

# The Psychiatry news and events~

July 2022



#### A Note from the Chair...



Steven Dubovsky, MD, Department Chair

#### ~ The Only Certainty is Change "

In addition to the opportunity to learn from each other and remain on the forefront of knowledge, a major perquisite of being on a medical school faculty is the ability to find new opportunities and to have new experiences. As a result, changes regularly occur in departmental leadership. Here are some recent changes, which will be summarized in revised organizational charts I will distribute to the listsery:

After a long and distinguished career in medical student education, Sergio Hernandez has stepped down and will continue teaching students and residents in his new role at Best Self. In recognition of massive commitment necessary to maintain the outstanding quality of our medical student program that was developed by Linda Pessar and Sergio, it was clear that this is a two person job. Charles Camp has become Director of Medical Student Education, and Mike DiGiacomo is now Associate Director. The Dean has agreed to extend University funding for their activities in continuing to grow medical student education.

Having developed and obtained accreditation for the forensic psychiatry fellowship and directed the program for our inaugural fellow, Natasha Cervantes has decided to retire as Fellowship Director. She will continue to teach in the program, while Peter Martin will take over as Director.

The continued expansion of our outpatient practice at the Center for Advanced Psychiatry presents new opportunities for subspecialized care, teaching, and research. To accommodate these activities and to help to grow new programs along with Jeff Anker, the Medical Director, Annemarie Mikowski has become Associate Medical Director of the Center.

Thanks to Amy Berek's outstanding and unflagging work, our practice plan got too big for a single person to manage. To keep the practice plan growing, Katie Beakman was recruited from the Dean's office to become practice plan CFO, allowing Amy to focus on faculty and other clinician activities and new operational complexities of the practice as Associate Chair for Operations.

In spite of the pressures on our practice and system over the past couple of years, the Department has continued to thrive and grow. We will remain robust and flexible so long as we continue to value and learn from each other and wish each other well.

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#### Special points of interest

- Staffing Updates
- Promotions
- Clinical Research
   Opportunities



Name: Katie Beakman

Title: Chief Financial Officer

**Practice Plan Administrator** 

Hire Date: April 2022



Katie Beakman discusses her new position as Chief Financial Officer/Practice Plan Administrator within the Practice below:

**Q:** Please describe your professional experience and how prior roles have led you to your current position.

**A:** I graduated from Miami University, Ohio, with a degree in Business. My major was focused on management information systems with a minor in finance.

Previously, I worked in the JSMBS Dean's Office and the Office of Resource Management, working closely with Senior Associate Dean, Sandy Drabek. I was initially hired to compile the financial and HR surveys that are required by the AAMC, but over the years, my role expanded as I took on additional duties and responsibilities. More recently, I was heavily involved in the financial and human resource operations of the school. I was absolutely thrilled to be offered this position and to further my career in the School of Medicine, all while broadening my knowledge of the operations of the Practice Plan.

**Q:** Do you have any particular goals in your new position, or anything you'd like to specifically accomplish?

**A:** I think it is important to build relationships with people and create collaborations with others. It has been a pleasure getting to know everyone in the department over the last few months. Amy Berek has been instrumental in bringing me up to speed with the finances of the department. I appreciate all the time she has spent with me while beginning this new role, as I hope to bring forth an added perspective from the academic side of the house.

**Q:** What do you like to do in your spare time? If there anything you would like to share about yourself?

**A:** I have two sons, Henry and Will. They are 8 and 4 years old, so they keep me very busy outside of work! Right now it's baseball season, so my husband, Matt and I spend a lot of time each week at Shoshone Park. Last year, we also added another member to our family—our black lab, Luke.











### Quarterly Coding Tip

Submitted By: Agnes Macakanja, BA, CPO

Mastering Documentation Guidelines for Level 3 and Level 4 Codes in the Outpatient Setting The current Evaluation and Management (E/M) are tailored to be more clinically relevant to providers. The history and examination are not required elements to support the level of the code, so the provider-determined clinical necessity takes precedence.

It's essential that providers understand and reference these considerations when choosing the proper code level:

- ♦ Acuity of the presenting problem(s)
- Amount of testing or labs ordered or reviewed
- Risk to the patient from appropriate treatment at this encounter



A level 3 might have one stable, chronic illness, or an acute uncomplicated illness, with a few tests ordered and relatively low risk to the patient based on the consequence of the problem(s) addressed at the encounter.

A level 4 may have more than 1 stable chronic disease, or one or more diseases with some exacerbation.

The treatment or testing ordered increases and the risk level is moderate and may include prescription drug management.

Risk alone does not determine the level for the visit. The AMA has strived to create more clinically intuitive guidelines to determine the difference between low and moderate risk.

In the CPT definitions, the AMA indicates that "definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as 'high,' 'medium,' 'low,' 'minimal,' and do not require quantification for these definitions."

The provider should not first choose the code level, and then generate the documentation to support that, after the fact.

This is a common misconception that creates awkward documentation.

