



DOERNBECHER
CHILDREN'S
Hospital



OHSU Child Psychiatry Project ECHO Consultation Clinic

Updated Report for March 22, 2017

Child Psych. ECHO Participants

Child Psychiatric ECHO Consultation Clinic began on August 01, 2016. We started with 27 participants from 17 sites who join ECHO sessions on Mondays from 11:30 AM-12:30 PM. Through March 27th we provide 30 child psychiatry ECHO sessions. On average we have 21 medical providers joining us via video or by phone.

Process Involved in Each Session

Each session begins with information on available resources related to child mental health that can be accessed by providers or families. In each session there is a medication of the week presented by the pharmacist who is a member of our ECHO panel. Medication of the week is paired with a case vignette related to the medication to help improve providers' knowledge in caring for patients with psychiatric conditions. In each session we have a didactic presentation with an opportunity for the providers to ask questions. Each week one of the medical providers participating in the ECHO session presents a case that they have found challenging. This provides an opportunity for the whole group to participate by asking questions or making recommendations. This process has been well received by the participants as an effective learning opportunity.

Enrolled Clinics/Individual Clinicians

The practices enrolled represent areas of the State of Oregon, which have a shortage of child psychiatry. (See attached map). For most of these practices there are no child psychiatrists within a one to two hundred mile radius, or the waiting list to see a child psychiatrist is over several months.

Curriculum Topics

The first five sessions was focused on introduction to Child Psychiatry assessment and treatment planning. We continued with the topic of interest requested by the Child Psych. ECHO participants. Our curriculum topics cover major challenges in the field of child mental health as well as on the topics of interest requested by the ECHO participants. Below is a list of presentations we have provided as of March 20, 2017.

List of Presentations Provided

- Child Psychiatry Project ECHO Clinic
- Child Psychiatric Assessment
- Psychiatric Case Formulation, Assessing Pediatric Mental Health in the Medical Home
- Psychotropic Prescribing Principles parts 1
- Psychotropic Prescribing Principles parts 2
- Pediatric Mental Health Assessment in Primary Care
- Referral for specialty evaluation of psychosocial concerns
- Marijuana and the Medical Home
- Pediatric Anxiety Disorders parts 1
- Pediatric Anxiety Disorders parts 2
- A Network for Families of Children with Special Physical, Developmental, and/or Behavioral Health Needs
- Update on OPAL-K
- Psychotropic Polypharmacy
- Pediatric Depression Assessment, Part 1
- Helping the Overwhelmed Parent
- Antidepressants
- Panic Attacks
- Suicide in Youth, Assessing Risk and Treatment Planning
- Aggression in Youth
- ADHD Differential Diagnosis & Treatment Algorithms Part 1
- ADHD Differential Diagnosis & Treatment Algorithms Part 2
- Psychosis & Schizophrenia and EASA program Part 1
- Psychosis & Schizophrenia Part 2
- Bipolar or ADHD?
- Childhood Trauma
- Autism Spectrum Disorder
- Eating Disorder
- Tourette Disorder
- Pediatric Insomnia
- Family Perspectives

Guest Presenters and Topics of their Presentations

Sara Karalunas – presented on the use of rating scales in the medical home and when to refer cases for psychological assessment

Ajit Jetmalani – child psychiatrist presented how to avoid polypharmacy and Tourette Disorder

Kyle Johnson – child psychiatrist and sleep disorder specialist presented pediatric insomnia

Craig Usher – child psychiatrist presented psychosis and the EASA program

Teri Pettersen, MD – Pediatric presented Childhood Trauma

Panelists

Keith Cheng, Moderator and child psychiatrist

Ajit Jetmalani, Child Psychiatrist

Rebecca Marshall, Child Psychiatrist

Ann Wheeler, Pharmacist

Tamara Bakewell, Masters level clinician

Teri Pettersen, Pediatrician

Production staff

Mark Lovgren – Director Telehealth, OHSU

Bryan Cochran - OHSU Telehealth ECHO Production Manager

Terry Wilson – System Application Analyst and ECHO Technical Assistant

Behjat Sedighi – Child Psychiatry Project ECHO consultation clinic project manager

Technical Challenges

There are problems with some of the remote area having insufficient internet capabilities, as a result they join the ECHO sessions via telephone.

Timelines

The clinic meets every Monday from 11:30am-12:30pm. The clinic will not meet on national holidays. The last clinic is scheduled for Monday March 27th. The total number of clinics scheduled is 30.

