

## Oregon Mental Health Clinical Advisory Group

### Regular Meeting Minutes

May 2, 2019, 1:00 p.m. – 4:00 p.m.

ARDON HEALTH - TRAINING ROOM

11835 NE GLENN WIDING DRIVE

PORTLAND, OR 97220

#### Attendees:

Mental Health Clinical Advisory Group

George Fussell (Chair), William Beck, Keith Cheng, Neil Falk, David Nagarkatti-Gude (Vice-Chair), Nick Kashey, Lori Martin, Glenna Andrews

OHA Staff: Trevor Douglass, Amanda Parish, Roger Citron

Public: Paul Thompson (Alkermes), Ann Wheeler (Indivior), Mae Kwong (Johnson & Johnson), Trent Taylor (Johnson & Johnson), Stacie Andoniadis (Care Oregon)

#### Welcome and call to order:

The meeting was called to order by George Fussell, Chair, at 1:07 p.m. A quorum was present.

#### Date and location for upcoming meetings:

The next regular meeting will be on July 11, 2019 from 12:30-3:30pm at the Portland State Office Building 800 NE Oregon Street, Portland, OR 97232.

#### OHA Updates

Trevor Douglass provided a brief update on the MHCAG renewal bill (SB 138) currently in the Ways and Means Committee. He also encouraged the public to provide feedback on the care guides while they are being created, rather than waiting to provide comment once they are printed. He noted that there are numerous public meetings where the public can comment on content leading up to the final published and printed version. Additionally, all documents and drafts associated with the care guides are posted on the MHCAG website for public review.

#### Review of special meeting minutes:

The MHCAG reviewed the minutes from interim special meetings which were held on March 28, April 7 and April 25, 2019.

#### Schizophrenia treatment care guide

Both Valerie Ng with Indivior and Paul Thompson with Alkermes submitted written information for the MHCAG to review. Based on the information provided by Valerie, the MHCAG decided to include LAI Perseris in the schizophrenia medication table (Figure 4). Roger Citron noted that Perseris had been reviewed by the P & T committee and it was currently a "preferred agent."

**Vote:** Add Perseris to Table 1 of the MHCAG care guide for schizophrenia. All in favor. No abstentions.

**Motion:** David Nagarkatti-Gude

**Seconded:** Nick Kashey

**Action item:** Keith Cheng to provide a synopsis of the research on Perseris to the MHCAG at the July 11, 2019 regular meeting so group can decide on whether or not to include the drug in the medication flowcharts.

NAME	PRESENT	VOTE
Glena Andrews	Y	Y
William Beck	Y	Y
Chris Bouneff	N	-
David Nagarkatti-Gude	Y	Y
Keith Cheng	Y	Y
Neil Falk	Y	Y
George Fussell	Y	Y
Peter Grover	N	-
Lorinda Haynes	N	-
Bob Joondeph	N	-
Nick Kashey	Y	Y
Lori Martin	Y	Y

Paul Thompson provided information to the group noting what appeared to be an error in the schizophrenia care guide medication table with the drugs Aristada and Aristada Initio. An errata correcting this error has been posted to the MHCAG website under the MHCAG Care Guides section <https://www.oregon.gov/oha/HSD/OHP/Pages/PT-MHCAG.aspx>

**Vote:** Verify the accuracy of the errata. All in favor. No abstentions.

NAME	PRESENT	VOTE
Glena Andrews	Y	Y
William Beck	Y	Y
Chris Bouneff	N	-
David Nagarkatti-Gude	Y	Y
Keith Cheng	Y	Y
Neil Falk	Y	Y
George Fussell	Y	Y
Peter Grover	N	-
Lorinda Haynes	N	-
Bob Joondeph	N	-
Nick Kashey	Y	Y
Lori Martin	Y	Y

**Presentation from medication assisted treatment specialist, Staci Andoniadis, with Care Oregon:**

Stacie Andoniadis provided information regarding the medication assisted treatment program across the state. She noted that the program is currently focusing on treatment of opioid addiction. The goal is to bring the medication assisted treatment care guide draft to the MHCAG for review. Stacie agreed to provide an update on the program and care guide at each MHCAG regular meeting. Trevor Douglass agreed to pass to along to OHA’s Health System Division leadership, Keith Cheng’s suggestion about OHA hosting a website that lists MAT

resources along with a map showing MAT provider locations.

