

The PsychList

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

April 2020



A Note from the Chair...



As stressful as the covid-19 epidemic has been for everyone, it is eclipsed by the epidemic of panic generated by the news media and by minute-to-minute contradictory and increasingly draconian pronouncements from political figures. As mental health professionals, this situation challenges us both to address escalating existential anxiety in our patients, and to set an example of a reasoned, scientific and clinically appropriate approach to troubling times. People abhor an information vacuum, and if there is insufficient actual information, they will provide their own version of reality rather than wait until sufficient data emerge before deciding how much danger they are really in. As clinical and academic leaders, we have the challenge of keeping our own anxieties in check as we help others to distinguish realistic and exaggerated responses to a real situation, as we have learned to do in our clinical practice.

Steven Dubovsky, MD, Department Chair



Please join the Department of Psychiatry in congratulating the following physicians named to Western New York Top Doctors:

Michael S. Adragna, MD
 Steven Dubovsky, MD
 Dori R. Marshall, MD
 Beth A. Smith, MD

Thank you for all of your contributions to the department and to the profession!

"We are what we repeatedly do. Excellence then, is not an act, but a habit"
 - Aristotle

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Special points of interest

- DAISY Award Winner
- Letter from the Editor

The Daisy Award for Extraordinary Nurses

Congratulations to Colleen Russo, NP, on being selected as the 2019 fourth quarter recipient of ECMC's DAISY Award for Extraordinary Nurses. The DAISY Foundation, an organization for the elimination of diseases attacking the immune system, established the DAISY Award for Extraordinary Nurses to recognize the very special work nurses do every day.

To be considered for the DAISY Award, nominees exhibit highly valued qualities and attributes including:

- ◇ Demonstrating professionalism in the work environment
- ◇ Job performance exemplifying the mission, vision, and value of ECMC
- ◇ Collaboration with the health care team to meet patients' needs
- ◇ Using critical thinking skills in the delivery of extraordinary patient care
- ◇ Demonstrating excellent interpersonal skills with peers and co-workers
- ◇ Modeling empathy and demonstrating a caring attitude in all situations
- ◇ Excellent educating of patients and their families
- ◇ Consistently focusing on meeting patient and family goals



Thank you, Colleen, for being an exemplary nurse and an outstanding role model!

Resident News

Submitted By: Cynthia Pristach, MD

The residents attended a Program Improvement Workshop in February, and several ideas were presented. Residents appreciate feedback from faculty about their performance during clinical rotations. In order to ensure that residents receive more verbal feedback, the Program is launching an initiative where residents will approach their supervisors during their rotation, and at its end, for a discussion about their progress, including areas they are doing well and areas for improvement. Faculty will be asked to sign off on a simple form in MedHub. This pilot project will be launched in April!

A number of General Psychiatry Residents have had posters accepted for presentation at the American Psychiatric Association Annual Meeting in May 2020. These include Preksha Aurora-Hughes, Huma Baqir, Chloe Leitch El-Atoum, Samantha Salem, Charles Camp, and Ray St. Marie. Congratulations, and we look forward to hearing about the experience.



Kiran Khalid, a PGY-5 Child Fellow recently presented a poster at the annual meeting of the American Association of Directors of Psychiatric Residency Training in Dallas, Texas. She was also selected as an IMG of the Year. Congratulations, Kiran!

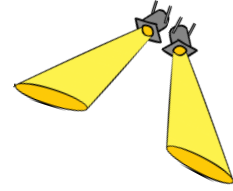
Charles Camp, the Chief Resident, hosted a movie club on March 9, 2020 with a showing of "The Florida Project." Over 20 residents and medical students of all years participated in a thoughtful discussion of this movie which reflected this year's theme of "parenting and families."

Employee Spotlight



Peter Martin, MD

Peter Martin, MD, was hired in July 2013 and explains his position within the Practice below:



Q: Where do you specifically work?

A: My direct clinical work is split between the adult and youth correctional systems, seeing individuals either for treatment purposes or for court-ordered evaluations. I see adults at Erie County Holding Center and Erie County Correctional Facility, and occasionally I cover the jail unit at ECOM (9z2). I see youths (primarily adolescents) at the Erie County Youth Services Center. I also do various consultative work with Youth Probation as well as Horizon Health Services.

Q: How do you balance the challenge of teaching and precepting students in a forensic setting?

A: As in the case in other settings, the primary challenges involve time and space. Usually there are fixed times that you can see individuals before the correctional facilities will have to be locked-down for security purposes (i.e. change of shift), and therefore there is pressure to see all of those on the schedule while allowing opportunities for trainees to participate. Additionally, the rooms that we see individuals in correctional settings are typically very small, which can limit the number of trainees present at any one time.