Governance

The Child Psychiatry Project ECHO Consultation Clinic works under two departments. The division of child psychiatry led by director Ajit Jetmalani, MD who supervises Keith Cheng, MD the medical director for the Child Psychiatry Project ECHO consultation clinic. Dr. Cheng is in charge of scheduling guest speakers, scheduling didactic lectures, supervising clinic panelists, making sure that case summaries are completed and sent to presenting clinic members, and providing oversight of all evidence-based and best practice information disseminated by the clinic. He also works with Behjat Sedighi clinic project manager in scheduling cases for presentation, collecting evaluation feedback information from ORPRN, responding to general correspondence with clinic members, scheduling lectures, guest speakers, clinic member tracking down contracts and feedback forms.

Mark Lovgren, the Director of Telehealth at OHSU is the administrator of the grant from Oregon Health Authority. He is in charge of financial issues and contracts. He also provides oversight of the Child Psychiatry Project ECCO Consultation Clinic production staff. The production team members Bryan Cochran and Terry Wilson continue to work together with Mark to ensure technical issues are addressed to ensure a smooth video conferencing experience for the clinic members.

Program Evaluation

The Oregon Rural Practice-based Research Network continues to provide assistance in program evaluation of the Child Psychiatry Project ECHO Consultation Clinic. They are delivering both pre and post evaluation surveys to clinic members. They are also providing analysis of the data for the team to use in continuous improvement activities. Every clinic is followed by a post session assessment that is part of the CME awarding process. Comments from these assessments are used to guide clinic presentation for the following week. Program evaluation surveys for the end of the ECHO sessions were sent out on March 20 2017.

(See attached list of participants and a map of their location)

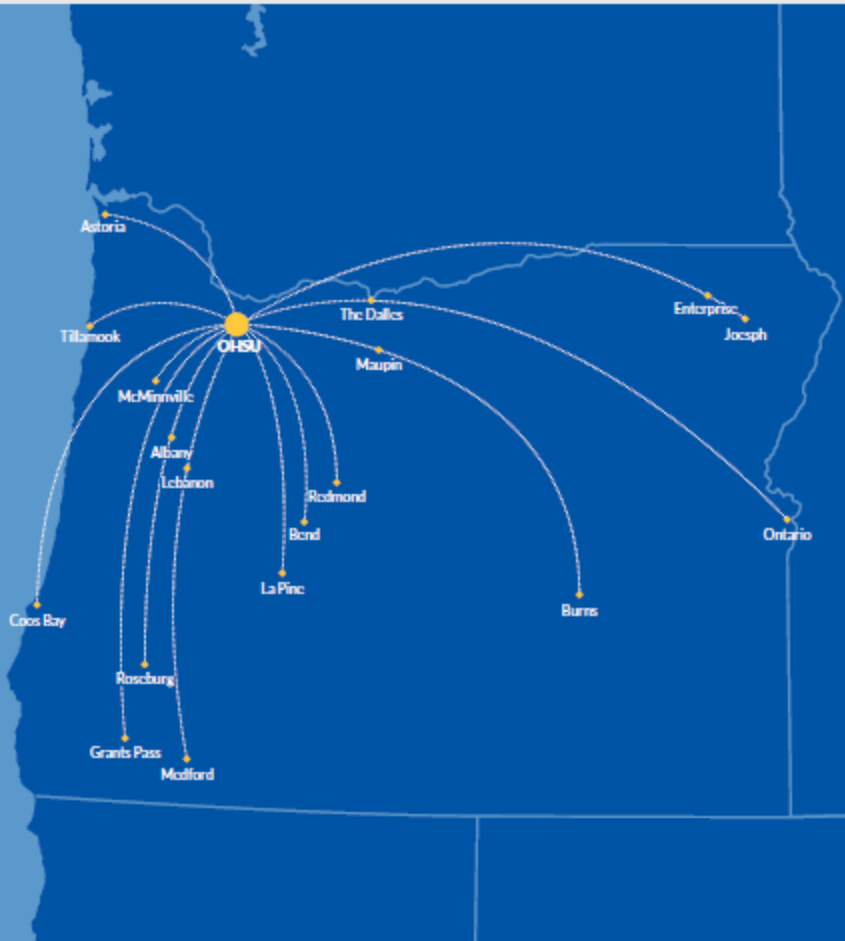
List of Child Psychiatry Project ECHO Participants

