

Oregon Psychiatric Access Line about Kids (OPAL-K) Quarterly Report January-March 2017

OPAL-K Dashboard	Jan-Dec. 2014	Jan-Dec. 2015	Jan-Dec. 2016	January-March 2017
New Enrollments	518	307	201	36
Consult Calls	192	532	539	144
Foster Care Cases	6	48	60	23

OPAL-K Symposium: Common Mental Health Challenges in the Medical Home

Date: February 24, 2017

Location: Jackson County Health Services, 140 S. Holly Street, Medford, OR

Five OPAL-K Physicians traveled to Southern Oregon to present a full day CME symposium about common mental and behavioral health challenges in the primary care medical home. The presentation format utilized case-based learning modules and emphasized practical information rather than theory.

The following topics were presented:

- ADHD: What to do when stimulants don't work – Lewis Sprunger
- Anxiety: Identifying and treating the anxious child – Ajit Jetmalani
- Trauma: First step, be aware! – Teri Pettersen
- Sleep: When children don't sleep – Kyle Johnson
- Adolescent Depression Screening, Diagnosis, Treatment, Referral, & Community Resources – Keith Cheng

The Symposia was very well attended and the reviews were uniformly positive (data provide upon request).

OPAL-K Enrollment:

Medical Providers continue to enroll online www.ohsu.edu/OPALK or by calling the OPAL-K office at 503-346-1000 or toll free 855-966-7255. Advance enrollment reduces the wait time when provider calls OPAL-K for a curbside consult. Enrollment involves medical providers' demographics for future correspondence.

Consult Calls:

During this quarter OPAL-K received over 144 calls from medical providers from various regions in Oregon. Some of the providers have made more than 28 calls. After each consult call we send a post-service survey to the medical providers and continue to receive very positive feedback about our service (data available upon request). OPAL-K child psychiatrists continue to utilize evidence-based and evidence informed guidance to medical practitioners in addition to practical advice supporting medical practitioners caring for their patients mental health needs in the primary care medical home.

OPAL-K Foster Care Psychiatric Consultation: Case Vignette

During this quarter OPAL-K received 23 foster care cases for review from the Oregon Department of Human Services (DHS), Office of Child Welfare Program. Foster care case review is a separate process from OPAL-K curbside phone consultation. This medical record review and consultation process includes direct conversation between the treating medical provider and the consulting child and adolescent psychiatrist. The conversation includes a discussion of the medical indications for the current psychotropic

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regimen, the current efficacy of the treatment plan, persistent symptoms and barriers to treatment. As clinically indicated, the conversation may include brainstorming strategies to revise the medication regimen and identification of additional services that the youth in substitute care and their families may require (such as evidence-informed psychotherapy, family support, and school services). Direct conversation strengthens the collaboration among the network of Oregon's clinicians and provides a strategy for leveraging expertise and collaboration to optimize treatment in medically and relationally complex situations.

Case Vignette:

A recent OPAL-K Foster Care consultation began with the identification of a youth with overlapping neurological and psychiatric symptoms treated with six different medications including one relatively high dose antipsychotic and two medications in the same pharmacological class. This youth's symptoms included aggressive and dangerous behavior, putting his and others' safety at risk. The OPAL K team had concerns that the complex medication regimen placed the youth at risk of obesity, chronic diabetes and cardiovascular disease, as well as potentially aggravating his symptoms through adverse drug interactions.. The initial conversation with the youth's clinician revealed that the youth currently lived in a group home after multiple hospitalizations and seven different foster placements since removal from his biological home when a toddler. Further complicating his care were three changes to his primary clinician over the past year, disrupting the continuity of relationship. While all of his clinicians were concerned about the potential risks of his medication regimen, the youth and his foster family were unwilling to make any medication changes for fear that it would disrupt the hard won stability and relative safety of his present status. The current clinician, working to build trust with the family, was caught between recognizing the risk of the medication regimen and understanding the youth and family's fear about making any changes.

