

# The PsychList

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



## A Note from the Chair...



Steven Dubovsky, MD, Department Chair

As a department, we are weathering the COVID storm better than most. We have contained our anxiety about our own safety in order to continue excellent clinical and academic endeavors. Throughout the chaos it has engendered, we have managed to maintain our personal and financial equilibrium. Our success is attributable to our dedication to our profession and to each other.

As if these medical and economic threats were not enough, we are now faced with a new challenge in the form of social and political forces that have divided society and the university. There is tremendous pressure these days to take one side or the other of what should be an open debate but now feels like an all-or-nothing fight to the death for whatever side one takes.

We had a brief encounter with this kind of pressure when we discussed our feelings about the political beliefs of a member of our advisory board, but the strong reactions some of us had did not divide us from each other.

Since that time, we have been constantly bombarded with polemics that take a unidimensional approach to complicated beliefs and hate the person who disagrees with us even more than we hate the idea that is professed. Even within a place of knowledge like a university, we are told to pay more attention to what people say than what they do, making us dismiss positive acts by people who speak badly, and ignore negative acts by people who say what we like. Similarly, we have been told to dismiss positive statements by people who have said bad things, and vice versa. This kind of approach simplifies the world, but it also makes the world meaningless.

Psychiatry, on the other hand, depends on the ability to listen to ideas and address complex and contradictory behaviors and thoughts in order to identify strengths that underlie feelings, ideas and actions that at first are incomprehensible or even reprehensible. Without the ability to honestly assess our own unnecessarily intense reactions in the service of understanding our patients, and the ability to interact constructively with ideas we consider foreign or bizarre, we would simply try to force our patients to think and act like we do, an approach we regularly are reminded leads only to our frustration and our patients' despair. If we were to act like Scientologists, who devalue and reject anyone who contradicts the party line, we would reject anyone who disagreed with or even questioned group wisdom, depriving ourselves of the opportunity to learn from each other and maintain the kind of fellowship that helps us to grow professionally and personally.

By virtue of the same fortitude and strength of character that is keeping us intact through the COVID crisis, we have adhered to these principles in spite of what can be an appealing temptation to judge rather than listen to each other. As a result, we remain a vibrant, living, and growing department of psychiatry that is a model of resilience and professionalism.

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### Special points of interest

- Residency Wellness
- Grand Rounds

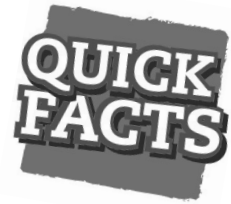
## Employee Spotlight



**Date of Hire:** August, 2019

**Staffing Locations:** ECMC Inpatient Unit  
5z1 Geriatric Psychiatry

**Official Titles:** MD  
Clinical Assistant Professor of Psychiatry



Abigail Green, MD

Abigail Green, MD, discusses her role within the Department below:

**Q:** In the past, you have indicated that your passion is geriatrics. Could you expand on this?

**A:** I discovered an interest in geriatric psychiatry early on in my residency training and it continued to grow specifically through working with an in-home geriatric mental health program and a dementia clinic at the VA. It truly began by having a curiosity for this age group of patients, enjoying talking with them, and understanding their life histories. I am able to learn so much from my patients and their experiences living with mental illness for many years. It has also been a good fit as a way to integrate my interest in the intersection between psychiatry and neurologic illnesses. I've continued to build on this passion through participation in professional organizations, teaching within geriatrics and now with my inpatient work at ECMC. I am grateful I've had an opportunity to work with this group of patients.

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

**A:** Since becoming an attending physician, I have learned how difficult it can be to balance clinical care and duties as an educator and is something I am continually striving to do better at. In doing this so far, I have found it to be critically important to integrate the students as essential members of the treatment team. I allow them to take ownership of their patients, contribute to psychoeducation, and communicate with other treatment providers and families when needed. I am also constantly learning new information from the students and encourage them to teach me and our team about topics they are interested in, which helps me keep current in my knowledge as well.

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

**A:** Working with this geriatric population can be the most challenging as well as the most rewarding aspect. Often navigating the medical, legal, and social systems that support older adults with mental illness can be quite frustrating and create challenges in providing these patients what they need. This includes everything from proper in-home care, housing facilities, opportunities for socialization, and mental health services. I have noticed this to be even more difficult during times of COVID.

Some of the most rewarding aspects however include helping an older adult identify goals for this stage in their life and assist them in their ability to achieve that. Additionally, it can be extremely rewarding to educate and teach a caring family about their loved one's condition and provide understanding for what may come in the future. I am constantly faced with new and interesting clinical diagnostic and treatment challenges that has me constantly learning. I am also extremely lucky to work alongside a team who is as passionate about geriatric patients as I am; it creates a very positive atmosphere on the unit.

**Q:** Do you have any interests outside of work or special accomplishments that you'd like to share?

**A:** Outside of work I enjoy spending time with my husband and often wrestling with our 1 year old newfoundland puppy. During these COVID times I've found myself picking up some new hobbies, such as learning to golf and attempting to grow a vegetable garden, both of which remain a work in progress.