No	Name	Clinic Name and Location
1	Nicole Baxter, DNP, FNP-C, PNP-C	Coastal Family Health Center, Astoria, OR.
2	Gabriella Korosi, RN, MN	Coastal Family Health Center, Astoria, OR.
3	Ramchander R. Madhavarapu, MD	Columbia Memorial Hospital Peds. Clinic, Astoria, OR.
4	Allison Martin, MD	Columbia Memorial Hospital Peds. Clinic, Astoria, OR.
5	Sharon DeHart, PA	Deschutes Rim Clinic, Maupin, OR.
6	Larissa Thomas, MD	Harney Health District, Burns, OR.
7	Kristina Timmons, FNP-c	La Pine Community Health Center, La Pine, OR.
8	Traci Frye, FNP-c	Mountain View Medical Group, Joseph, OR.
9	Carla McKelvey, MD	North Bend Medical Center, Coos Bay, OR
10	Jenni Deleon, MD	North Bend Medical Center, Coos Bay, OR
11	Maynika Rastogi, MD	North Bend Medical Center, Coos Bay, OR.
12	Allen Merritt, MD	Samaritan Health Services-Mid Valley Peds. Albany, OR.
13	Lynne Frost, FNP	One Community Health, The Dalles, OR
14	Heather Nielsen,	One Community Health, The Dalles, OR.
15	Kimberly Thomson	One Community Health, The Dalles, OR.
16	Joanna Zamora, MD	Physician's Medical Center, McMinnville, OR.
17	Rich Ames, MD	Samaritan Health Center Pediatrics, Lebanon, OR.
18	Dana Kosmala, MD	Samaritan Health Services-Mid Valley Peds. Albany, OR.
19	Lori Lappe	Siskiyou Pediatric Clinic, Grants Pass, OR
20	Haifa Jaedi, MD	Siskiyou Pediatric Clinic, Grants Pass, OR
21	Steven Marshak, MD	Siskiyou pediatrics, Grants Pass, OR.
22	Whitney Stewart, MD	Siskiyou pediatrics, Grants Pass, OR.
23	Katherine Johnston, MD	Siskiyou pediatrics, Grants Pass, OR.
24	Mary Hough, MD	Southern Oregon Peds. Medford, OR.
25	(Elizabeth) Ann Batchelder, NP	Tillamook Regional Medical Center, Tillamook, OR.
26	Rose Barrington-Shulenberger, DNP, ANP, FNP-CS	Umpqua Community Health Center, Roseburg, OR.
27	Denise Busch, FNP, PMHNP	Virginia Garcia Memorial Health Center

OHSU Extension for Community Healthcare Outcomes (ECHO) Network

CHILD PSYCHIATRY:

- Albany
- Astoria
- Bend
- Burns
- Coos Bay
- Enterprise
- Grants Pass
- Joseph
- La Pine
- Lebanon
- Maupin
- Medford
- McMinnville
- Ontario
- Redmond
- Roseburg
- The Dalles
- Tillamook



Feedback Comments by the Child Psychiatry ECHO Participants

I have found it beneficial to discuss difficult cases, learn new strategies and methods for evaluating my difficult and not so difficult cases and find that my threshold for seeking expert consultation has risen as I feel more capable of handling mental health & behavioral issues in children, adolescents and families. It's very reassuring that I'm not alone, have a resource to turn to and can serve as a resource to my partners and community. I find the resources at OPAL-K and my participation in ECHO go hand-in-hand and help me to be a consistent provider of basic mental health services for my patients.

I liked the slides on THC and will be making it into a smart phrase for handouts to teens on THC

Value of MI training; process of polypharmacy downgrading

Information on marijuana, discussing the strategy the case presenter took and why it worked

Anxiety related issues, Medication management. Gender identity related issues.

Clarification regarding how to choose medication; Ideas regarding how to help teens with social anxiety/phobia to agree to CBT

Decision making around SSRI use and anxiety

The lecture was good and never knew there was so many anxiety types

The ages for which the SCARED form is appropriate.

Case discussion and management strategies. Also each session talking about medications and appropriate indications.

Complex psychiatric case with poly pharmacy; how to wean the meds etc.

Black box warning on antidepressants, treatment regimen assessment

Sleep RX can cause heartburn; polypharmacy issues and how to address

The meds for insomnia/depression, although I would like to learn more about all meds used for insomnia.

Psychotropic drug prescribing and limits of Trazodone

Use of prazosin for PTSD, I had never heard of that.

