UB|MD PSYCHIATRY

The PsychList

January 2021

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

A Note from the Chair…

Steven Dubovsky, MD, Department Chair

When the pandemic wave broke on top of us, we were inundated with authoritative but contradictory statements and recommendations that confused as much as informed us. In uncertain times, people naturally fear ambiguity, and the gap between rapidly accumulating basic data and effective clinical protocols, along with lack of coherence in clinical and political pronouncements, increased the pervasive sense of danger. Nevertheless, we have remained immersed with our patients and our colleagues in an often-chaotic environment that threatens our psychological equilibrium as well as our sense of safety and predictability. Even those of us who contracted the virus and who have recovered or are in the process of recovering have not let the experience deter them from returning to the hospitals and clinics as soon as they could. The dedication and commitment of our faculty underscores the point made by the philosopher Frank Regan (the New York Police Commissioner in *Blue Bloods*): courage isn't the absence of fear; it's the judgment that something else is more important.

As if these kinds of challenges were not enough, we now must maintain our professional and intellectual equilibrium in a larger society that seems split down the middle. In the absence of consensus about anything, it is natural to crave certainty about everything. It is often said that the problem these days is that people can't agree with each other. In my opinion, we have never totally agreed with each other, which is as it should be if we are to continue to learn new things and grow. The problem these days is that people can't disagree with each other. We can only hate opposing opinions and perceptions, as well as the people who espouse them. Not only are we encouraged to dismiss any idea we disagree with, we are told to refuse to have anything to do with any other ideas that come from a source we regard as completely corrupt and degraded on the basis of one of its beliefs. Do you think I'm exaggerating? When is the last time you heard someone say "that's a good point- I hadn't considered it," or even "let me think about that"?

In the seminal article "on being sane in insane places," DL Rosenhan (Science, 1973;179:250-258) reported that everything researchers on a psychiatric inpatient service did was viewed as symptomatic of their nonexistent disorders. Taking notes, which was perfectly appropriate to their investigation of hospital procedures, was viewed as irrational because they were patients and by definition irrational. An atmosphere that promoted the belief that there is no logic to patients' symptoms undermined diagnostic accuracy not only in differentiating real from pseudo patients, but in appreciating that a core psychiatric task is to understand the logic of behavior and thought, not dismiss it. In an atmosphere of epidemiologic, social and political divergence, will we similarly identify with prevalent global assumptions about whatever challenge confronts us, or will we retain our ability to consider all sides of an issue without dismissing everything we think we might disagree with?

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Special points of interest

- 2020 Faculty/Staff Appreciation Awards
- Grand Rounds slides

On Remaining Sane in Insane Times

Submitted By: Steven Dubovsky, MD, Department Chair

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In all medical specialties, competent practice requires that we continually remain open to evolving evidence. When we feel that we know everything we need to know about a patient, or for that matter, an experiment- that we don't need any contradictory data- we close ourselves off to information that may be crucial to a successful outcome. Psychiatrists in particular appreciate that transference and other emotional biases inevitably truncate our understanding of any affectively charged situation and limit our ability to solve clinical, academic and interpersonal problems. We realize that continually soliciting contradictory views from our colleagues and our patients is essential to prevent premature closure promoted by such processes. The same obviously is true of any of our other professional efforts. For example, if we don't listen to and interact with our students' disagreement with what we say and how we say it, we will not be able to convey knowledge effectively. If we don't engage investigators who espouse competing hypotheses, our research will not proceed. Avoiding such limitations becomes very difficult in a world in which contradiction is not tolerated.

A few years ago, two individuals divided themselves completely from everything in our department because they considered a member of our advisory board (which meets once a year) to be divisive. This trend did not continue, and as a department we have been able to maintain open exchange on all levels. As a result, we have continued to build on our greatest strength- our ability to listen to and learn from each other and from our patients and students. When there is so much unrest, and when patients are so ill, we can continue to thrive professionally and personally as we embrace the diversity of perception and conceptualization inherent in such an outstanding faculty. Our ability to do so underscores Commissioner Regan's second principle: times like this don't build character, but they reveal it.

Medical Education

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

We hope everyone is safe and well. Our students have continued their rotations despite the recent surge in COVID cases. They will soon be off for winter break which will afford us at the Jacobs School the opportunity to assess how things are progressing in the community, and make arrangements if the students have to again be pulled from clinical rotations. The first and second year students are quite isolated at the moment as all of their classes are remote and virtual. We will have the opportunity to work with the second years, as will many of you, when the second year course in Psychiatry begins Jan 25. We have made substantial changes to the course this year in response to both the need for lectures to be remote and the demand for more active learning formats. We'll see how it goes!

