



KSKidsMAP Newsletter

Pediatric Mental Health Access

A program for primary care physicians and clinicians in Kansas through a telehealth network

ISSUE 6 | WINTER 2022

MEET Cassie Karlsson, M.D.

I grew up on a sixth-generation farm in Harper County, Kansas, about 40 miles southwest of Wichita. So, coming to KU Wichita already feels like home to me in many ways. I went to Kansas State University for my undergraduate degree, majoring in animal science and pre-veterinary medicine before I realized that I really wanted to be a physician! I'm married and have three daughters, a sixth grader and twins in kindergarten. My girls have been so excited to be back near grandparents, cousins, and lots of other family, and my husband and I felt like the Wichita area would be a great place to settle and raise our children.

I attended medical school at the University of Colorado in Denver, and then completed my psychiatry residency at Dartmouth-Hitchcock Medical Center in New Hampshire before returning to the University of Colorado for my child and adolescent psychiatry fellowship.

After graduating from fellowship in 2013 I had a great opportunity to join the faculty at Indiana University School of Medicine. I have been at IU for the past eight years, where my clinical focus has been on treating both children and adults with autism and other neurodevelopmental disorders. I am also passionate about medical education and had the opportunity to serve as the program director for the Child and Adolescent Psychiatry Fellowship and Triple Board Residency (pediatrics/psychiatry/child psychiatry) at IU.

I enjoy developing relationships with my patients and their families and supporting them through some really difficult times. I like seeing individuals throughout their lifespan. To meet children who are struggling and then watch their growth as they become teens and young adults is really rewarding. I've been drawn to academic medicine because I love to teach (both my mother and grandmother were teachers - I think it's in my DNA!), and I enjoy clinical research. The field of psychiatry is constantly evolving, and it is important to me to bring evidence-based treatment to my patients with neurodevelopmental disorders. I am excited to be back in Kansas at KU Wichita to help recruit and train the next generation of psychiatrists to provide excellent care to patients and their families.

I'm a huge college sports fan, so I look forward to spending more weekends in Manhattan. Go KState! My husband and kids and I love to be outdoors, and I also enjoy collecting midcentury-modern furniture, listening to true-crime podcasts and spending time on the family farm. I'm fortunate that my parents, my brother and his family, my grandparents, and multiple extended family members all live in south-central Kansas. After being away from the state for 20 years, I look forward to spending more time with all of them. It's great to be home!



WELLNESS COACHING SERIES

Wellness coaching provided by The Institute for Physician Wellness. **Kathy Stepien, M.D., FAAP**, will facilitate two coaching series.

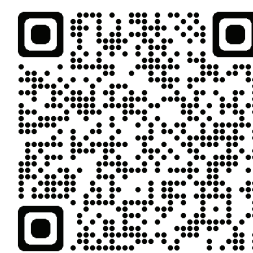
All sessions take place from noon-1 p.m. via Zoom. Registration is required and space is limited.

First Series • Wednesdays
March 2, 6, 16 & 30

[Register Here](#)

Second Series • Mondays
April 4, 11, 18, & May 2

[Register Here](#)



Don't miss your chance to become part of the network.

ENROLL NOW!

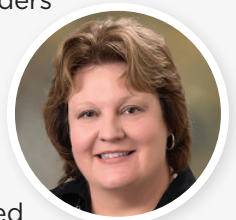


“This program has helped beyond what I can express for our pediatric/adolescent population. The PMHCA allows us to help provide pharmacotherapy and information for children/adolescents who otherwise would not receive treatment. This program is helping catch kids that would otherwise fall through the cracks, providing a safety net through primary care. This program is one of the best I have ever been a part of in over 20 years in health care. This is a vital resource for my community.” - KSKidsMAP rural clinician



MEET Michele Reisinger

My family and I live in a rural community in northeastern Kansas. The concept of “growing” rural providers to return to their hometown community is consistent with my professional migration. My husband and I grew up in the same rural community, dated, and returned to our hometown to raise our children. We have three children – Jordan 28, Dillon 26, and Katie 23. I have been employed as a rural family nurse practitioner for over twenty years, wearing many “hats” along the way. In 2018, after working as a rural health consultant on an advanced nursing practice workforce grant with Washburn University, I accepted an academic tenure track position in their DNP program. I continue to maintain part-time clinical practice with my academic responsibilities. I now also serve as the primary investigator on a workforce grant developing advanced practice readiness skills with focus on behavior health, substance/opioid use, and telehealth in rural and medically underserved communities. KSKidsMAP and Project ECHO have assisted me on several levels as I navigate my clinical practice and grow in my academic role.