**Acute bipolar I mania and acute bipolar I depression draft algorithms:**

The group spent a significant amount of time discussing both algorithms. David Nagarkatti-Gude explained that the draft algorithms:

- Are based on the group’s decision to reference the CANMAT guidelines
- Consider the evidence of efficacy and what we know about tolerability
- “Take the CANMAT guidelines and distill it to an efficacy divided by tolerability rank order list for treating acute bipolar mania and acute bipolar depression”
- Medication plays a role in treating all phases of bipolar I disorder

The group discussed the high numbers of inpatients with mania who are treated with Olanzapine on inpatient units and then discharged on this medication despite its difficult- to- tolerate side effects and . The group discussed how it might address this practice issue in the MHCAG care guide.

Members considered discerning between inpatient and outpatient treatment of mania in the algorithm to deal with the evidence vs practice quandary.

Keith will reach out to an inpatient practitioner regarding Olanzapine and Quetiapine use in that setting.

The group opted to table the acute mania algorithm until enough information is gathered to inform their decision.

The group agreed to craft a cautionary statement regarding the use of Lamotrigine in acute cases of depression, as this medication can cause serious side effects and there is a significant wait time for the medication to begin working.

There was agreement on eliminating the statements following “First-line” and “Second-line” in the bipolar I acute depression algorithm to clarify and add “adjunctive Lamotrigine” and “adjunctive Lurasidone”

**Medication Tables:**

Bill will edit the med tables and separate out the anti-depressant medications from other medications. He also noted the lack of research/clear guidelines on de-prescribing.

Neil Falk to review and revise the therapeutic de-prescribing narrative in the schizophrenia guide and retool it for use in the bipolar care guide.

The group opted to keep Clozapine and Tegretol in the medication tables.

**Differential Diagnosis:**

The group reviewed Keith Cheng’s differential diagnosis table and David Nagarkatti-Gude’s diagnosis narrative. Thorough Bipolar I, II and Cyclothymia diagnostic information will still need to be added to the care guide. Keith Cheng will work on adding a trauma column to his table as an additional differential diagnosis.

There was consensus among group members to add David Nagarkatti-Gude’s diagnosis narrative as-is in to the bipolar treatment care guide.

NAME	PRESENT	VOTE
Glena Andrews	Y	Y
William Beck	Y	Y
Chris Bouneff	N	-
David Nagarkatti-Gude	Y	Y
Keith Cheng	Y	Y
Neil Falk	Y	Y
George Fussell	Y	Y
Peter Grover	N	-
Lorinda Haynes	N	-
Bob Joondeph	N	-
Nick Kashey	Y	Y
Lori Martin	Y	Y

**Treatment options when patients are experiencing suboptimal response despite consistent treatment:**

The group reviewed the narrative and provided comment. The following recommendations were made by the group: the narrative should be linked to the section in the guide that will cover psychosocial treatments, remove “self-medication” and replace with different terminology (e.g. issues of substance use or sobriety), include mention of Clozapine and Lithium’s role in reducing suicidality and include references.

**Symptom Scales:**

The group would like to include all symptom scales in the appendix of the guide. The use of the CID1 was discussed as a possible inclusion that would be especially helpful for clinician’s who do not have much experience treating bipolar disorder.

**Suicide Narrative:**

Keith Cheng noted that OPAL doctors are asked to use the SAFE-T document produced by SAMHSA. At the April 25, 2019 special meeting it was recommended that the SAFE-T document be substituted for the risk factor tables. The Stanley Brown Safety Plan was mentioned as a possible inclusion in the guide. The statement regarding 72-hour followjhg-ups after discharge from the hospital for suicidality was questioned. It was recommended that the statement be replaced with a statement advising that there should be increased caring contacts in the month following discharge unless research can be found to directly support follow-up within 72 hours.

