.
- Finally, document use of time to code the encounter.



You do not have to list how much time is spent on each activity, but it may help in calculation of total time for the encounter. When using time for code selection:

99202 - new pt. 15 - 29 minutes

99204 - new pt. 45-59 minutes

99203 - new pt. 30 - 44 minutes

99205 - new pt. 60-74 minutes

99212 - established pt. 10-19 minutes

99214 - established pt. 30-39 minutes

99213 - established pt. 20-29 minutes

99215 - established pt. 40-54 minutes

\* ***2021 guidelines state that E/M code selection can be based on medical decision-making (MDM) or time. The level of MDM should be driven by the nature of the presenting problem on the date of the visit. Time is not a factor when code selection is done based on MDM. When billing an E/M service, along with a psychotherapy service, the E/M piece of the encounter must be selected based on MDM, and the psychotherapy portion based on time. The guidelines for choosing the psychotherapy code have not changed in 2021.***

The new prolonged service code, 99417, is selected for each additional 15 minutes of time spent on the calendar day of the service. This prolonged service code is used to report total time, both with and without direct patient contact, after the time threshold for 99205 or 99215 is met.

If you choose to **base the encounter on Medical Decision-Making (MDM)**, it is important to perform a pertinent history and exam.

**99202/99212 level of MDM:** based on 2 of 3 elements **straightforward** → 1 self-limited problem with **minimal/none** data reviewed with **minimal** risk.

**99203/99213 level of MDM:** based on 2 of 3 elements **low** → 2 or more self-limited problems or 1 stable chronic illness or 1 acute uncomplicated illness with **limited** data reviewed and analyzed with **low** risk.

**99204/99214 level of MDM:** based on 2 of 3 elements **moderate** → 1 or more chronic illnesses with exacerbation, progression or side effects of treatment, or 2 or more chronic stable illnesses, or 1 undiagnosed new problem with uncertain prognosis, or 1 acute illness with systemic symptoms with **moderate** risk.

**99205/99215 level of MDM:** based on 2 of 3 elements **high** → 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment, or 1 acute or chronic illness or injury that poses a threat to life or bodily function, with **high** risk.

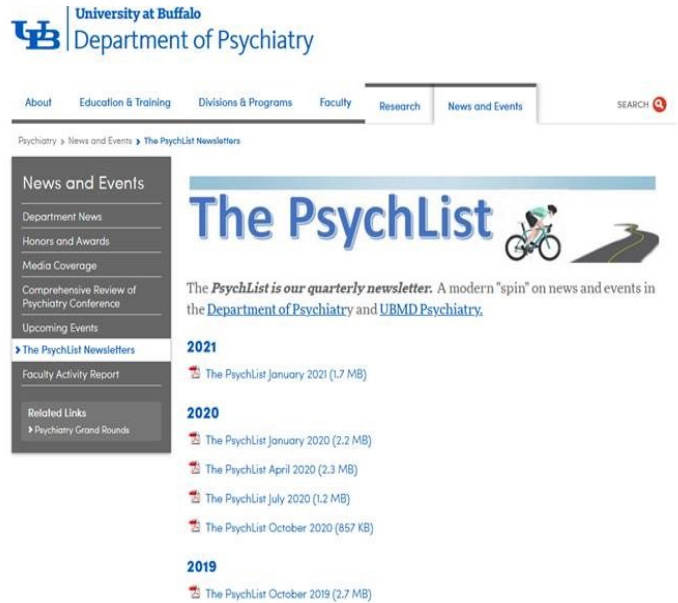
# "The PsychList" — Now Available Online!

Submitted By: Margaret Uebler-Otoka, Administrative Assistant

Did you know past issues of "The PsychList" are now posted on the department website?



<http://medicine.buffalo.edu/departments/psychiatry/news/psych-list.html>



## Medical Education

Submitted By: Sergio Hernandez, MD, Medical Education Director & Leanne Hatswell, Medical Education Coordinator

The following are updates in Medical Education:

We are excited to announce that we are currently in the process of selecting students for the Psychiatry Summer Externship for this year. Unfortunately, due to COVID, we were not able to hold the externship program last year.



The program dates for this year's externship program are June 1-July 2!

Additionally, the Psychiatry Clerkship will resume the normal 6 week schedule for the 2021/2022 academic year.





## Quotable Quotes

"My psychiatrist told me I was crazy and I said I want a second opinion. He said okay, you're ugly too."

-Rodney Dangerfield

"Show me a sane man and I will cure him for you."

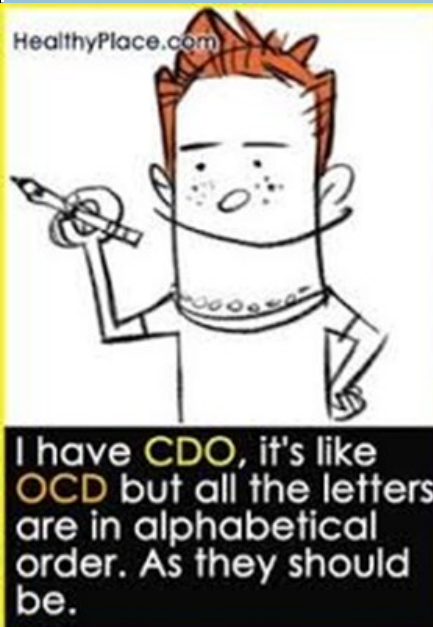
-Carl Gustav Jung

"A psychiatrist is a fellow who asks you a lot of expensive questions your wife asks for nothing"

-Joey Adams



## Comic Corner



Please join the Department of Psychiatry in congratulating our colleagues on their recent promotions.



## 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](mailto:juliemik@buffalo.edu) or at (716) 898-3597. All submissions must be received on or before June 18, 2021 to be included in the next edition, published in July 2021. Thanks, in advance, for your input!