Given that the clinician alone would not be able to suggest changes, we agreed to arrange a conversation with the OPAL-K consulting psychiatrist, the youth's primary clinician and psychologist, the youth's foster parents and primary group home staff. Through shifting the conversation from a defended, traumatized stance to a trauma-informed stance that incorporated the family and clinicians' concerns, elicited collaboration, highlighted the youth's maturation, healing, and resilience, the youth and his family expressed willingness to consider changes to the medication regimen. The youth chose the timeline of change as well as the starting point. Explicit indicators of improvement and symptoms were established to help clarify communication about the impact of the medication changes and provide reassurance that if symptoms emerged, changes could be reversed. The consulting psychiatrist supported the primary clinician's resolution of the dilemma through increased advocacy for simplifying his medication regimen while also empowering and collaborating with the youth and family. At the end of the conversation, the youth decided to try tapering off the antipsychotic first, the medication with the greatest potential health risks. He had a timeline and plan for reducing his other medications and expressed gratitude for his primary clinician's care.

Post-Service Survey Feedback from Medical Providers Who Called OPAL-K

- Dr. Christiansen gave me important guidance regarding issues of assent and permission for medications and psychotherapy for children in the midst of custody battles. Her advice enabled me to reach out and collaborate effectively with a parent who felt excluded from his child's care.

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By doing this I was able to make a real and positive impact on the child and her family. ___a
clinician from Wallowa County- 01/06/2017

- This is such a great service. As a PNP I need to be able to manage depression and anxiety in my student population but at times I am stumped. Knowing I can call OPAL-K and speak to someone quickly is a great service and I learn more about how to improve my mental health care practice. Thank you so much for providing this service. With such a shortage of child psychiatrist in our area this is invaluable. ___a clinician from Jackson County- 01/19/2017
- Like having a psychiatrist just down the hallway in your clinic! ___a clinician from Mult. County- 01/24/2017
- Child psychiatry is an extremely limited resource. Because I am able to access OPAL-K same-day by phone, I am able to provide necessary mental health care to many patients that would otherwise wait months to see a child psychiatrist. ___a clinician from Mult. County - 02/09/2017
- I value your service tremendously! I have always been treated well, treated as a professional and as a party trying to help someone. The care plans discussed are always well thought out, your providers give consideration to each and every case presented. I value this for children, I would love to have this service for the adults I see twice a week!! I have never been treated as a lesser provider because I am a nurse practitioner, I have been treated with respect and as a valued provider in the community. ___a clinician from Marion County - 02/24/2017
- Obviously my frequency of usage attests to my appreciation and recognition of OPAL-K's value to my practice. I feel much more confident keeping children in our primary care setting with OPAL-K looking over my shoulder and away from the poly pharmacy of many outside providers of mental health services in our community. ___a clinician from Jackson County - 03/ 10/ 2017
- Saved my angst caring for an acute patient! Thanks ___a clinician from Jackson County -03/14/ 2017

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OPAL-K Symposium February 24, 2017 Jackson County Human Services Medford, Oregon Rating Scale 1-5 (1 low -5 high) n= 29					
This program met the stated objectives of:	1	2	3	4	5
Identify the salient components to assessment of pediatric anxiety, ADHD, depression, and sleep disorders	0	0	0	4	25
Identify the major components of a treatment plan for pediatric anxiety, ADHD, depression, sleep disorders.	0	0	1	8	20
Understand how trauma is ubiquitous in the care and treatment of youth with mental disorders	0	0	0	1	28
SPEAKERS					
Knowledgeable in content areas	0	0	0	1	28
Content consistent with objectives	0	0	1	1	27
Clarified content in response to questions	0	0	1	3	25
CONTENT					
Appropriate for intended audience	0	0	0	2	27
Consistent with stated objectives	0	1	0	0	28
TEACHING METHODS					
Visual aids, handouts, and oral presentations clarified content	0	0	2	10	17
Teaching methods were appropriate for the subject matter	0	0	0	4	25
RELEVANCY					
Information could be applied to practice	0	0	3	2	21
Information could contribute to achieving personal, professional goals	0	0	0	3	22
Individual Feedback					
Ajit Jetmalani 4.96 4.96 4.96					
Keith Cheng 4.96 4.85 4.81					
Lewis Sprunger 4.96 4.70 4.84					
Kyle Johnson 4.96 4.89 4.84					
Teri Petersen 4.92 4.85 4.84					
IN GENERAL					
Do you prefer: Half-day seminars Full-day seminars Multi-day seminars					
12 11 1					
How did you learn about this symposium? Brochure Supervisor Email Other					
0 2 17 2					
Overall I would rate this symposium as: Excellent Good Average Poor					
24 3 0 0					
Seminar Topics interested in attending					
Teen Substance Abuse					