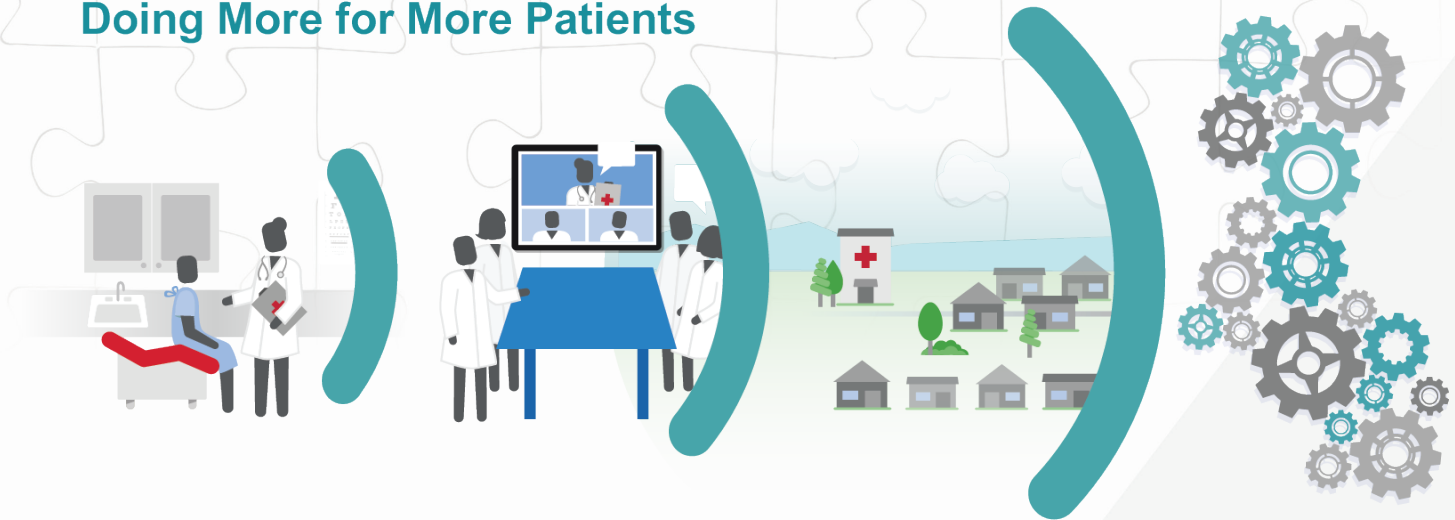


My educational background includes a BSN from Washburn University in 1991, and MSN from the University of Kansas in 1997 and a DNP from the University of Kansas in 2012. I have been a registered nurse since 1991 and an advanced practice registered nurse since 1997.

The most rewarding part of my advanced practice role is developing relationships with my patients. Establishing trust and confidence in your health care provider is essential in the development of therapeutic relationships providing health care. In the rural community, at the end of the day you are caring for your neighbors, friends and colleagues who rely on you to guide their care so that their needs are met in a manner their urban counterparts would receive. My sponsoring physician once said that few patients remember what you prescribe or do for them, but they always remember that you took the time to listen and care. This quality is the “art” of medicine and is certainly my favorite aspect of my advanced practice role.

I enjoy reading, spending time with family and friends, and participating in local events in my hometown community. KSKidsMAP has provided exposure to pediatric behavioral health topics that I otherwise would not have encountered. I have been able to present complex, practice-based cases and received comprehensive feedback from a wonderful group of clinicians. The atmosphere is collaborative and embracing of all participants. My KSKidsMAP experience has been a valued source of networking and professional development.

Doing More for More Patients



PATIENT

- Right Care
- Right Place
- Right Time

PROVIDER

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost

TeleECHO discussion

In summer of 2021 at TeleECHO Clinic, a PCP presented an adolescent patient with a long history of mental illness. The patient comes from a family who has significant health disparities and does not have adequate resources available to address many overarching needs as well as barriers to care. Over the course of several months, the patient's anxiety and depression worsened and access to mental health care is very limited. The parent was concerned that patient's SSRI was causing hallucinatory side effects with the expressed concern that patient was having symptoms of bipolar disorder.

Through discussion from TeleECHO participants and hub team, the symptoms described were not consistent with a diagnosis of psychosis, bipolar disorder or schizophrenia and were unlikely to be a reaction to medications she was currently prescribed. Questions were raised about the utility of pharmacogenomic (GeneSight) testing in this case, but this was not recommended for guidance in psychopharmacological treatment. The choice of medication should be guided by clinical presentation and FDA approval for use in youth.

The PCP has a longstanding relationship with patient and her family. It was recommended that a careful clinical interview with the teen alone be considered to determine symptoms and treatment. If the patient was not able to see a therapist for CBT, PCP could discuss goal setting, behavioral activation, relaxation techniques and mindfulness apps to cope.

Six months later, the PCP reported that patient and family were doing very well. The patient has some long-term goals she is excited to work on and she is getting along with her family.

TeleECHO sessions take place at noon the first and third Tuesdays of each month via Zoom.

Topics planned for February through June sessions include:

- Motivational and diagnostic interviewing
- Intellectual and developmental disabilities and how it impacts patients transitioning to adulthood
- OCD and tics
- PANS/PANDAS
- Eating disorders
- Autism

For more information about KSKidsMAP, visit wichita.kumc.edu/KSKidsMAP, email KSKidsMAP@kumc.edu or call **1-800-332-6262**.