

Mental Health Clinical Advisory Group

Legislative Summary

2/10/2021

It has been my privilege to serve on, and currently chair, the Mental Health Clinical Advisory Group (MHCAG) for the Oregon Health Authority. This group was established by the legislature in 2017 and began its work in 2018, with the goal of creating common treatment pathways for multiple behavioral health conditions.

We have a broad and diverse membership, including representation from behavioral health and primary care providers, pharmacy, corrections, community organizations, and behavioral healthcare consumers to name a few. The wealth of experience and perspectives around the table have allowed us to consider not just the pharmacologic approach to conditions, but the whole person care that is so critical to effective treatment. The members of the committee are incredibly committed, and everyone is highly engaged in the work.

The committee is focused on developing a library of documents that will guide healthcare providers in the management of the more common or debilitating conditions. The goal is to have a consistent, patient centered, and evidence based approach, no matter if the patient walks into a primary care or a specialty care practice. When patients move between practices, we aim to ensure that the overall approach to care is consistent from site to site. Throughout this work, the group has focused on a final product that is concise, useful, and easy to navigate. We are aware that there are many resources out there, but they are often very lengthy and difficult for a busy clinician to access or use. Our goal is to make this important information highly accessible.

The initial work began with a guideline around schizophrenia, covering the appropriate diagnosis, psychological and social support shown to be most beneficial, as well as a guide to first line and alternative medication therapies. The following clinical topic was bipolar disorder, and the group is currently working on a guide for major depression. Next up will be anxiety disorders. There has not been a significant push to publicize the output from the group yet, as the consensus was that we need to at least have these 4 major topics addressed for the guides to feel relevant to front line providers. After the anxiety guideline is complete, the goal is to work on promotion and dissemination of the information, while also seeking feedback on the next larger topic to address.

The MHCAG has also been working closely with the OHAs Pharmacy and Therapeutics committee, giving clinical recommendations about their work and decisions they are making. This has been a beneficial 2-way relationship and the groups have learned a lot from each other.

Thank you for the support of this group, it's an honor to be a part of it, and it has been a productive and valuable endeavor.

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Chair MHCAG