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Drug ETOH and contribution to behavior/ mental health issues in children
How to incorporate Mental Health into my private practice
More on Sleep infant and adolescent
Comments:
I love OPAL-K/ Excellent! Please do again!
Such an informative enjoyable symposium. Please come back to Medford annually.
Dr. Sprunger- entertaining stories
Thought it would be case-based presentations re practical diagnosis + TX
Would like more discussion of meds & doses, when to add ADHD combos, augmentation other disorders
Want more prescription details. Sleep Disorder was good.
Humor, down to earth presentations, Excellent, I understand there is limited time for all pharmacology discussion
Thank you!
Prefer PowerPoint at time of presentation
All Great, Dr. Sprunger-Would have liked more specific cases & systemic approach to them would have been helpful

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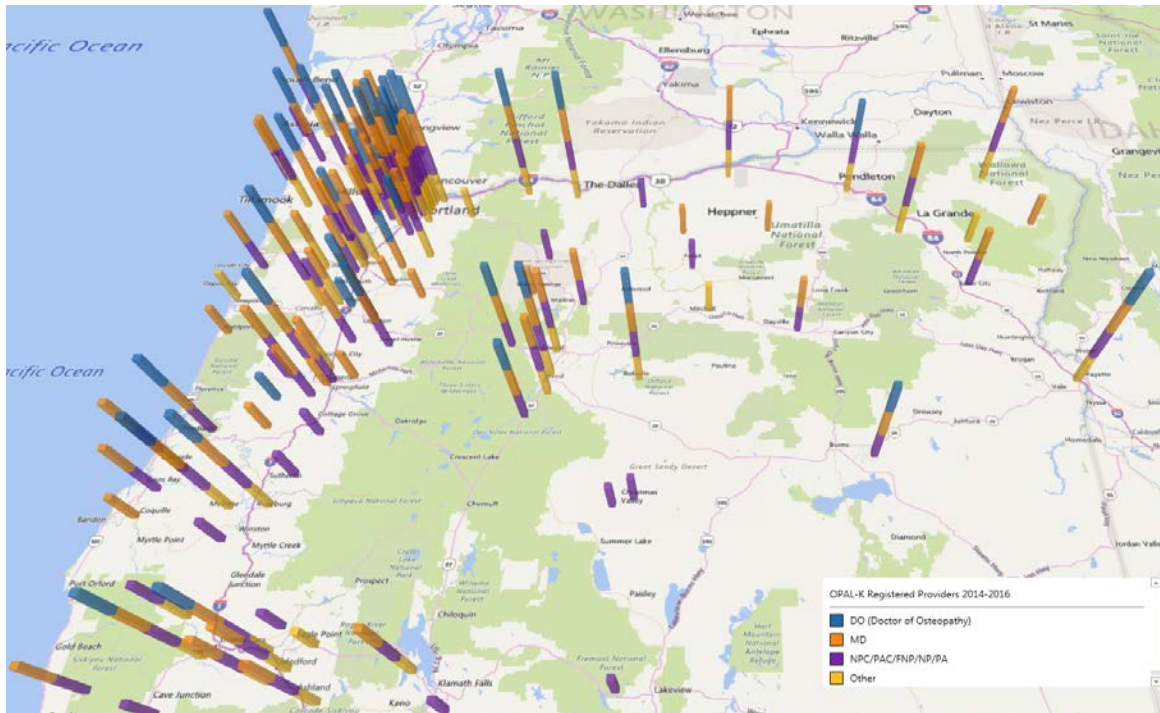
OPAL-K Post-Service Survey
 n= 448

No	Survey Item	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
1	I find the OPAL-K consults to be useful	390	51	5	1	1
2	The team member who answered the phone treated me professionally.	418	27	0	0	1
3	I was able to connect to an OPAL-K consultant in a timely manner	401	33	1	0	1
4	I am very satisfied with the process of being connected to an OPAL-K consultant	412	27	7	0	1
5	My patient received mental health assistance more quickly because of the OPAL-K program.	319	59	56	8	2
*6	I am better able to care for my patient after consulting with OPAL-K.	192	25	6	2	1
*7	I am more comfortable addressing mental health issues in my practice knowing I have OPAL-K consultants available.	199	23	8	3	1

