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Senate Committee on Health Care

February 7, 2018

RE: SB 1539: Opal-A

Dear Chair Monnes-Anderson, Vice Chair DeBoer, and Members of the Senate Committee,

I am a Family Physician in Silverton and have been in practice for 30 years. The shortage of mental health providers has impacted all of our practices in primary care, especially the difficulty in referring a patient for psychiatric consultation for diagnosis or medication assistance. We are all well trained in diagnosing and treating uncomplicated depression and anxiety in our practices and are happy to do so. With the shortage of psychiatric providers we all have to see more challenging patients with higher acuity depression, anxiety and bipolar disease. It is rare to find a psychiatric provider who is taking new patient referrals. One of my office partners currently is caring for, and worried about, a very depressed 50 year man who is frequently suicidal and has tried and failed multiple antidepressants, but she cannot find a Psychiatric physician or Nurse Practitioner to see him. One of my patients with severe depression and anxiety participated in an intensive outpatient day treatment program an hour drive away each day, with a great outcome, but now 4 months after her discharge from the program she still has not been able to find a psychiatrist to manage her new medications. One of my WVCH OHP patients had multiple ER visits this fall due to antidepressant medication side effects and treatment failures that might have been avoided if I had been able to find a psychiatric provider to see her for a medication consultation. With geriatric patients it is especially concerning when we need to consider medication for psychiatric illness with the multiple medications they may be taking and other comorbidities that can compound side effects and risks of the medications.

As family physicians we treat children as well as adults and with younger children in particular, I would not be comfortable starting medication for a mood or behavior disorder without psychiatric consultation. I have had wonderful experiences using the OPAL-K resource for this purpose. I am able to get a detailed phone consultation with a Pediatric psychiatrist in a very timely manner that can be scheduled to allow adequate time for discussion. I will receive a dictated report of the patient concerns and recommendations faxed to my office within 24 hours, and that report becomes part of the medical record. This has been incredibly helpful to me and results in better patient care. I have used the OPAL-K consult service twice in the last 3 weeks. The OHSU Physician consult service and the Legacy Health One Call service are also valuable resources for some quick phone advice from a specialist, but they are brief and require waiting on hold on the phone in the middle of a busy office schedule, There is no record for the patient's chart except what we can scribble down during the phone call.

A consultation service like OPAL-K for adult patients would be incredibly valuable to Primary Care providers like myself. Health Care Transformation and its' data requirements have strained our resources, especially our time, and stress levels are high. We all know that untreated mental health issues result in poorer overall health outcomes at a high cost to our health care system. Providing tools and support for Primary Care providers to keep our patients in our own practices, while treating their mental health diagnoses promptly and adequately with expert guidance will certainly be a cost savings to our already stretched health care system. Plus it is the right thing to do for our patients.

Respectfully,



Elizabeth J Blount, MD