

The PsychList

July 2021

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



A Note from the Chair...



Steven Dubovsky, MD,
Department Chair

Clinicians who have maintained their professional, personal, and ethical balance on the front lines of the viral pandemic in the face of continually changing data and recommendations are now faced with the challenge of maintaining their intellectual balance in a larger society in which we are supposed to hate opposing opinions and perceptions, as well as the people who espouse them. Can we reconcile what we have learned treating patients under stressful circumstances with these demands?

Competent practice requires continually remaining open to evolving evidence. When we feel that we know everything we need to know about a patient, an illness, or an experiment- that we don't need or want any contradictory data- our clinical skills, as well as our intellect, become truncated as we close ourselves off to any information that makes us uncomfortable or confused, regardless of how important it might be.

Maintaining an open mind is particularly challenging in emotionally charged situations such as those that accompany any serious illness, when one's own feelings are easy to mistake for absolute truth, rather than one source of information. In all medical specialties, continually soliciting contradictory views from our colleagues and our patients is essential to a full understanding of a clinical situation and the choice of the most appropriate treatment. In psychiatry, we are acutely aware of the importance of transference and countertransference on how we respond to clinical challenges, as well as of the kinds of things that we can learn from our patients, our colleagues, and our competitors. The same is true of any of our professional efforts. We often gain as much knowledge from our students' questions and disagreements as we convey to them. If we don't interact vigorously with investigators who espouse competing hypotheses, our research will never grow.

Some physicians who recognize these truths feel that espousing one side or another of an absolutist political ideology in other arenas will not prevent them from thinking flexibly in clinical settings. While an ideal to strive for, the ability to switch mental set from one situation to another may not be as easy as it seems. Can we really stop thinking like scientists some of the time and start again when we feel that we have to, or will we lose our instinct to consider all possible aspects of a clinical or scholarly problem if repeated engage in dichotomous thinking about any other topic? Without abandoning our personal philosophy, can we resist the call of all-or-nothing thinking wherever we encounter it? And if we do not insist on examining all relevant meanings of behavior the larger society may consider symptomatic, will we abdicate our responsibility as authority figures to keep healthy discourse from deteriorating into dysfunctional rage?

As people look to physicians and other health care specialists to protect them, our role in society has expanded to include conveying the same balance in evaluating all information that we apply to medicine. We do not base clinical decisions on the first thing we hear or see. When a patient has a fever or chest pain, we do not immediately assume the cause is infection, myocardial infarction, or anything else, until we have obtained enough data to generate diagnostic and therapeutic hypotheses the relevance of which can be tested clinically. If we adopt the same scientific ethic to news reports, political pronouncements, Internet material, and other incomplete and polarized public information, we will model thinking things through rather than jumping to premature conclusions that dismiss conflicting ideas and prevent formation of a holistic approach to complex problems.

Our greatest strength as clinicians is 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 if we embrace the diversity of perception and conceptualization inherent in medical practice and communicate it to the larger society.

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The Patrick Lee Foundation

Submitted By: Alex Cogswell, PhD & Cynthia Pristach, MD

The Patrick Lee Foundation has provided generous start-up and ongoing support for the Department's new Psychology Doctoral Internship program. Their funding and partnership has enabled us to develop a unique training experience in the region, offering interns opportunities in a variety of settings with a wide range of clinical presentations. The training year is designed to help trainees develop expertise in utilizing a developmental perspective to conduct assessment and treatment of individuals with serious mental illness. The program has achieved formal accreditation by the American Psychological Association, and this past year participated for the first time in the national match, which enabled us to bring in trainees from outside the region. These are important steps towards our broader mission of increasing the accessibility of quality mental health care in our area.