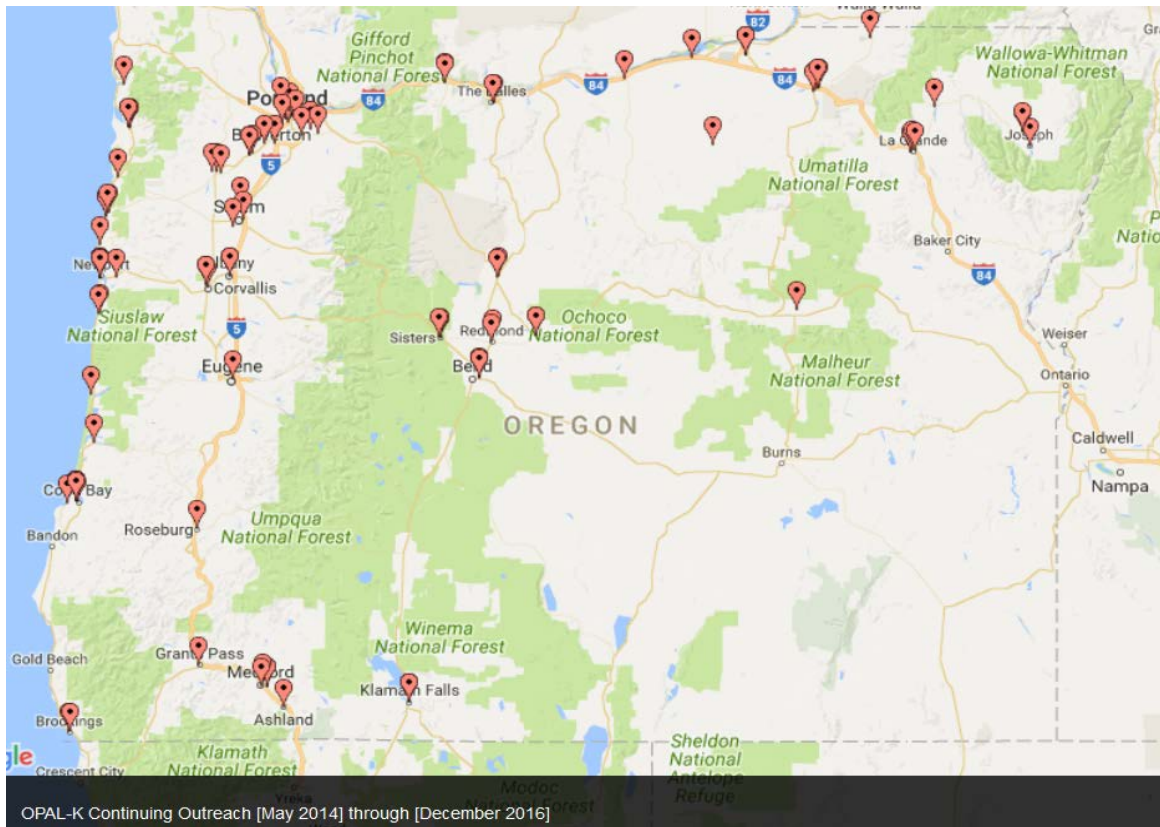
*n= 234 for questions # 6 and 7, these two questions were added much later in the program

