



School of Medicine
Department of
Psychiatry
Division of Child and
Adolescent Psychiatry

Ajit Jetmalani, MD
Director

*Joseph Professorship in
Child and Adolescent
Psychiatry Education*

jetmalaa@ohsu.edu

Mail code DC7P
3181 S.W. Sam Jackson
Park Road
Portland, OR 97239-3098
tel 503 494-3794
fax 503 418-5774

March 27, 2017

House Health Care Committee

RE: Support of HB 3085

Good Afternoon Chair Greenlick and members of the committee,

My name is Dr. Ajit Jetmalani and I am a Clinical Professor of Psychiatry and Head of OHSU's Division of Child and Adolescent Psychiatry. Thank you very much for the opportunity to testify in support of HB 3085 which seeks to provide funding for health care professional training, and therefore, greater access to health care providers around Oregon.. This is a goal OHSU shares, critical to our mission, and in which we have been actively engaged. As a Child Psychiatrist, I will focus on improving access for youth and adults who struggle with mental health and substance use disorders (SUD).

The quality of the services provided depends on a well-trained and adequately incentivized work force. In my written testimony, I have listed categories of provider type shortages that might be addressed with new available funding should HB 3085 move forward. Today, I would like to focus on a handful of strategies that approach work force shortages from two perspectives; increasing access to direct service providers and improving the ability of the primary care clinician to deliver care themselves, including development of rural psychiatry residency and fellowship programs, and improvements to telehealth based supports for primary care.

A. INCREASE ACCESS TO DIRECT SERVICE PROVIDERS:

Psychiatry Residency and Fellowship training:

OHSU's department of psychiatry has attempted to develop an adult psychiatry training program in central Oregon. Funding from this bill could offer the ability to move forward with a discussion halted by barriers related to startup expenses. We would propose to create an adult psychiatry training program with three slots a year and one child psychiatry fellowship.

The model would capture the strengths of the academic environment at OHSU and the rural health needs and opportunities in central Oregon. Residents and fellows at both sites would participate in lectures through video conferencing. Trainees from central Oregon would spend time at OHSU for specific required experiences not available at their home site. Residents and Fellows at OHSU would have the opportunity to travel to central Oregon to work in



School of Medicine
Department of
Psychiatry

Division of Child and
Adolescent Psychiatry

Ajit Jetmalani, MD
Director

*Joseph Professorship in
Child and Adolescent
Psychiatry Education*

jetmalaa@ohsu.edu

Mail code DC7P
3181 S.W. Sam Jackson
Park Road
Portland, OR 97239-3098
tel 503 494-3794
fax 503 418-5774

the rural health setting, and all of the trainees would participate in telemedicine, expanding mental health access across the region.

Training medical providers requires rigorous competency based education (not just time based) with oversight from the home institution and national accreditation bodies.. To open a program for three adult psychiatry residents (it is a four- year program, so when it is up and running there would be 12 residents) one would expend approximately \$1.2-\$1.3 million a year when fully running. This cost includes salary and benefits for the residents, , a 0.5 FTE program director, a 0.5 FTE coordinator and usual overhead. For the child fellowship, we would use our existing director and coordinator (at OHSU) so costs would be approximately \$300,000 a year for two fellows.. So this would be in the vicinity of 1.5 million a year for the entire project.

The net effect is 12-14 physicians in training serving the local community and expanding impact to the region through travel and telemedicine services. This cost would be offset by clinical and contract income, funds from this proposal and funds from the local community. We do not imagine any increases in federal funding and actually fear reductions going forward related to repeal of the ACA and proposed cuts in funding to NIH. In that environment, I would not expect self-sufficiency without a new stable source of revenue.

This description is estimated and informational as we do not have an agreement in place. OHSU is the only institution currently fully capable of overseeing this strategy in our state as we are fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) to do so.

Mental Health Physician Assistant program:

Develop a Physician Assistant training program subspecialized in medication management for psychologists (for patients 18 and older). OHSU Department of Psychiatry has offered to develop this with the PA school as a viable strategy for *psychologists who wish to practice medicine* in the context of the rural primary medical home.

Mental Health Physician Assistant program fellowship:

Create a fellowship programs to train PAs to better deliver mental health care in the primary care medical home.