Thank You for your Kindness

Additionally, three residents in the General Psychiatry Training Program have been recipients of Patrick Lee Scholarships. Each year, the Department of Psychiatry hosts a poster session for residents to showcase the work they have accomplished through their research and quality improvement projects. Dr. James Thompson III, a PGY-3 resident, was recently awarded the 6th Annual Quality Improvement and Research Projects Day Award. James' poster was entitled, *"Reducing Rehospitalization in Early Psychosis. A Quality Improvement Project Focused on Lowering Rapid Readmission to ECMC's Early Psychosis Unit"*. His mentor was Dr. Laura Hanrahan.


Drs. Matthew Castellana and Justine Forrest have just completed their PGY-1 year of training. Both of them are excelling clinically and academically. We look forward to their leadership and contributions to the Department, University, and community.

Welcome to Drs. Austin Milbrand and Lauren Lucente who have entered the PGY-1 year of training this July! Austin looks forward to training as a Child and Adolescent Psychiatrist and is "fast tracking". Lauren will be completing all 4 years of training in the General Psychiatry Program.



Residency News

Submitted By: Cynthia Pristach, MD



Lots of great things are happening in the residency! With the resident retreat and graduation behind us, we prepare to welcome our new class of PGY-1 residents. Changes are being made to accommodate the revised ACGME Milestones which will be instituted this July. The end-of-rotation evaluations will look a little different, and some of the reflective exercises will see some changes. We are planning a mini-retreat in September to launch the community engagement segment of our Structural Racism Curriculum. Residents will tour the African American Heritage Corridor and engage in discussions to enhance understanding about the role of African Americans in Buffalo's history. We will be joining medical students on rounds for UB Heals now that it is safe to do so. We welcome faculty members who would like to join us on rounds once a month!

Medical Education

Submitted by:
Sergio Hernandez, MD
Leanne Hatswell, Medical Education Coordinator

The Jacobs School of Medicine and Biomedical Sciences Class of 2021 would like to recognize and congratulate the recipients of the following awards:

Dr. Gilbert M. Beck Memorial Prize in Psychiatry – Olivia Plante

Dr. S. Mouchly Small, M.D. Award – Lauren Lucente & Emily Slominski

Farney R. Wurlitzer Prize – Austin Milbrand

As one academic year ends and another begins, we would like to extend a sincere thank you to all of our Staff and Faculty for their efforts in teaching and mentoring our students. We have students who have spent a whole year training during COVID, and all signs point to the year being a success. The second year medical student course in Psychiatry underwent significant revisions in an all virtual format and was very well received by the students. This would have been impossible without the remarkable hard work, patience, and dedication of our faculty. This COVID year has revealed the significant strength, resilience, and creativity of our Department.



Thank you all for your efforts and support!



Welcome PGY-1 Residents!

Submitted by:
Cynthia Pristach, MD



Siobhan Brady, DO is a native of WNY who attended Liberty University College of Osteopathic Medicine. She is delighted to be back to train in her home town and is in the process of remodeling an old house with her fiancé.

Omar Shawai, DO is from Ontario and went to medical school at the University of New England College of Osteopathic Medicine. He is happy to be back in the area, close to family and friends.

Odeyuwa Izekor (Uwa), MD was born in Nigeria and raised in Houston. She attended the American University of the Caribbean and has never been to Buffalo! We are excited to welcome her. She is in the child track.

Austin Milbrand, MD is a WNY native who attended the Jacobs School of Medicine and Biomedical Sciences. He has a variety of work and life experiences, as well as hobbies! Austin is in the child track.

Lauren Lucente, MD is from WNY and attended the Jacobs School of Medicine and Biomedical Sciences. She likes to cook, explore the Buffalo food scene, and hike.

Christian Binns, MD is from WNY and attended the Jacobs School of Medicine and Biomedical Sciences. He likes going to concerts, camping, playing basketball, and watching movies.

Shalok Munjal, DO went to medical school at Western University of Health Sciences College of Osteopathic Medicine in California. He loves to dance and make dance videos, among other hobbies.