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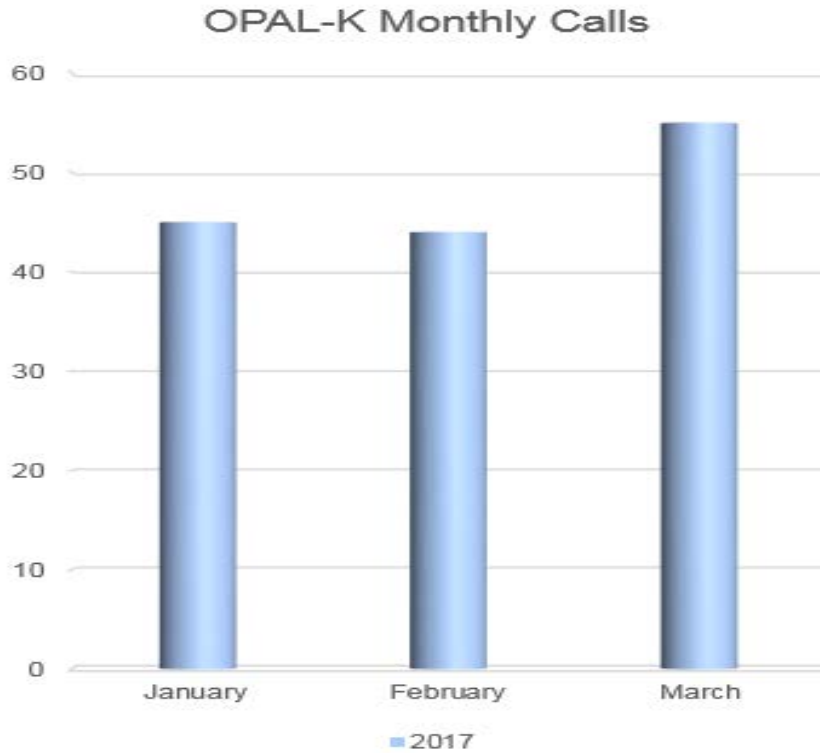
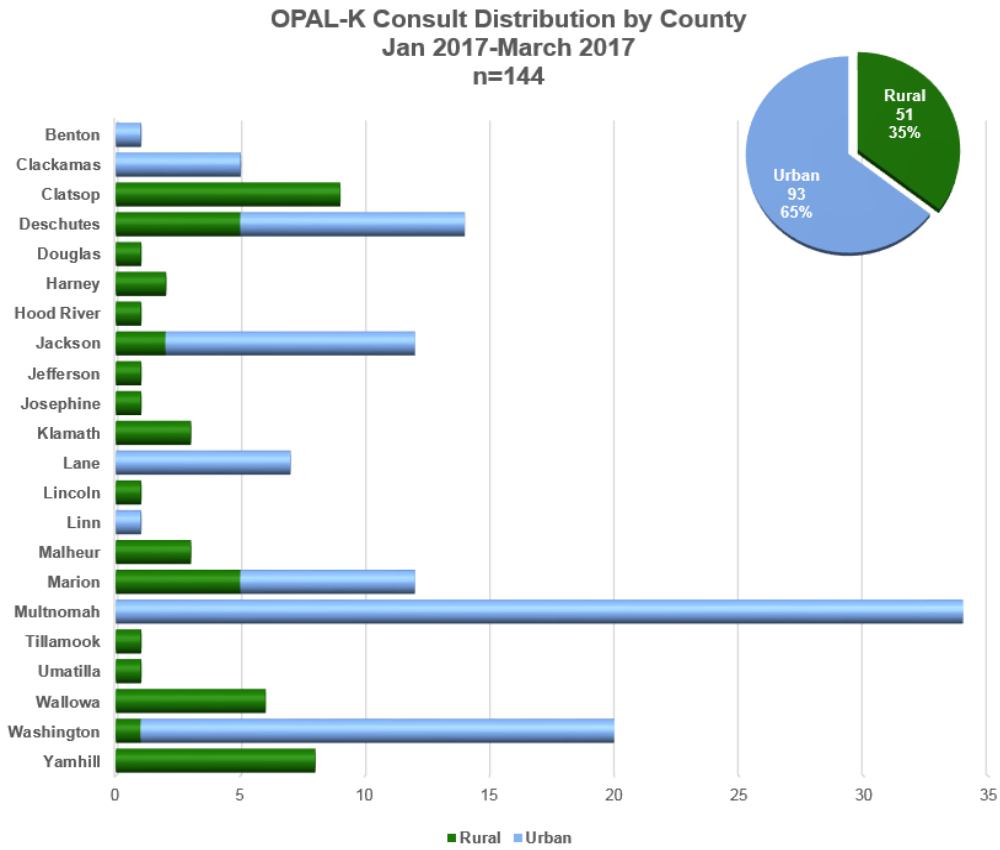
OPAL-K Registered Providers in Various Regions in Oregon