Documentation for each encounter should support:

- ♦ Medical necessity for the visit
- ♦ Acuity of the presenting problem(s)
- Diagnostic tests or therapeutic treatments ordered or discussed
- Other factors essential to medical decision-making for the encounter

#### Other factors may include:

- The use of an independent historian such as a parent, child or spouse to provide pertinent data to the provider
- Prescription management

Just a reminder that time can be used to support the level of E/M. If time is used there are specific instructions on what needs to be documented which include pre-visit planning, chart review of pertinent history, and exam, to list a few. As an example, an established patient visit with appropriate documentation of 20 to 29 minutes would be a level 3 code, whereas 30-39 minutes would support a level 4 code.



Sources: AMA, CPT<sup>TM</sup>, Part B News



#### Residency News

Submitted By: Cynthia Pristach, MD



Lots of great things have been happening in the General Psychiatry Residency! A wellness event (bowling) was held in April. A resident retreat was held on June  $2^{nd}$  at Tifft Farms. The retreat, planned and run by the Chief Resident, Dr. Arora-Hughes, was a great success, and focused on wellness and mindfulness, as well as team building. The residency graduation was, as usual, a lovely and festive occasion.

#### Congratulations to all of our graduates!











As we say goodbye to our grads, we welcome all of our incoming PGY-1 who started their orientation on June 21st. We look forward to having them begin their actual psychiatry training in December. The summer schedule is packed with lots of interesting activities, including the Psychotherapy and Art exercise at the Burchfield-Penney Art Gallery, a community retreat, and of course, the Patient/ Vignette exam! Many thanks to all of the residents who serve on committees to enhance residency education, like the Wellness and Allyship Committees, the Emergency Psychiatry Committee, and the Curriculum Review Subcommittee. Your involvement helps our Program to continually evolve and improve!

## Medical Education

Submitted By:

Leanne Hatswell,
Medical Education Coordinator

The Jacobs School of Medicine and Biomedical Sciences Class of 2022 would like to recognize and congratulate the recipients of the following awards:

Dr. Gilbert M. Beck Memorial Prize in Psychiatry - Laura Artim

Dr. S. Mouchly Small, M.D. Award - Kathleen Naeher

Farney R. Wurlitzer Prize - Madison Carlson

# Participating in Clinical Research Submitted By: Margaret Uebler-Otoka, Administrative Assistant

#### Staffing Updates

After almost 10 years with the Department, Ms. Fran Ralabate has retired, with Ms. Jennifer Gallagher as her replacement. Jennifer brings a wealth of payroll knowledge to her position which officially started in May 2022.

In June, Ms. Allison Musial replaced Ms. Jennifer Hicks in the Billing Department at the Center for Advanced Psychiatry. After 8 years in the Department, Ms. Hicks has left to pursue her social work career.

Congratulations and good luck to both Fran and Jennifer! We also welcome Jennifer and Allison to the Department!



To learn more about trials happening in the Department of Psychiatry, check out the following sites:

Borderline Personality Disorder Trial
(https://www.research.buffalo.edu/portal/clinicaltrial/protocol/17040)

<u>Patients with Bipolar Disorder</u> (<u>https://www.research.buffalo.edu/portal/clinicaltrial/protocol/14844</u>)

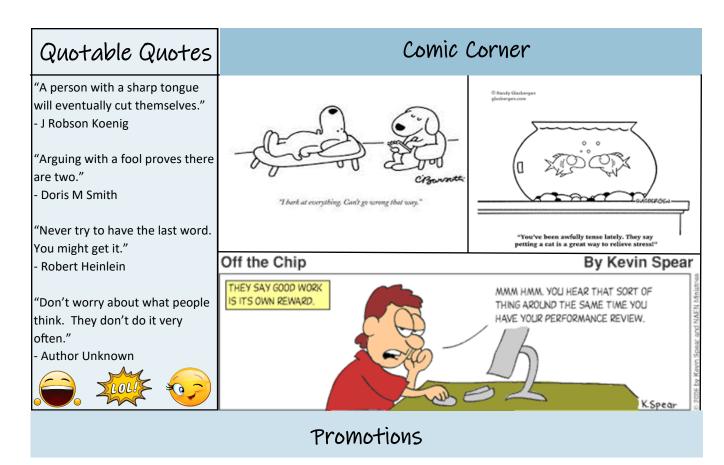
<u>Schizophrenia and Cognitive Impairment Medication Trial</u>
(<a href="https://www.research.buffalo.edu/portal/clinicaltrial/protocol/11103">https://www.research.buffalo.edu/portal/clinicaltrial/protocol/11103</a>)

To search all clinical trials happening at UB, check out this site:

Participate in Research (https://www.research.buffalo.edu/portal/clinicaltrial/)

If you have a patient who may benefit from participating in a Department of Psychiatry study, or if you have questions, please reach out to:

> SEVIE KANDEFER sk293@buffalo.edu +1 716-898-4038



Please join the Department of Psychiatry in congratulating Dr. Tori Brooks, Dr. Sourav Sengupta, and Ms. Janet Richter on their recent promotions!

Dr. Tori Brooks' promotion to Clinical Associate Professor in the Department of Psychiatry in the Jacobs School of Medicine and Biomedical Sciences will begin this August.



Dr. Sengupta was also recently promoted to Clinical Associate Professor in the Department of Psychiatry in the Jacobs School of Medicine and Biomedical Sciences, effective this July.

With 22 years of experience in the Department, Ms. Janet Richter was promoted to Assistant Billing Manager in May.

#### 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 September 16, 2022 to be included in the next edition, published in October 2022. Thanks, in advance, for your input!