***Abhi Khurana, DO** will be joining the PGY-2 class of residents. She is a WNY native who attended NYIT-COM. She loves walking, ice cream, and animals.

Welcome to this diverse and interesting group of PGY-1 residents. Based on their interests, we anticipate that the quality of food at resident parties improves, we are all engaging in more exercise, and movie club has new active members!

Doctor's Day at ECMC

Each year ECMC celebrates Doctor's Day. This year, the Department of Psychiatry is proud to announce and congratulate Dr. Tori Brooks and Dr. Matthew Ruggieri on their nominations! Recipients of this honor were nominated and described by their peers below:

Tori Brooks, MD

"Dr. Brooks encompasses everything that this award is about. ECMC and our community could not be in better hands. Her dedication, loyalty, knowledge base, and true passion for our patients that struggle with behavioral health issues is instrumental. "

"Dr. Brooks is involved in our community on many levels. She works hand in hand with our community partners focusing on housing, mental health linkage, substance abuse, and police matters."

"Dr. Brooks is fighting the stigma of mental health each and every day!"

Matthew Ruggieri, MD

"Dr. Ruggieri is an outstanding model of dedication to nursing, patients, and the community of ECMC as a whole. He respects the entire staff and encourage the team to pursue greatness in their field."

"Dr. Ruggieri has worked hard to create an atmosphere where the team can flourish and grow. He advocates for the safety of the unit—patients and staff alike. "

"Dr. Ruggieri makes the staff feel valued and appreciated daily through his actions and words."



Thank you to Drs. Brooks and Ruggieri for your hard work and dedication to the field, and to those around you!



Special Thanks and Recognition

A special thank you to a member of our APIC team, Allison Carr, for her initiative and dedication to her professional duties in better serving our community. Allison is noted by colleagues as:

- ◆ "Always kind and helpful"
- ◆ "She always helps with referrals and paperwork and tracking down the things we need"
- ◆ "She will go above and beyond to get things done, and she is always looking out for the best for your patients"

Your efforts do not go unnoticed—keep up the great work!



Siegel Award Winners

Please join the Department of Psychiatry in congratulating the following Siegel Award winners:

Charles Camp, MD
Michael DiGiacamo, MD
Sergio Hernandez, MD

The Siegel Award winners are chosen annually and based upon extremely high standards set forth by student voters. The descriptions provided by students below represent small samples of the remarkable work and examples put into practice by each winner in their treatment of patients, in addition to the training they provide to future doctors.

Charles Camp, MD

Winner, *Clinical Siegel Award*

“Passionate, extremely kind, and dedicated”

“Extraordinarily dedicated to teaching and a role model to students”

“He is one of the best teaching attendings I have had”



Michael DiGiacamo, MD

Winner, *Volunteer Faculty Siegel Award*

“Deeply caring, creative, uncannily energetic, funny, and frank”

“treated the students like the physicians they will soon become”

“an exemplary teacher and mentor”

Sergio Hernandez, MD

Winner, *Pre-Clinical Siegel Award*

“Dr. Hernandez’s passion for psychiatry and teaching was palpable for many of his students”

“Created an environment of openness, inclusivity, and non-judgement”

“If a love of learning and desire to improve is the outcome of pedagogical excellence, then Sergio Hernandez is the embodiment of the truth.”



Congratulations and Thank You to Drs. Camp, DiGiacamo, and Hernandez!

Quarterly Coding Tip

Submitted By: Agnes Macakanja, BA, CPC

History and Physical Exams still count for office visits!

The 2021 Evaluation and Management (E/M) documentation guidelines give providers more freedom. There still must be pertinent documentation of the History and Physical (H&P) that will protect patients by supporting continuity of care while keeping providers workload as light as possible.

Under the sweeping documentation changes that began in January 2021, history and exams are not used to determine the level of an E/M visit (codes 99202 – 99215). The guidelines state that visits include “a medically appropriate history and/or physical exam when performed.” In addition, it is the billing provider who determines the ‘nature and extent’ of the history and exam.

