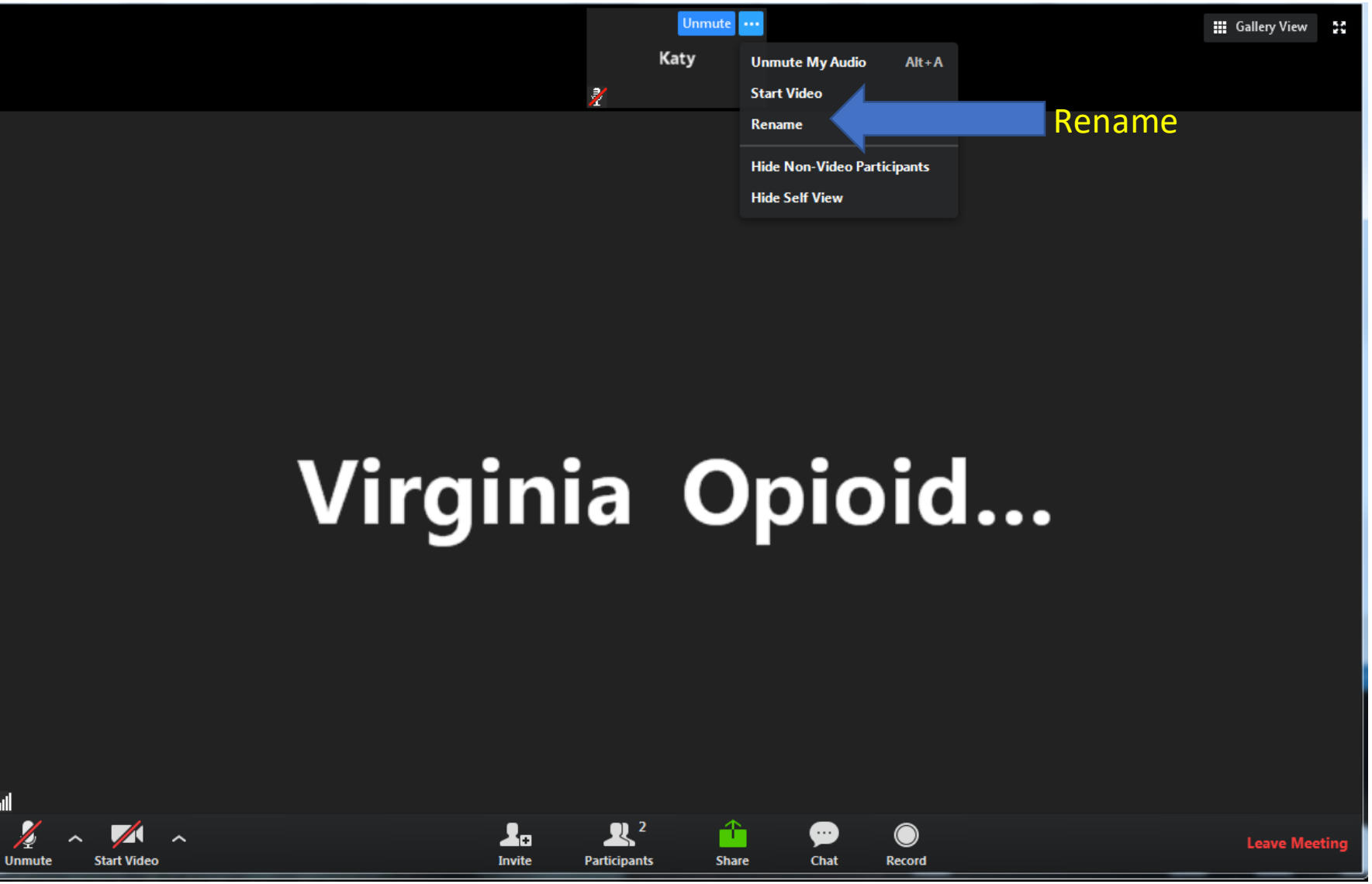
Virginia Opioid Addiction ECHO* Clinic

January 15, 2021