We would like to thank all of you for your commitment to educating our students, especially over this turbulent year. In the eyes of the students, we remain one of the most valued departments. This would not be possible without your efforts!

Thank you!

Employee Spotlight

Official Titles

Clinical Professor of Psychiatry and Pediatrics
Executive Vice Chair, Department of Psychiatry
Chief, Division of Child and Adolescent Psychiatry
Jacobs School of Medicine and Biomedical Sciences
Chief of Service, Psychiatry and Behavioral Medicine, Kaleida Health
Medical Director, The Children's Psychiatry Clinic, Oishei Children's Hospital

Date of Hire

July 2005

Beth Smith, MD

Beth Smith, MD, discusses her position within the Practice and how the pandemic has created COVID specific initiatives, including the following:

COVID Warmline: Together with my colleagues, I was involved in the development and coverage of *The Emotional Support Warmline* service, led by Dr. Sourav Sengupta, for our local frontline health-care workers and staff. This has provided in the moment support, access to resources, and when indicated, direct therapy and treatment referrals. I also created a guided imagery video as part of the *Mindful Moments Series* of audios and videos disseminated to address HCW coping and self care.

Cystic Fibrosis: I conducted surveys on the impact of COVID-19 on both CF care teams across the US and on persons with CF and their families. I presented results at a symposium on the Mental Health Impacts of SARS-CoV2 on the CF Community at the 34th Annual North American Cystic Fibrosis Conference. I was also a consultant for the Cystic Fibrosis Foundation on multiple COVID webinars including *Emotional Wellness and COVID-19*, *Navigating Uncertainty*, and six weekly live mindfulness sessions for CF care teams held during the COVID-19 pandemic.

Q: What do you feel is the most challenging aspect of your job? The most rewarding?
A: The pandemic has brought new challenges, from the economic impact of COVID on many of my family members, to isolation, to virtual schooling for my children, and finally caring for elderly family members while trying to keep them as safe as possible. Practicing self-care during this time has been challenging, however, I am trying to follow the advice I have been providing to patients, families and HCWs calling the *Emotional Support Warmline.*

I could go on and on about the most rewarding aspects of my job, but included would be the personal connections made with patients and watching those kids grow and develop, in addition to the close relationships I have developed with my colleagues.

Q: Are there any special accomplishments or outside interests you would like to share?
A: In 2020, I was honored to be the Chair of the 34th Annual North American Cystic Fibrosis Conference and pivot from an international, multidisciplinary conference for CF professionals to a virtual conference. I was also promoted to full professor and had six peer-reviewed manuscripts during the pandemic!

Outside of work, I love spending time with my family and my Chihuahuas.
One of my hobbies is riding my Peloton— I have completed over 1,400 workouts!

Thank you, Dr. Smith!

What Do 2021 E/M Changes Mean for Office and Other Outpatient Services?

Submitted By: Agnes Macakanja, BA, CPC

Effective January 1, 2021, major changes to outpatient E/M Services include:

- ◊ CPT code 99201 is deleted
- ◊ The extent of history and exam no longer affect the level of care
- ◊ Level of care will be determined by time OR Medical Decision Making (MDM)
- ◊ There will be a new method for calculating MDM
- ◊ Time will include face-to-face and non face-to-face time on day of encounter

***These changes apply only to new and established office visits**

Specifically:

History and examination - utilized only as medically appropriate but not used for code selection.

Medical Decision Making (MDM) - elements included are the number and complexity of problems addressed during the encounter, the amount and/or complexity of the data reviewed, and the risk of complications and/or morbidity or mortality of patient management.

Time - one of the components for code selection.

In 2021, there will be significant modifications to the criteria for MDM. Vague terms in the table of risk will be replaced by other, more definitive terms. To qualify for a level of MDM, two of the three elements for that level must meet or exceed criteria. However, some elements have changed within the levels. Please see the table provided on the following page, page 5.

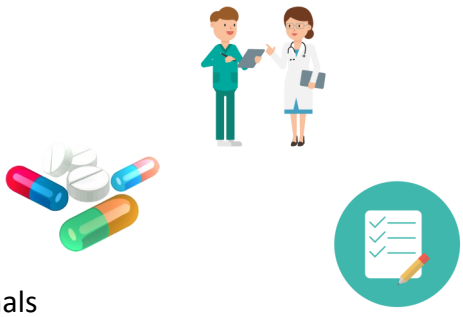
Data will be divided into three categories:

1. Tests, documents, orders, or data from an independent historian(s).
2. Independent interpretation of tests that are not reported separately.
3. Discussion of management or test interpretation with another healthcare professional or other appropriate source.