This change from the long-standing E/M rules has caused confusion to many providers. The change is part of the American Medical Association’s push to ease the burden of documenting encounters and move the decision- making back to the clinician realm.

The guidelines have given providers the freedom to decide how much of a history, exam, or both they will perform during the appointment. However, there are still documentation standards that must be met in each encounter. The note should tell what is going on with the patient, why the patient is being seen, and what are pertinent things that may change what the practitioner would do for the patient and/or the diagnosis. A complicated patient would require a more complicated history and exam, but the treating physician can focus on treating the patient instead of counting how many systems were addressed.



The 2021 guidelines state that the final diagnosis is not the only factor when you determine the complexity or risk. A patient may have several lower severity problems that combine to cause higher risk, or the provider may have to perform a more extensive evaluation to determine a problem is of lower severity. The notes should clearly indicate if an extensive evaluation has occurred.

The guidelines also expand on the older guidelines, clarifying that you should not consider comorbidities and underlying disease states when you select the E/M level “unless they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management.”®

Finally, the documentation must always support the medical necessity of the exam and the time spent, since the service may be coded based on time. This underscores another reason to keep track of the history and exam. During a time- based visit, the provider can count time spent obtaining and/or reviewing a history and performing a medically appropriate exam and/or evaluation.

Resources: NGS, AMA, Part B News, CPT

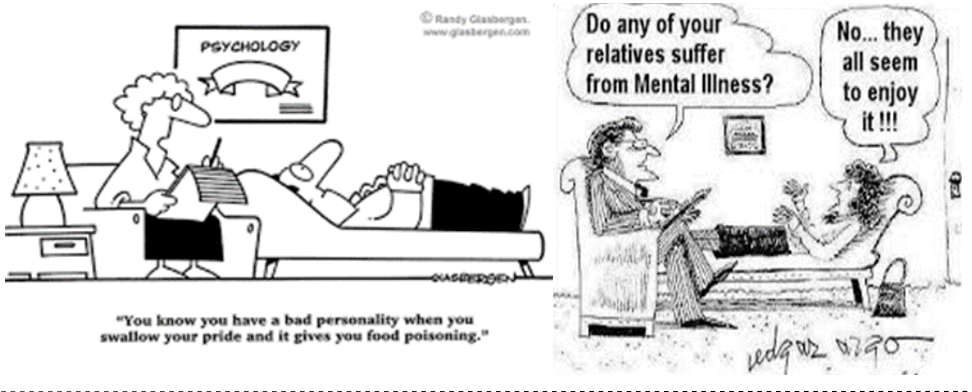
Quotable Quotes

"If you have an opinion about life, please raise your hand. Now put it over your mouth."
-Author Unknown

"I became insane with long intervals of horrible sanity."
-Edgar Allen Poe



Comic Corner



16th Annual Comprehensive Review of Psychiatry Conference

September 9-10, 2021

The Mansion, Buffalo, New York



Sponsored By: UB Department of Psychiatry, Western NY Psychiatric Society

Please join us for lectures, followed by small group discussions, on topics including:

- ◆ ADHD and Substance Use Disorder
- ◆ Motivational Interviewing
- ◆ Neuropsychiatric Aspects of Neurological Disorders
- ◆ Physician Assisted Suicide/Euthanasia
- ◆ Assessment of School Violence
- ◆ Treatment Resistant Depression

Presenters include:

- * David Arciniegas, MD
- * Dewey Cornell, PhD
- * Antoine Douaihy, MD
- * Mark Komrad, MD
- * Frances Levin, MD
- * Michael Thase, MD

If you would like further information, contact Angela at (716)898-4857, or visit:
<http://www.smbs.buffalo.edu/psychiatry/grandrounds/index.html>

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 17, 2021 to be included in the next edition, published in October 2021. Thanks, in advance, for your input!

