Building a Pharmacogenetic Testing Program in Rural, **Pediatric Psychiatry**

Presenter: Shayna R. Killam, PharmD, MS

Background:

Innovative solutions are needed to ensure pharmacogenetics (PGx) testing is available for underserved patients, especially in mental health treatment.

Methods:

We used findings from a previous qualitative study to inform the development of a telehealth-delivered PGx model.

Results:

Recruited clinical stakeholders

- Psychiatric providers (e.g. MD, LPN)
- Pharmacists
- Other: genetic counselors, lab technicians
- Generated educational materials

PGx patient education video PGx resources for providers

Identified study endpoints of interest

Clinical resource usage Therapeutic efficacy Health economic measurements

Developed satisfaction surveys

Provider Post Consult survey Provider Quarterly survey Patient Post Consult survey



Access to PGx-guided mental health care will improve the lives of Montana youth







Scan the QR code to visit our website and view our patient education video!







The rate of suicide in Montana youth is more than double the national average (11.9 vs 4.98 per 100,000)

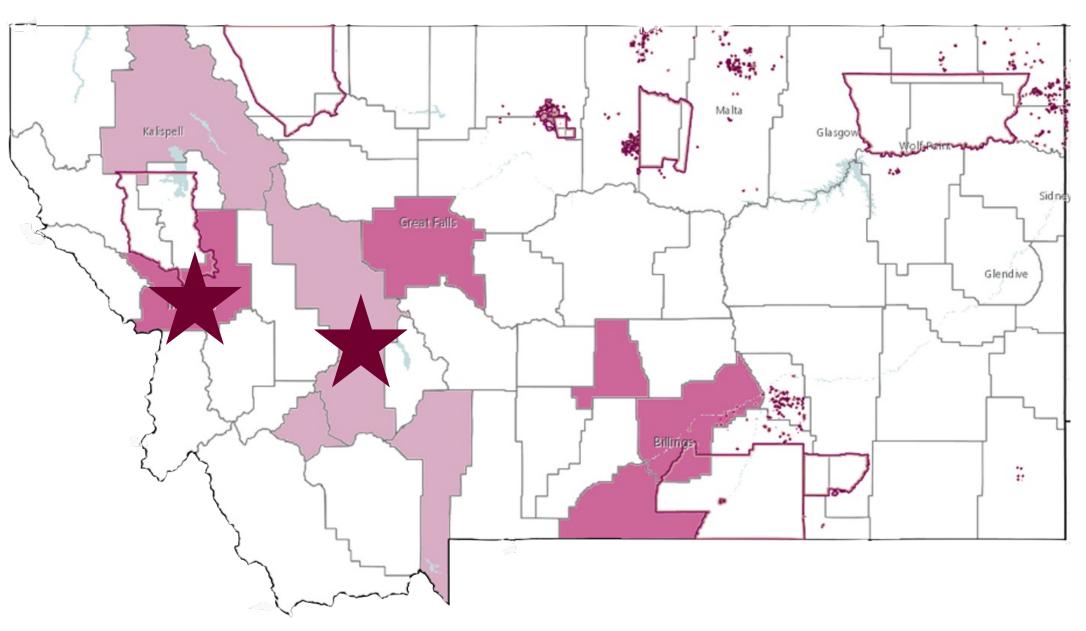


Figure 1. Montana Rural and Urban Counties and Tribal Lands. Rural (white); Micropolitan (light maroon); Metropolitan (dark maroon); Tribal lands (maroon outlines) Left star = Missoula; right star = Helena

Table 1. Shodair Patient Demographics*			
	Visits /	AIAN	Medicaid
Setting	Admissions	(%)	(%)
Acute	517	13%	70%
Residential	142	16%	81%
Outpatient	19561	4%	61%

*2022 data; AIAN: American Indian Alaskan Native

Future Directions:

Our goal is to provide a centralized hub for statewide PGx delivery and serve as a model for other areas serving rural, underserved, underinsured, and minority patients.

Authors:

Shayna R. Killam¹, Karen E. Brown¹, Jade Bosic-Reiniger¹, Hayley Blackburn¹, Joshua Loveland², Corbin Schwanke², Abdallah F. Elias², Erica L. Woodahl¹ ¹University of Montana, Missoula, MT; ²Shodair Children's Hospital, Helena, MT