Support / Incentivize Psychologists and other therapists as well as Addictions Service Providers to Develop Rural Health Specific Training Programs in Rural and Underserved Settings:

Our state is in desperate need of higher quality evidence based or informed *psychotherapy services*. Many psychologists are well-trained to deliver, teach / oversee these psychological treatments. Unfortunately, they are not



School of Medicine
Department of
Psychiatry

Division of Child and
Adolescent Psychiatry

Ajit Jetmalani, MD
Director

*Joseph Professorship in
Child and Adolescent
Psychiatry Education*

jetmalaa@ohsu.edu

Mail code DC7P
3181 S.W. Sam Jackson
Park Road
Portland, OR 97239-3098
tel 503 494-3794
fax 503 418-5774

adequately financially incentivized to practice (or create training programs) serving rural settings. There are a number of Ph.D. and masters programs that might be capable of partnering with local agencies to develop competencies and experience in the populations served.

EARLY CHILDHOOD EXPERTS:

Prenatal services and services to infants and toddlers and their parents are the key to bending the cost curve towards early intervention and away from chronic disease management. Providers who are capable of identifying and treating parent child interaction challenges, autism and other developmental disabilities require highly specialized training and experience.

CREATE A PEER SUPPORT SPECIALISTS CENTER FOR EXCELLENCE:

Peer support specialists are an increasingly valued provider type in the health care system and there are a number of bills that address increased reliance on this provider type. There is a need to develop improved training and certification to assure readiness to work in medical settings and to assure consistency in competence for this group.

B. INCREASE ABILITY OF PRIMARY CARE TO MANAGE THEIR PATIENTS

EXPANDED OPAL K (Oregon Psychiatric Access line about Kids):

This service is currently funded by the legislature (since 2014) and provides immediate or same day phone consultation by child psychiatrists to primary care clinicians across the state (see attachment). Current annual expense is \$750,000K.

The program also supports the state mandates for oversight of prescribing practices for youth in foster care and will soon participate in an OHA initiative to oversee prescribing of antipsychotics for youth in Medicaid under the age of 10.

Adding telemedicine evaluations would increase the opportunity for direct patient consultation and would add about 300k to the annual budget. There is no *direct* clinical revenue offset for the program. Oregon has seen a decrease of initial antipsychotic prescriptions for the under 18 age group of 50 percent over the past five years. OPAL K has an important place in the range of factors that have led to this decline (changing prescribing practices based on intensive efforts to educate providers in Oregon via the DHS psychotropic prescribing oversight and OSU College of Pharmacy/ OHA information campaign, national prescribing trends, consultation with providers via OPAL



School of Medicine
Department of
Psychiatry

Division of Child and
Adolescent Psychiatry

Ajit Jetmalani, MD
Director

*Joseph Professorship in
Child and Adolescent
Psychiatry Education*

jetmalaa@ohsu.edu

Mail code DC7P
3181 S.W. Sam Jackson
Park Road
Portland, OR 97239-3098
tel 503 494-3794
fax 503 418-5774

K consultations and trainings). This may have saved the state substantial pharmacy costs, metabolic monitoring expenses and lowered the long term metabolic and neurologic risk for those youth. Each call offers direct support to primary care clinicians' patient management and this informs decision making for other patients in the providers panel. This leads to expanded competency and capacity in the primary care medical home. Massachusetts funds a similar service by charging all insurers @ 18 cents PMPM but their programming includes face-to-face and one-time evaluations via telemedicine.

OPAL A (Oregon Psychiatric Access Line about Adults):

Develop a consultation program designed with the same structure as OPAL K but for adults. The ideal model is consultation to primary care and integrated psychotherapy services providers. The estimated cost is \$1 million annually for phone consultation services and approximately \$1.6 million if telemedicine services are included.

ECHO Expansion

ECHO (Extension for Community Healthcare Outcomes) trains primary care clinicians to provide specialty care services. Funds provided through this bill could be used to expand ECHO mental health, developmental health and substance use disorder training for child and adult Primary Care Providers.

OHSU supports HB 3085 and its important goal to increase training health care provider training programs around the state. We know that if we train providers in Oregon they are more likely to stay here and increase access to critical health care services needed across our state.

Thank you for the opportunity to address the committee, I'm happy to answer any questions you might have.

Ajit N. Jetmalani, M.D.
Director, Division of Psychiatry
Oregon Health & Science University