Still, being mindful of these challenges creates opportunities to still have a rich learning experience, both from seeing the process of evaluations in these settings as well as ensuring appropriate discussions about cases afterwards.

Q: What do you feel is the most challenging aspect of working with students? The most rewarding?

A: The most challenging aspect of working with trainees is figuring out how best they learn and trying to adapt to that style in order to maximize their experience. In Forensics, there is the additional challenge of teaching in a relatively short timeframe key aspects of the legal system and how it impacts psychiatry (and vice-versa). The most rewarding aspect of working with trainees is to see them grow as learners and clinicians, improving their knowledge base as well as their self-confidence in areas that may have previously been difficult.

Q: What strength do you feel is most important for students to hold onto during their years of training?

A: The willingness to learn new things and incorporating that knowledge into a solid foundation (of medicine in general and psychiatry in particular). Along these lines, being able to look at information critically, whether it's a history that a patient is giving or the newest journal article. The principles that are taught in medical school and reinforced in residency/fellowship that encourage "looking at the bigger picture" (such as considering a broad differential diagnosis, or creating a well thought-out formulation) are key to being a successful clinician, teacher, and researcher.

Thank you, Dr. Martin!

Quarterly Coding Tip

Submitted By: Agnes Macakanja, BA, CPC

2021 CPT® E/M coding changes

On January 1, 2021, four significant changes in CPT® coding will simplify the current labor intensive E/M documentation requirements. The CPT® changes strive for quicker and clearer medical coding for outpatient (office) visits.

Here is a brief look at what the 2021 changes will do:

1. A new choice in determining level of service.

Current guidelines in CPT® coding require that you consider history, exam, and medical decision making (MDM). The code you assign must match two of the three elements for established patients, and three of three for new patient encounters.



For the 2021 changes — CPT® coding of ALL visits in code range 99202 through 99215 — meaning, for new and established patients, office visits will be determined by either the level of MDM or the total time (direct or indirect) spent providing service on the date of the encounter.

You will still take histories and perform exams, or review them to establish medical necessity. You will have more discretion regarding the extent. Using either MDM or date of service time will be your key to code for reimbursement.

2. Clarify the nature of medical decision making

Since you will be able to select codes solely on the basis of MDM, it is very important that you document the correct MDM level. A revised table of MDM will help. It represents the relationship between CPT® codes, the four MDM levels—straightforward, low, moderate, and high—and MDM's three elements:

- ◆ The number of complexity of the problems
- ◆ The amount and/or complexity of the data reviewed or analyzed
- ◆ The risk of complications and/or morbidity of patient management

The revised table (see page 5) is simpler than the current table and utilizes data from the 1995 and 1997 E/M guidelines table of risk.

The 2021 guidelines also clarify and expand definitions of 22 key MDM terms:

- ◆ What exactly qualifies as “addressing” a problem?
- ◆ When should providers categorize an illness as “stable?”
- ◆ Who “counts” and who does not, as an appropriate source for discussing patient care management?

3. Redefine time spent providing services

When using time as a factor in choosing CPT® codes, remember that as of January 1, 2021, time no longer refers to typical face-to-face time spent with a patient and family. Rather, it refers to the minimum time spent on the date of service on ALL tasks related to patient care.

The AMA recognizes that the date of service time better represents the work involved in non-face-to-face services.

Quarterly Coding Tip, continued

Other activities that will count toward minimum date of service time include:

- ◆ Obtaining and/or reviewing a separately obtained history
- ◆ Ordering tests, medications, or procedures
- ◆ Documenting clinical information in an EHR or other health record



4. Eliminate code 99201

You probably have not been using it, and neither have most providers.



Since the elements of 99201 and 99202 are very similar and differ only in history and exam, 99201 (level 1 new patient office/outpatient E/M visit) will be deleted due to low utilization.

All of these changes should make E/M documentation far less burdensome.

**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)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	
			Amount and/or Complexity of Data to be Reviewed and Analyzed	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	
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)	
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)	
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)	

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Child and Adolescent Psychiatry Fellowship News

Submitted By: Sourav Sengupta, MD, MPH

The Department of Psychiatry was well-represented at the 2020 Annual Meeting of the American Association of the Directors of Psychiatric Residency Training (AADPRT) in Dallas, Texas. Our very own second-year Child and Adolescent Psychiatry Fellow, Dr. Kiran Khalid, was awarded the Nyapati Rao and Francis Lu International Medical Graduate Fellowship. She'll be working with a senior mentor in the field, Dr. Hanna Stevens, in her areas of interest in clinical neuroscience and medical education.