Psychosis didactic material

Schizophrenia and management issues.
Initial pharmacologic approach to schizophrenia and drug alternatives. F
Schizophrenia information-particularly about medications used for TX.
Meds for schizophrenia/ADHD
The schizophrenia talk could be a two part lecture, as much was skipped over due to time constraint.
All of the up to date schizophrenia information
Facts on schizophrenia
OCD treatment
Treatment strategies for OCD
That childhood ACEs are occurring and presenting to PCPs is well known, but there are limited interventions that can stop intergenerational transmission--because the child is subjected to the lifestyles discussed from nearly the start (and sometimes before).
OCD relating to autism
ACE study
Inositol use for OCD
It is hard to ask questions. I am afraid to take too much time knowing there are all these things on the agenda. I always have another question especially if my question did not get answered completely but we then run out of time. It would be nice to have interaction with others but truthfully, I have this opportunity to ask the child psychiatrists and that is how I want to spend my time. I just do not get that opportunity much. I always fill out this eval. positively but it does not capture the nuances. Thank you- I appreciate being part of this and the presentations are outstanding.
ADHD and associated symptoms of Bipolar disorder. Also screening for Bipolar disorder and management strategies.
Some distinguishing characteristics between ADHD and bipolar disorders. Our peds. psychiatrist consultants indicate that we should not make a diagnosis of bipolar disorder before age 16. Is this, in fact true?
Mania screening tools
Bipolar disorder and ADD

Co morbidities of ASD; medication choices in treatment although only two medications have specific indications for ASD
Information about autism
I was only able to listen to the last 15 minutes as I could not get out of clinic. So can only comment on the case.
I liked the summarization at the end.
FDA approved meds for autism related behavior problems
DSM criteria for diagnosing eating disorders; Comorbid disorders with eating disorders and treatments for eating disorders.
Expectations for working with schools for kids with developmental disabilities
Some pharmacologic interventions work for BED, however, for inpatient Adolescent Ward is needed. Where are these in Oregon?
Info on TX for tics
Identify Tics, criteria for diagnosing Tourette disorder, differential diagnosis. Learning waxing and waning course of the condition, medical management
Parents presenting their child that meets Tourette Disorder criteria (even if documented for about a year) may not be satisfied with the 'continue to observe' and Habit Reversal Training as a response and insist on drugs. Since Anxiety is present is 25%, ADJD in ~50%, ODD/Conduct disorders in ~20%, and Mood disorder in ~20% it appears that most will be placed on clonidine, Guanfacine, or SSRI anyway. What is the expected time till resolution of the problematic tics?
Generic vs brand name Celexa matters; only severe cases of tics warrant treatment
I really appreciated the practical aspects of tic disorders and treatments.
Presentations of Insomnia in different age groups; behavioral interventions and limited role of medications.
Very practical and good resources we can give to parents.
Reminder that behavioral interventions are more effective than medications to treat insomnia.
Recommendation for sleep mgmt. for autistic children

Ways to help with sleep dysfunction
Identifying family and patient priorities in order to find solutions
The formulation method
Hearing a case that was similar to many of mine
Still dealing with technology - kept losing connection - but at least thanks to terry I was able to access components of program
Prepared info and example of clinical summary
Using any prescribed meds for a 'high'.
How to approach complex cases of mental health issues in children, in this case ADHD, Anxiety, Depression and sleep dysregulation.
Assist with sleep
Med. for OCD
Clomipramine for OCD
Demoralization of parent- needing therapy and support
Comments about questions
That there are FDA-approved medications for children with autism
Metabolic comparisons of Abilify and risperidone
Anxiety related issues, Medication management. Gender identity related issues.
Duloxetine for anxiety and other anxiety resources

Clarification regarding how to choose medication; Ideas regarding how to help teens with social anxiety/phobia to agree to CBT
Decision making around SSRI use and anxiety
More about the success of anti-anxiety RX
I liked the slides on THC and will be making it into a smart phrase for handouts to teens on THC
Foster care psychopharmacology stats
Value of MI training; process of polypharmacy downgrading
Discussion of THC use
Information on marijuana, discussing the strategy the case presenter took and why it worked
Data on marijuana- IQ lowering
Treatment options for panic attacks vs disorder and suicidal ideation teenagers
Panic Disorders and their treatment
Suicide resources
Suicide prevention strategies
Costs of ADD medicines.
Pricing of ADHD medications
This session needed two hours!
Accepted use of Lithium for adolescent bipolar disorder
The lecture and extras. The case was not so helpful.
Med. mgmt. discussion of case and didactic presentation
Lithium discussion
Antidepressants that are FDA approved for children
Dealing with aggressive behavior child

The slides as resources
The resources & psychotic depression
Pharmacologic approaches to aggressive behaviors
Tips for dealing with aggressive children
Website that was recommended
Management of aggressive behavior and TMA website
Treatment for depression and psychosis, although the meat (the actual meds) was presented rapidly. It would be good to have that written down.
About my patient- the case presentation
Resource
A bit about the different types of therapy and diagnostic differences among PTSD, ADHD and bipolar
Managing Depression in Adolescents and also use of Abilify
A lot of diagnoses overlap
Comparing the different disorder characteristics.
Great overview of efficacy of various therapies by Dr. Marshall
Abilify for Tourette's
Some info. on Abilify