OPAL-K Outreach to Various Regions in Oregon

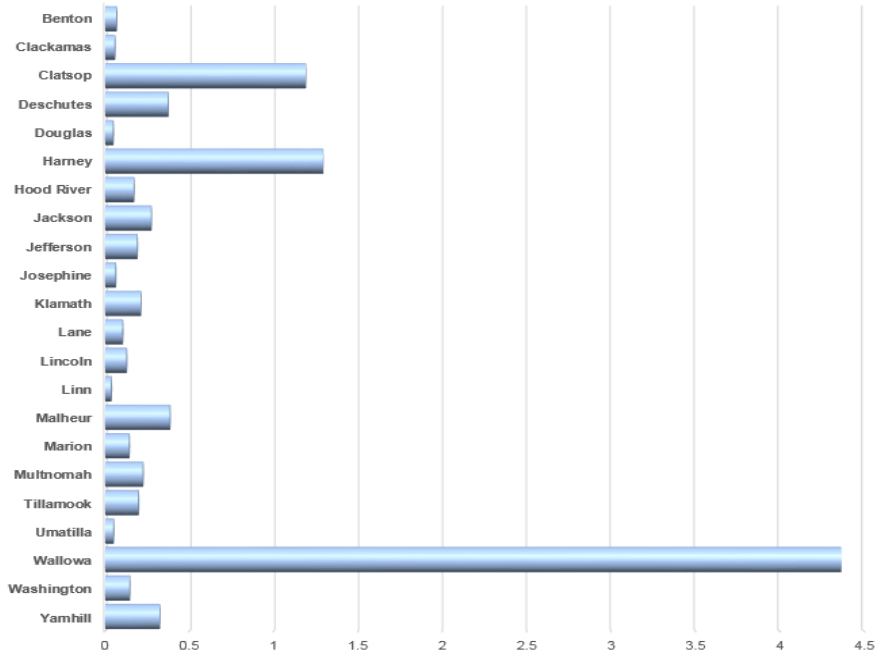


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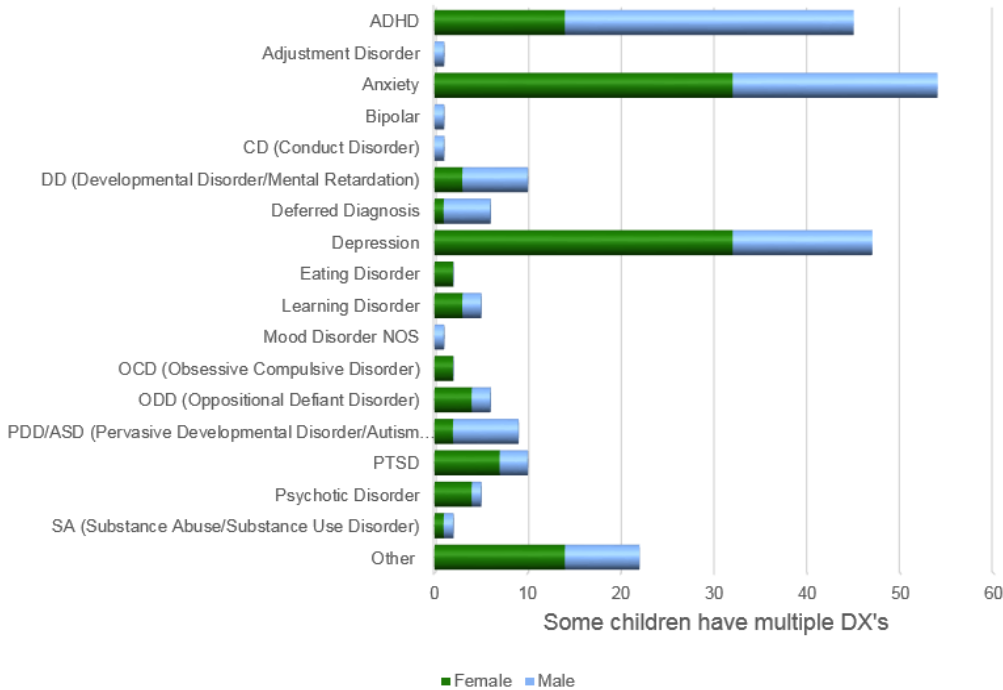


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OPAL-K per Capita Incoming Calls Made by
Medical Providers by County
(per 1000 Population Age 0 to 17)
January 2017-March 2017