In 2021, time may be used when determining an E/M level. Currently, time may be used when counseling or coordination of care dominates over 50% of the encounter and ONLY face-to-face time is counted. In 2021, midpoint thresholds will be replaced with total time ranges. Time will be defined as all time spent on the day of the encounter, including face-to-face and NON face-to-face time.

Continued on page 5

The following tasks may be included when calculating total time:



1. Preparing to see the patient (e.g., review of tests)
2. Obtaining and/or reviewing separately obtained history
3. Performing a medically appropriate exam or evaluation
4. Ordering medications, tests, or procedures
5. Counseling and educating the patient/family/caregiver
6. Referring and communicating with other healthcare professionals
7. Documenting clinical information in the health record
8. Independently interpreting results and communicating results to the patient/family/caregiver

Clinical staff is not counted as time for selection of an E/M level.

Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:
Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.*	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	**Minimal** • 1 self-limited or minor problem	**Minimal or none**	**Minimal risk of morbidity from additional diagnostic testing or treatment**

99203
99213
	Low	**Low**
		• 2 or more self-limited or minor problems;
		or
		• 1 stable chronic illness;
		or
		• 1 acute, uncomplicated illness or injury
			Limited
			(Must meet the requirements of at least 1 of the 2 categories)
			Category 1: Tests and documents
			• **Any combination of 2 from the following:**
			  ◦ Review of prior external note(s) from each unique source*;
			  ◦ review of the result(s) of each unique test*;
			  ◦ ordering of each unique test*
			or
			Category 2: Assessment requiring an independent historian(s)
			(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)
				Low risk of morbidity from additional diagnostic testing or treatment

99204
99214
	Moderate	**Moderate**
		• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• 2 or more stable chronic illnesses;
		or
		• 1 undiagnosed new problem with uncertain prognosis;
		or
		• 1 acute illness with systemic symptoms;
		or
		• 1 acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  ◦ Review of prior external note(s) from each unique source*;
			  ◦ Review of the result(s) of each unique test*;
			  ◦ Ordering of each unique test*;
			  ◦ Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

99205
99215
	High	**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
			Extensive
			(Must meet the requirements of at least 2 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following:**
			  ◦ Review of prior external note(s) from each unique source*;
			  ◦ Review of the result(s) of each unique test*;
			  ◦ Ordering of each unique test*;
			  ◦ Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• **Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);**
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
				High risk of morbidity from additional diagnostic testing or treatment
				Examples only:
				• Drug therapy requiring intensive monitoring for toxicity
				• Decision regarding elective major surgery with identified patient or procedure risk factors
				• Decision regarding emergency major surgery
				• Decision regarding hospitalization
				• Decision not to resuscitate or to de-escalate care because of poor prognosis

*Resources: CPT, CMS, AAPC, AMA

2020 Faculty/Staff Appreciation Awards

The Department of Psychiatry, along with the University at Buffalo, the State University of New York, proudly honored the recipients of Faculty and Staff Appreciation Awards for their Outstanding Contributions in the following:

Dori Marshall, MD
Clinical Associate Professor
Clinical Mission of the Department

Michael Adragna, MD
Clinical Assistant Professor
Child and Adolescent Psychiatry

Cynthia Pristach, MD
Clinical Professor
Medical Student Education

Laura Hanrahan, MD
Clinical Assistant Professor
Resident Education
Dr. Stephen Scheiber Award

Sourav Sengupta, MD
Clinical Assistant Professor
Research in the Department
Dr. Kenneth Altshuler Award

Captain Amber Beyer
Buffalo Police Department
Head of Behavioral Health Team
Excellence in the Community

Hong Yu, MD
Clinical Assistant Professor
Clinical Mission of the Department

Christopher Fitzgerald, PhD
Volunteer Clinical Assistant Professor
Child and Adolescent Psychiatry

Abigail Green, MD
Clinical Assistant Professor
Medical Student Education

Joshua Morra, MD
Volunteer Clinical Assistant Professor
Resident Education
Dr. Stephen Scheiber Award

Sourav Sengupta, MD
Clinical Assistant Professor
Overall Contribution
Dr. Josie Olympia Award