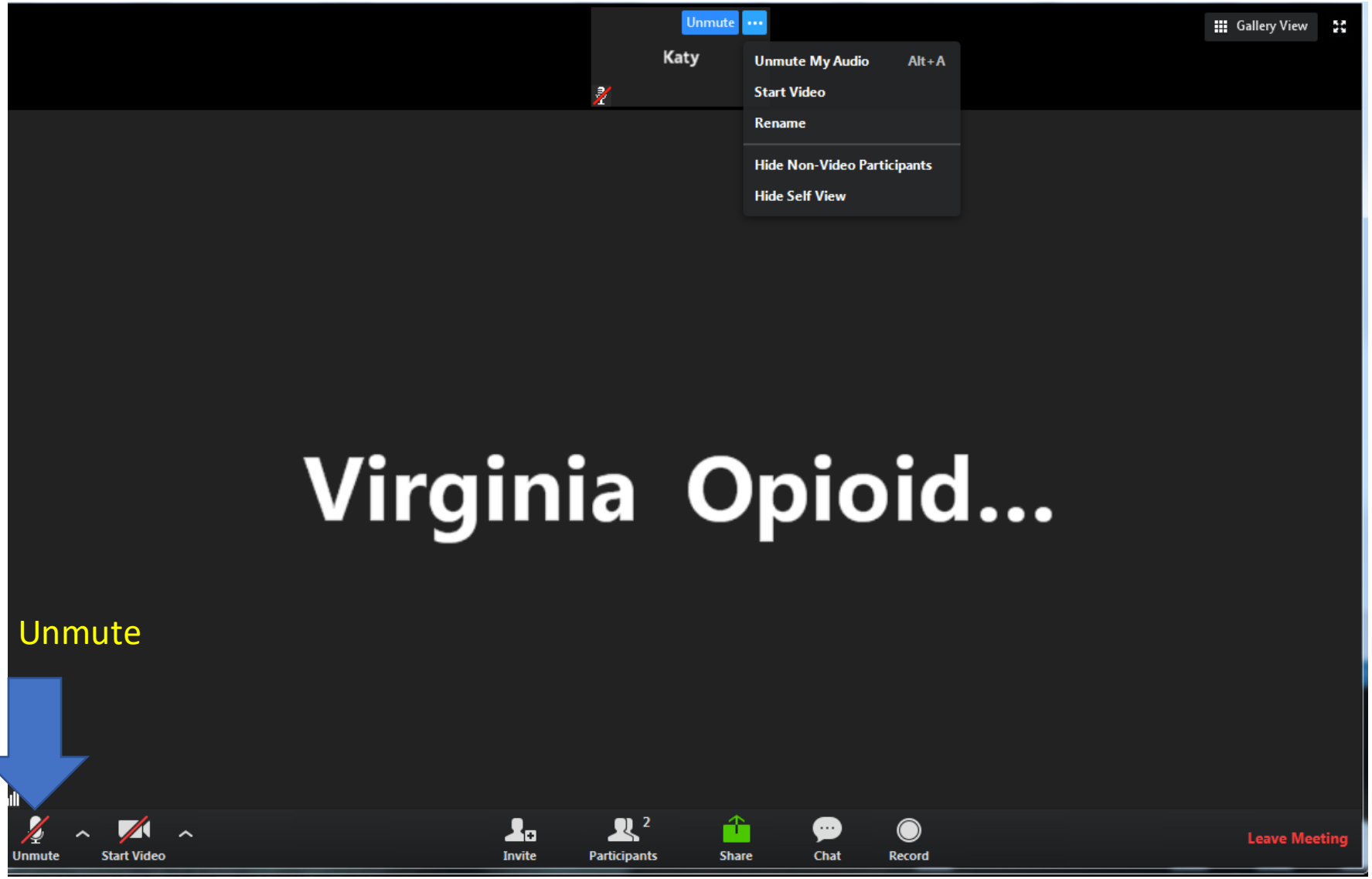
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