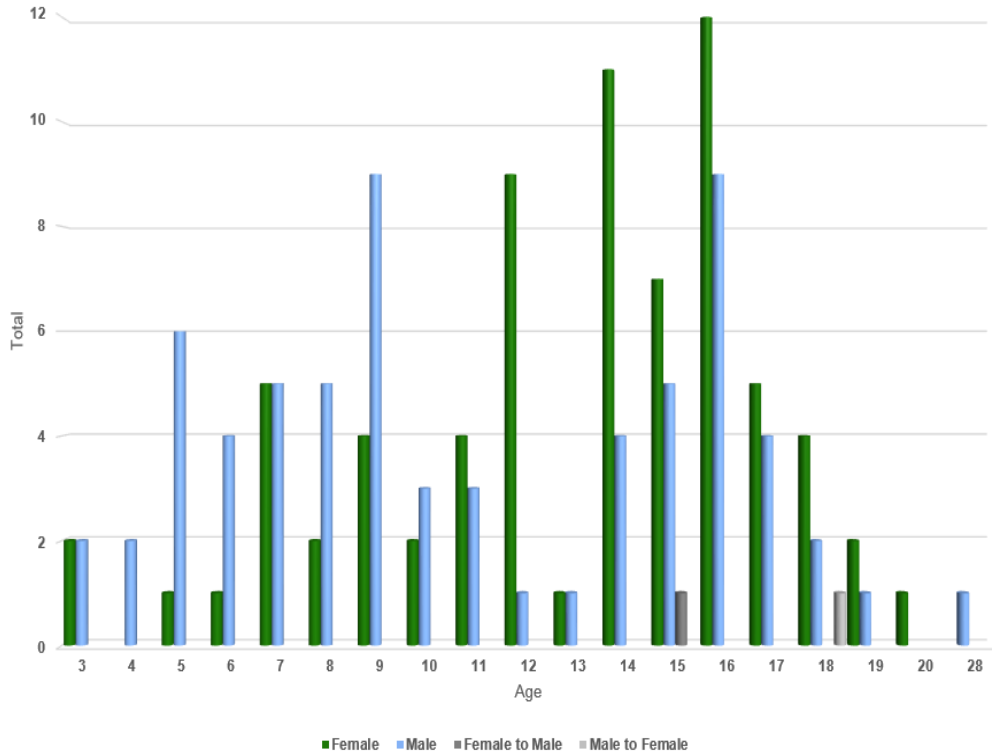


OPAL-K Children's Diagnoses January 2017-March 2017 n=229

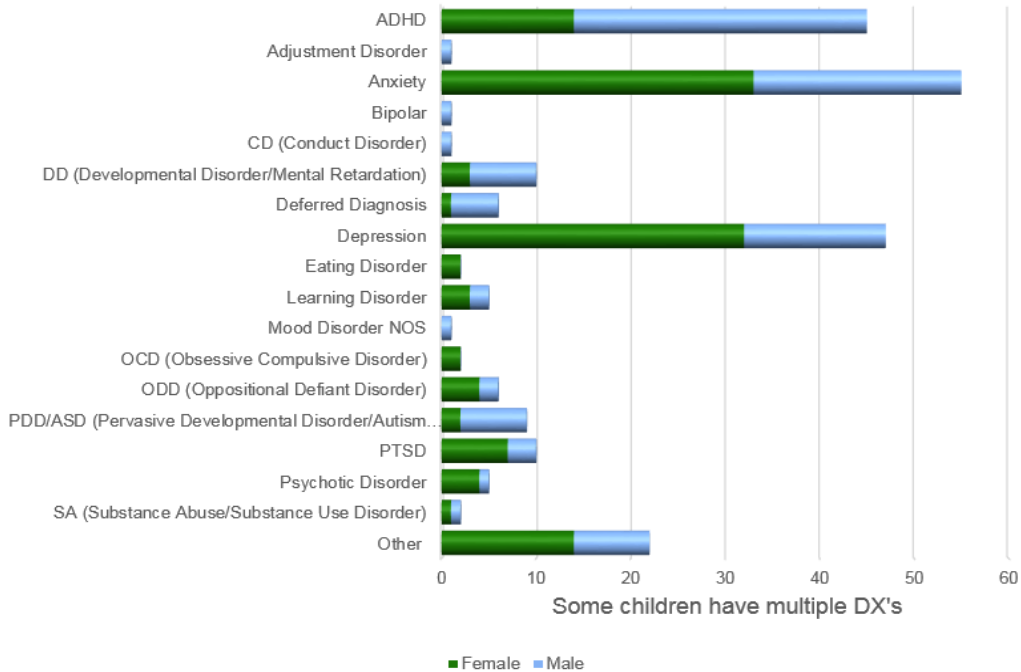


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OPAL-K Age Distribution of Patients
January 2017-March 2017
n=142



OPAL-K Children's Diagnoses
January 2017-March 2017
n=230



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OPAL-K Relationship Building
Each Colorbar Indicates a Primary Care Provider with Calls From the Listed County
Wider Bars Indicate Multiple Calls From That Provider
January 2017-March 2017