Sally Brunetto
Office Manager
Excellence in Staff Contributions

The 100+ award recognizes outstanding contributions from our volunteer faculty. To be eligible for this award, a volunteer faculty member must have contributed over 100 hours of teaching, mentoring, and service annually within the Department of Psychiatry. These awardees are shining examples of excellence in teaching in our department. This year's honorees include:

Helen Aronoff
Kristen Cercone
Thomas Conboy
Nate Diegelman
Michael DiGiacomo
Christopher Fitzgerald
Jeffrey Grace
Laura McArdle
Chelsea McCabe
Alison McGuerty
Sadiq Rahman
Mohammed Saeed
Alicia Saldana

Residency News

Submitted By: Cynthia Pristach, MD

As we enter the New Year, we continue to interview candidates for residency. We have received over 1,300 applications and will interview about 80 candidates in all. Many thanks to the residents who helped review applications and attend virtual "social hours" with candidates. We have gotten great feedback about the social hours and as anticipated, the candidates think the residents are terrific! The faculty have generously volunteered their time to meet small groups of candidates and promote our program. Thank you to all!

Welcome to our new PGY-1 residents who started with us on December 14th. After a great week of orientation, which included a standardized patient test, they have started on clinical services. The senior residents are providing guidance and additional orientation to them.

The residents continue to be upbeat and optimistic, despite changes in training due to the pandemic. The Wellness Committee is instrumental in engaging residents in healthy and fun activities, including "Secret Santa" which was a great idea and a lot of fun!

We look forward to wrapping up our recruitment season in January, and to Match Day in March!

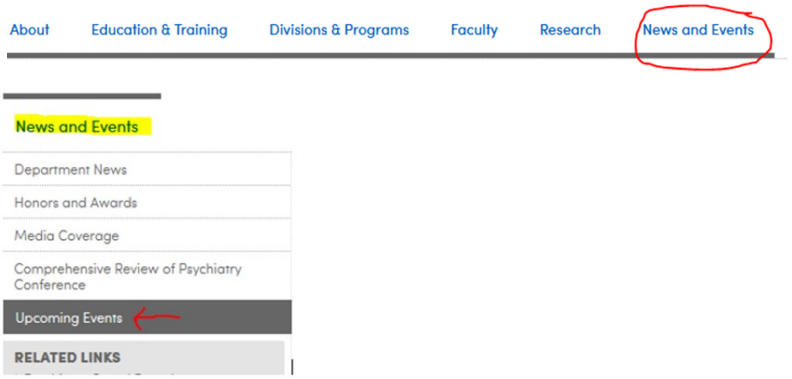
Are Slides from Previous Grand Rounds Available? – YES!

Submitted By: Margaret Uebler-Otoka, Administrative Assistant

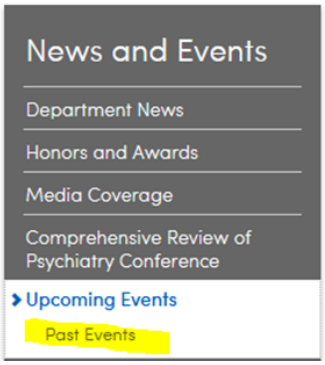
If permission is given, slides by Grand Rounds presenters are posted to the department website. To view:

1. Go to the department website at: http://medicine.buffalo.edu/departments/psychiatry.html

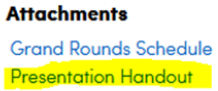
2. Under News and Events, scroll down and click on Upcoming Events:



3. On the left side bar, click on Past Events:



4. Click on the past event you are interested in, and once open, scroll down to the Attachment Section and click on the Presentation Handout to open.



If you have questions, or need assistance, please contact Margaret at ***mmu3@buffalo.edu***. She will be happy to assist you!

Quotable Quotes

"One advantage of talking to yourself is that you know at least somebody's listening."
— Franklin P. Jones

"Chaos in the midst of chaos isn't funny, but chaos in the midst of order is."
— Steve Martin

"Get your facts first, then you can distort them as you please."
— Mark Twain

Comic Corner

"I'm ordering a transfusion. We'll replace your B-negative blood with B-positive and see if that improves your mood."

Looking Ahead

Next year's Faculty and Staff Appreciation Awards Ceremony will be held on Friday, December 10, 2021. We look forward to seeing everyone at next year's event!

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 March 19, 2021 to be included in the next edition, published in April 2021. Thanks, in advance, for your input!