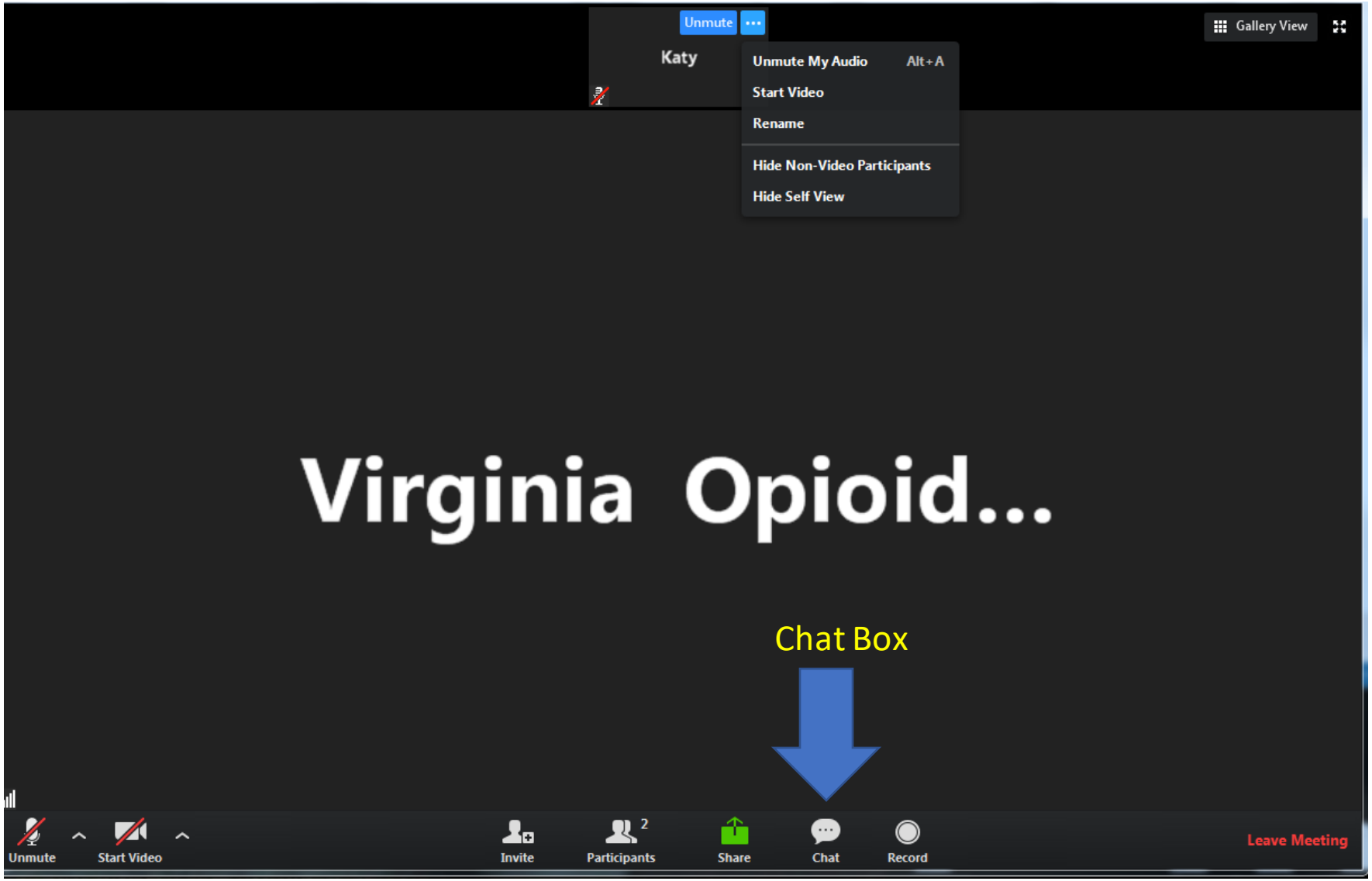
- Rename your Zoom screen, with your name and organization

Helpful Reminders



- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute

Helpful Reminders



- Please type your full name and organization into the chat box
- Use the chat function to speak with IT or ask questions

VCU Opioid Addiction ECHO Clinics

VCU Health
VCU School of Medicine

VDH Virginia Department of Health | VDHLiveWell.com

Virginia Department of Behavioral Health & Developmental Services

- Bi-Weekly 1.5 hour tele-ECHO Clinics
- Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
- Didactic presentations are developed and delivered by inter-professional experts
- Website Link: www.vcuhealth.org/echo

Hub and Participant Introductions

VCU Team	
Clinical Director	Gerard Moeller, MD
Administrative Medical Director ECHO Hub	Vimal Mishra, MD, MMCi
Clinical Experts	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Albert Arias, MD
Didactic Presentation	Masaru Nishiaoki, MD
Program Manager	Bhakti Dave, MPH
Practice Administrator	David Collins, MHA
IT Support	Vladimir Lavrentyev, MBA

- Name
- Organization

Reminder: Mute and Unmute screen to talk

*6 for phone audio

Use chat function for Introduction

What to Expect

I. Didactic Presentation
   I. **Masaru Nishiaoki, MD**
II. Case presentations
   I. Case 1
      I. Case summary
      II. Clarifying questions
      III. Recommendations

   II. Case 2
      I. Case summary
      II. Clarifying questions
      III. Recommendations

III. Closing and questions

Lets get started!