# "Zooming to Supervision: an Interactive Workshop" for Psychotherapy Supervisors

Submitted By: Cynthia Pristach, MD

In 2020, the Opler Fund for Psychotherapy was established to provide faculty development for psychodynamic psychotherapy supervisors, especially our volunteer faculty. Our first event was held on September 15th via ZOOM, and featured Deborah Cabaniss, MD, Professor of Clinical Psychiatry, Associate Director of Residency Training and Director of Psychotherapy Training at Columbia University. Given the challenges of conducting psychotherapy during a pandemic, we decided to focus on ways to assist the supervisee during sessions. These included attending to the frame and structuring sessions.



Supervising via ZOOM has its own difficulties, such as developing a supervisory alliance remotely, and the need to keep the supervision interactive. Dr. Cabaniss addressed using a directive approach to supervision, including having the trainee identify the patient's dominant affect, resistance, transference, and unconscious dynamic themes for each session. Process notes as a way to report psychotherapy sessions were discussed, as well as using the "ZOOM Toolbox": white board and chat function. While we could not enjoy dinner together, the psychotherapy supervisors were able to share struggles and solutions remotely, and had a great time interacting with each other and Dr. Cabaniss. We look forward to another event in Spring 2021, hopefully in person!

## Medical Education

Submitted By: Leanne Hatswell, Medical Education Coordinator

The academic year has begun and with it the start of third year clerkships. After a spring of virtual experiences for students, third year students are now back in the hospitals. In Psychiatry, we have streamlined the experience, sadly cutting out the outpatient portion of the rotation due to most patient encounters still being virtual. On the wards and in CPEP, students continue to see patients in real, live encounters. All student must wear PPE, socially distance, and now recently, wear protective eye wear in clinical settings. While these requirements are cumbersome, they allow students the dual experiences of live patient encounters and learning how to practice during a pandemic.



Fourth year students are also back in the hospitals, doing their best to impress us as they apply to residency. This year, we again have double digits of students choosing psychiatry as a specialty. One of the recurrent reasons that students cite as a motivation for going into psychiatry is our compassion and humanity. Let us continue to showcase both of these values in our treatment of our patients, our students, and each other, during these difficult and sometimes frightening times.

## Quarterly Coding Tip

Submitted By: Agnes Macakanja, BA, CPC

There are three new CPT® codes in 2020 for the category of E-visits. This provides a reimbursement for physician practices for conducting digital health assessments and evaluations of their patients.

- ◆ **99421:** Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5 to 10 minutes
- ◆ **99422:** 11-20 minutes
- ◆ **99423:** 21 or more minutes



These codes are for when E/M services are performed, that would have been face-to-face, through a HIPAA compliant secure platform. **These codes are for patient initiated communications.**

Report these services **once** during a 7-day period for the **cumulative time**. According to CPT®, “The seven-day period begins with the physician’s or other qualified health care professional’s (QHP) initial, personal review of the patient-generated inquiry. Physician’s or other QHP’s cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient’s problem, personal physician or other QHP interaction with clinical staff focused on the patient’s problem, development of management plans, including physician or QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication which does not otherwise represent separately reported E/M service.”

More requirements (for established patients per CPT®):

- ◆ The patient initiates the service with an inquiry through the portal.
- ◆ The service is documented in the medical record.
- ◆ If the patient had an E/M service within the last 7 days, these codes may not be used for this problem.
- ◆ If the inquiry is about a new problem, these codes may be billed.
- ◆ If a face-to-face service occurs within the 7 days of the initiation of the online service then the time or decision-making complexity may be used to select the E/M service but this service **cannot** be billed.

### CMS reimbursement as of September 2020



**99421** non- facility \$15.52

**99422** non- facility \$31.04

**99423** non-facility \$50.16



**Please note:** This information is subject to change as a result of changes in reimbursement laws, regulations, rules, and payment amounts. This information does not cover all payers’ rules and policies. It is based on CMS guidelines.

Resources: CMS, CPT® Professional Edition 2020, Coding Intel, AAPC, AMA

## Quotable Quotes

"Get your facts first, then you can distort them as you please"

- Mark Twain

"If you could kick the person in the pants responsible for most of your trouble, you wouldn't sit for a month."

- Theodore Roosevelt

"Don't believe everything you hear. Even in your own head."

- Anonymous



## Comic Corner



## Grand Rounds—Department of Psychiatry

Submitted By: Margaret Uebler-Otoka, Administrative Assistant

Due to COVID 19, all Grand Rounds from October 2020 to January 2021 will be held over ZOOM Video Conferencing.

Please check the department website at:

<http://medicine.buffalo.edu/departments/psychiatry/education/grand-rounds.html> for ZOOM information, the Grand Rounds schedule, up-to-date changes, cancellations, and additions.

The above will also be distributed over the Department of Psychiatry LIST-SERV. If you are not receiving notices from the Department of Psychiatry LIST-SERV and want to be added, please send Margaret your e-mail information at [mmu3@buffalo.edu](mailto:mmu3@buffalo.edu).

## Focus on Residency Wellness

Submitted By: Cynthia Pristach, MD

The Resident Wellness Committee was established to create unity, wellness and collaboration. Members include Preksha Arora-Hughes, Alia Syed, Jonathan Davila, Laura Hayes, Rahat Whig and Russ Pizzo. The committee has actively worked to improve the on-call experience by procuring a new (old) mini-fridge (thanks, Amy!), Department of Psychiatry fleece jackets, a buddy support system for PGY-1s and for fun and camaraderie, a Paint Night. Could pumpkin carving be far behind??!



## 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 December 18, 2020 to be included in the next edition, published in January 2021. Thanks, in advance, for your input!