The General Psychiatry Residency and Child and Adolescent Psychiatry Fellowship had the opportunity to collaborate on an educational workshop entitled "Managing the Struggling Millennial Learner: Creating a Team Approach." From our Psychiatry Residency, Dr. Cynthia Pristach (Training Director), Dr. Paula Del Regno (Associate Training Director), and Carol Regan (Training Program Administrator), and from our Child and Adolescent Psychiatry Fellowship, Dr. Sourav Sengupta (Training Director) and Elizabeth Sengupta (Training Program Administrator), the team taught a packed room (standing room only!) evidence-based strategies to help struggling learners in culturally and developmentally engaging ways.



Dr. Khalid also had a great poster with Dr. Pristach and Dr. Del Regno on "just right" neuroscience education piloted right here in our Department. Dr. Sengupta ran the New Training Director Symposium and coordinated AADPRT's national mentorship program in his role as co-chair of AADPRT's Membership Committee. A busy and fulfilling experience all around!

**Job
well
done!**





A Letter
from the
Editor...

After what seemed like another long winter (don't they all?), I, along with most Western New Yorkers, was anticipating the arrival of Spring and all that it embodied. Warmer weather. Sunshine. Birds chirping. Flowers blooming. Windows open to breathe in the fresh, crisp air. However, as we have all come to realize, time has instead seemed to stand still. With the co-vid 19 pandemic spreading and the number of positive cases locally rising, I took time to pause and do some reflecting, as I suddenly found myself with more "down" time than usual. Let's face it, all of our lives have changed. We, as a society, have been mostly confined to our homes, with limited access to in-person human interaction with others outside of our immediate family.

With the restrictions, I found myself in a role that I was very familiar. I like to refer to it as my "past life." For most people reading this, you know me as "Julie." I process your extra pay and invoices, and I produce the quarterly newsletter. I also work as the administrator for the Emergency Psychiatry Fellowship and the Psychology Doctoral Internship. What most of you do not know, however, is that my background includes a 15-year career as a public school teacher. During those 15 years, I taught middle and high school mathematics, but also taught English as a Second Language (ESL) to students in grades K-12. While my life changed direction almost two years ago, I found myself back in the role of "Mrs. Mikula", working with my two children and teaching them lessons while schools remain closed. Many of you are also experiencing being a classroom teacher to your own children at home. Honestly, with everything that is going on, I am more than happy to have my children home. However, I must be completely truthful. The closing of schools made my heart sink, and the pit in my stomach doesn't seem to dissipate with the passing of time. Not because I was worried about my own childcare issues (I was), or about the instruction time they are missing (I am), but because of other children. Children not as lucky as mine. Children who WANT to be in school. Children who NEED to be in school. Children who rely on their school building and teachers to provide them instruction, but also safety, nurture, and guidance that some of them will never experience at home. My heart sank for my friends who are still teachers. They WANT to be at work. They WANT to connect with their students and provide the security, support, and stability needed for success. However, as with most areas, the world of education has been modified to include distance learning, or weeks of instructional packets, and at the same time, left wondering if school will resume for the year, and what it could look like once it does.

Since many of us continue to work in some or full capacity, work has somewhat helped to maintain a sort of normalcy. It has provided routine, along with human interaction outside of one's home. It may sound funny during a time like this, but more so, work has provided me with a sense of relief. It has given me the opportunity to surround myself with individuals specially trained to work in these types of circumstances. It has reminded me to be thankful that I am able to come to work and provide for my family during a time when so many others find themselves without work or a steady income they have come to rely on. It has prompted me to express gratitude to healthcare workers who continue to perform their jobs despite fear they too may be experiencing.

With information changing by the day, it's hard to predict how long things will stay like they are and remain the "new normal." Science is logical, factual, and vital right now. Our world depends on it in order to maintain balance. During challenging times, I heavily depend on it, along with *faith* and *hope*. I try my hardest not to focus on the negative because I have *hope* that as a society, we will come out of this as a more educated, unified nation. I have *faith* that we will.

As we all wait with anticipation to see how things will unfold over the upcoming weeks and months, I will continue to open my windows, play outside with my daughters, and take my dog for a walk. After all, spring is here and better days are around the corner.

Take care and stay healthy,

Julie Mikula
Administrative Assistant
Program Administrator, Psychology Doctoral Internship
Program Administrator, Emergency Psychiatry Fellowship



Quotable Quotes

"I have a new philosophy. I'm only going to dread one day at a time." - Charles M Schulz

"I like long walks, especially when they are taken by people who annoy me." - Fred Allen

"Cure for an obsession: get another one." - Mason Cooley



Comic Corner



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<http://medicine.buffalo.edu/ooc/news.html>



They want to tell stories about your work to the outside world!

To find out how to identify newsworthy items and events, follow:

http://medicine.buffalo.edu/ooc/news/brainstorming_tips.html

Submitted by: Margaret Uebler -Otoka, Administrative Assistant

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 June 19, 2020 to be included in the next edition, published in July 2020. Thanks, in advance, for your input!