Didactic Presentation

Disclosures

Masaru Nishiaoki, MD has no financial conflicts of interest to disclose.

There is no commercial or in-kind support for this activity.

Questions?

Case Presentation #1
Jennifer Phelps

- 12:35-12:55 [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

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Use chat function for questions

Main Question

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How to best manage SMI sxs in a 29 weeks pregnant female with OUD that is not on any psych meds.

Demographic Information

30 yr old white female. High school education, does not work, gets disability, lives in her own trailer, has support of her grandmother and grandfather. A mother that is a substance user known to use METH in the past with her on occasion, comes and goes from her life. She is currently pregnant 29 weeks with OUD. Baby's father is in and out of her life at this time. Currently staying with her at night, he does work a job but has history of heavy drinking.

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Physical, Behavioral, Mental Background

DX of: Opioid Dependence in remission, Cannabis dependence in remission, Other simulant dependence in remission, Sedative, hypnotic or anxiolytic abuse in remission, Schizoaffective disorder, Depressive type, 29 weeks pregnant with OUD. She has been opioid and drug free for since pregnant. She was opioid free several month prior to pregnancy.
Medication:Suboxone 8 mg-2 mg sublingual film
Start Date:1/12/2021
Sig:Place 0.5 Film By Sublingual Route Per daily

Medication:naloxone 4 mg/actuation nasal spray
Start Date:11/18/2019
Sig:Spray 1 Spray By Intranasal Route 1 per minute prn opioid overdose, may repeat in 2-3 minutes as needed

She has had increase in SMI AH she reported being scared to be alone at night due to "the voices". She was taken off the psych meds by Psych MD, OBGYN ok'd for her to go back psych meds. Psych MD declined, during her pregnancy.

She has had several long term hospitalizations for psych and MSI in the past.

All labs only positive for BUP which is expected.

Her counseling was increased to see OBOT CSAC twice every two weeks, and once a week. She is also seen by another individual therapist for MH therapy. This helps with reality testing regarding her voices.

Interventions

Increased counseling sessions, she is seen weekly and every other week twice a week.
She also has a Individual therapist.
Increase CBT skills review.
A lot of time spent on patient education about post partum depression, signs and symptoms as well.
Referral was also made to outside psych provider.

Plan for Future Treatment/ Patient's Goals

Goal to get client linked to outside psych provider for psych med management to better management her SMI sxs.
To continue with on-going patient education about SMI and post-partum depression sxs.
To have a plan of Care set up for delivery.
TO continue with weekly phone calls and tele health sessions.

Reminder: Main Question

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How to best manage SMI sxs in a 29 weeks pregnant female with OUD that is not on any psych meds.

Case Presentation #2
Jordan Siebert

- 12:55pm-1:25pm [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes (participants)
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes (participants)
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

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Use chat function for questions

Follow Up Case Study

The original case study was focused on this participant in our mat program who was having trouble orienting towards the future both with peer support and clinical support.

Demographics

When I first presented she was a 31 year old cis-gendered female, caucasian, unemployed with her living situation being very unpredictable. For the most part she was living on and off with her incarcerated boyfriend's grandmother who also has custody of his young children.
She also struggled with housing and employment since she does not have a DL, which makes things difficult. The highest grade she completed was the 8th grade, and has not pursued her GED.
At the time of the presentation she did not have social supports outside of the treatment program here, and one sister who is in recovery. Other than that her community was the same that it had been before coming into the program.

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Mental, Physical, Behavioral Background

When I first presented she was a 31 year old cis-gendered female, caucasian, unemployed with her living situation being very unpredictable. For the most part she was living on and off with her incarcerated boyfriend's grandmother who also has custody of his young children.
She also struggled with housing and employment since she does not have a DL, which makes things difficult. The highest grade she completed was the 8th grade, and has not pursued her GED.
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Interventions

At the time this case was first presented group therapy had been the most effective treatment thus far, but was no longer offered in person, only virtually, and she was not interested in pursuing this. Motivational interviewing to encourage change in outlook and behavior. Relapse prevention. She had not accepted referrals to anywhere or anyone else. She had been very content to stay in this treatment in the phase she started in (which means that she was still being seen weekly). The peer especially has tried to encourage finding community to support her goals.