Meeting adjourned at: 4:00 p.m.

**\*\*2019 Meeting Schedule**

Meeting Type	Date/Time	Conference Call	Location
Regular	7/11/2019 12:30 p.m. – 3:30 p.m.	TBD	Portland State Office Building 800 NE Oregon Street Portland, OR 97232
Regular	9/5/2019 12:00-4:00pm	TBD	Ardon Health
Regular	11/7/2019	TBD	Ardon Health
Regular	12/5/2019 12:00-4:00pm	TBD	Ardon Health

\*\* Possible Dates, Times and Locations for June and August Special Meetings. MHCAG to choose 1-2 each month. **Dates and Locations Pending.**

**June**

**August**

June 6, 2019	12:30- 3:30pm	Five Oak Building Ste 775	August 8, 2019	1:00-3:00pm	Five Oak Bldg Ste 775
June 13, 2019	1:00- 3:00pm	Human Svcs Bldg, Salem, Room 473			
June 13, 2019	1:00- 3:00pm	Portland State Office Bldg, Room 515	August 15, 2019	1:00-3:00pm	Five Oak Bldg Ste 775
June 20, 2019	1:00- 3:00pm	Five Oak Building, Ste 775	August 22, 2019	1:00-3:00pm	Five Oak Bldg Ste 775

\* Needs a volunteer

May 2, 2019 Deliverables list

Deliverable		Responsible Member	Notes
1	Add anti-depressant medications to the med tables in a separate section	Bill Beck	
2	Re-tooling the schizophrenia de-prescribing narrative for bipolar disorder	Neil Falk	
3	Agitation in mania treatment narrative	External contributor (Keith to coordinate)	
4	Edit narrative on what to do when treatment fails	George Fussell	
5	Add a trauma column to the differential diagnosis table	Keith Cheng	
6	Provide synopsis of research on Perseris to the MHCAG at the July 11 <sup>th</sup> regular meeting so group can decide on whether or not to include the drug in the medication flowcharts	Keith Cheng	<b>Agenda item for 7/11/ 2019</b>
7	Draft cautionary statement about use of herbs and supplements	David Nagarkatti-Gude	---
8	Draft of clinician's resource on developing trust with pts	Glena and Amanda	---
9	Identify a mood tracker to include in the guide	Glena and Amanda	---
10	MHCAG consensus on which scales and screeners to use	MHCAG	---
*11	Draft statement re: necessity of screening for mania when pts chief complaint is depression	Need volunteer	---
12	MHCAG consensus on whether or not to substitute the SAFE-T document for the risk factors tables	MHCAG	---
13	MHCAG consensus on patient/family/supports suicide prevention guide	MHCAG	---
14	TENTATIVE If no maintenance phase med algo, narrative on maintenance needed	-----see notes	<b>Agenda item for 7/11</b> <b>Pending agreement from larger MHCAG</b> David included brief narrative in algorithm, but not specifically discussed at 5/2/19 meeting
15	MHCAG feedback--Medication Table (specifically, non-FDA approved uses of Tegretol and Clozapine)	Bill Beck	<b>Agenda item for 7/11</b> <b>@ 5/2 meeting, the group decided to include these two meds in the tables, but there</b>

			was no feedback on non-FDA approved use 4/11 meeting group wants to discuss with larger MHCAG
*16	Side effect algorithm for non-antipsychotic meds used to treat bipolar disorder	Need Volunteer	Outstanding
17	Potential: Auxiliary support – therapy, social support, etc.	Glena and Amanda	Outstanding Glena-CBT, ISRT, FFT narratives Amanda- Add to social services resources
18	Still need a decision on linking to the suicide prevention help guide as a family resource.	Amanda	Agenda item 7/11/19
*19	List of labs needed when using Lithium, Depakote (others)?	Need Volunteer	Need volunteer

DRAFT