Plan for Treatment/ Patient Goals

Her goals for treatment had been very clear, and the peer did not explain these very well the last time this was presented. She no longer wanted to live the way that she had been in active addiction. She not only wanted to stop opioid use, but other substances as well. She had effectively been abstinent for several months when this was presented last.
She had said that she wanted to live independently (she was open to rooming house, but eventually wanted an apartment of her own), wanted her DL, wanted a job. She communicated all of these, but it was very difficult for her to voice how any of these were possible. She was open about not thinking that she was capable.

Other Relevant Information

After the presentation, I took the information and suggestion back to the team in her clinic time which includes the clinician, prescriber, case manager, and myself. The peer looked into the programs which were mentioned, and determined that they were treatment programs rather than recovery residences, one of which is out of state which she has been clear about not being open to. As a peer my plan was to be open about having had this conversation with other providers letting her know that her identity was not used.

Unfortunately, she did not return to the clinic. I reached out several times over phone and email. I received a return email from her sister stating that she had been incarcerated. She explained that this was for a probation violation, and that she would be in for a month. She was released a little over a month later, and we made arrangements for her to return asap to the clinic. In the interim I made sure that she had harm reduction information, especially the information for "Never Use Alone" as she was released on a Friday afternoon, and could not get to the clinic before Monday morning.

When she did return to the clinic she was more open to receiving help from different resources. She allowed the outreach coordinator to work with the peer specialist to ensure that she had housing. This is the first time she has allowed this help. She mentioned that she does not want to go through "this" anymore. She was willing to go into shelter to be able to use certain resources that are available there. The peer commented openly on this change, and she was able to talk about what is different now for her and the fact that she recognizes that she has grown (which she has never recognized in this program before). She entered shelter, and stayed in touch with the peer for support and make sure that her team knew what was happening with her.

A week after this time she has stopped communicating at all with the team. The peer has not been able to reach her and shelter staff has not been able to find her since that first week. The peer will continue to make herself available in the hopes that she reaches out. Until then the team hopes that she has found another program that can help her, and that she is safe.

Case Studies

- Case studies
  - Submit: www.vcuhealth.org/echo
  - Receive feedback from participants and content experts
  - Earn **$100** for presenting

Telehealth

About Telehealth at VCU Health +

For Patients +

For Providers +

Thank You

The success of our telehealth program depends on our participants and those who submit case studies to be discussed during clinics. We recognize the following providers for their contributions:

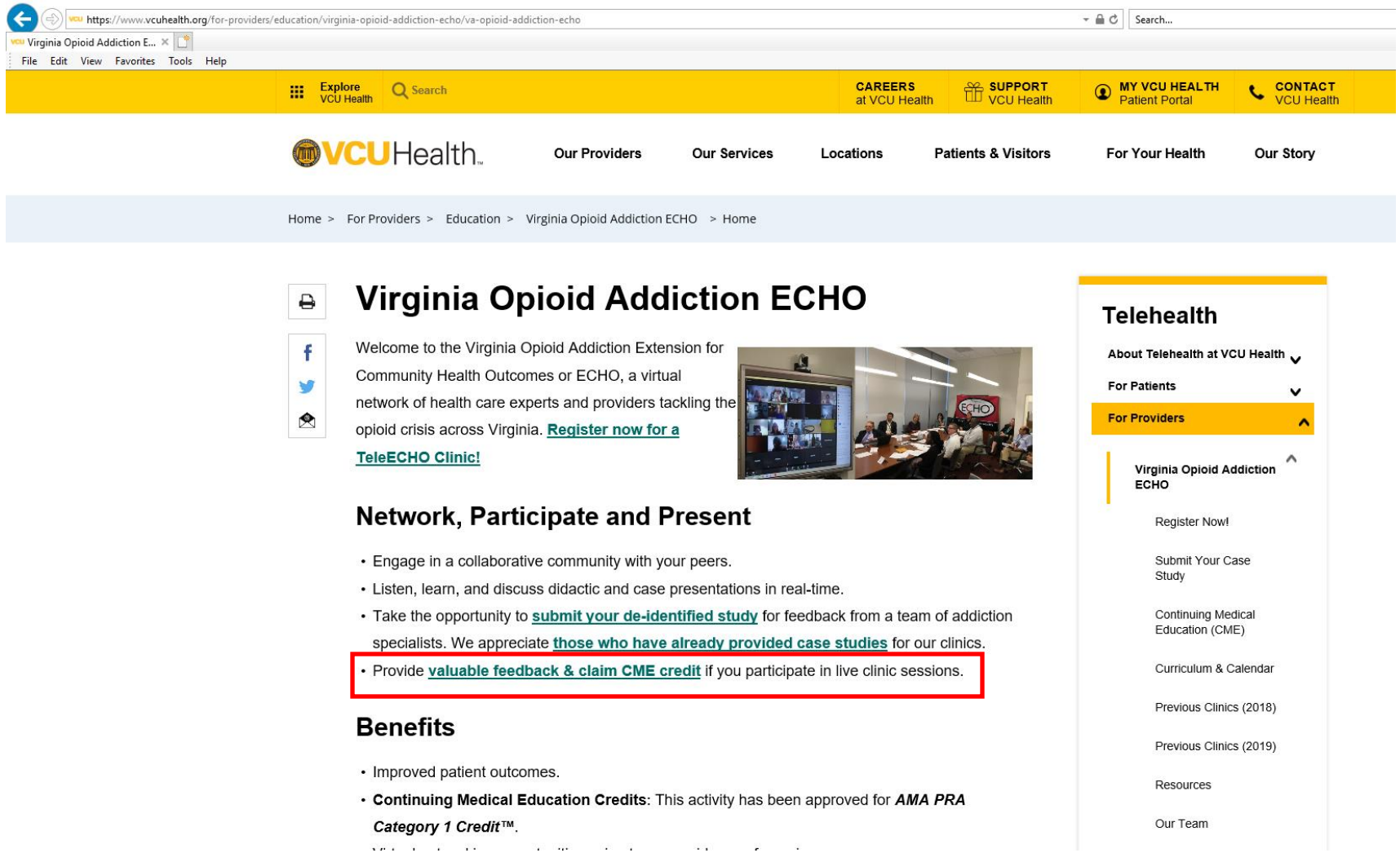
- **Ademola Adetunji**, NP from Fairfax County CSB
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **Kayla Brandt, B.S.** from Crossroads Community Service Board
- **Susan Cecere, LPN** from Hampton Newport News
- **Michael Fox, DO** from VCU Health
- **Shannon Garrett, FNP** from West Grace Health Center
- **Sharon Hardy, BSW, CSAC** from Hampton-Newport News CSB
- **Sunny Kim, NP** from VCU Health
- **Thokozeni Lipato, MD** from VCU Health
- **Caitlin Martin, MD** from VCU Health
- **Maureen Murphy-Ryan, MD** from AppleGate Recovery
- **Faisal Mohsin, MD** from Hampton-Newport News CSB
- **Stephanie Osler, LCSW** from Children's Hospital of the King's Daughters
- **Jennifer Phelps, BS, LPN** from Horizons Behavioral Health
- **Crystal Phillips, PharmD** from Appalachian College of Pharmacy
- **Tierra Ruffin, LPC** from Hampton-Newport News CSB
- **Manhal Saleeby, MD** from VCU Health Community Memorial Hospital
- **Jenny Sear-Cockram, NP** from Chesterfield County Mental Health Support Services
- **Daniel Spencer, MD** from Children's Hospital of the King's Daughters
- **Cynthia Straub, FNP-C, ACHPN** from Memorial Regional Medical Center
- **Saba Suhail**, MD from Ballad Health
- **Barbara Trandel, MD** from Colonial Behavioral Health
- **Bill Trost, MD** from Danville-Pittsylvania Community Service
- **Art Van Zee, MD** from Stone Mountain Health Services
- **Ashley Wilson, MD** from VCU Health
- **Sarah Woodhouse, MD** from Chesterfield Mental Health

Claim Your CME and Provide Feedback

- www.vcuhealth.org/echo

- To claim CME credit for today's session
- Feedback
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?

Access Your Evaluation and Claim Your CME



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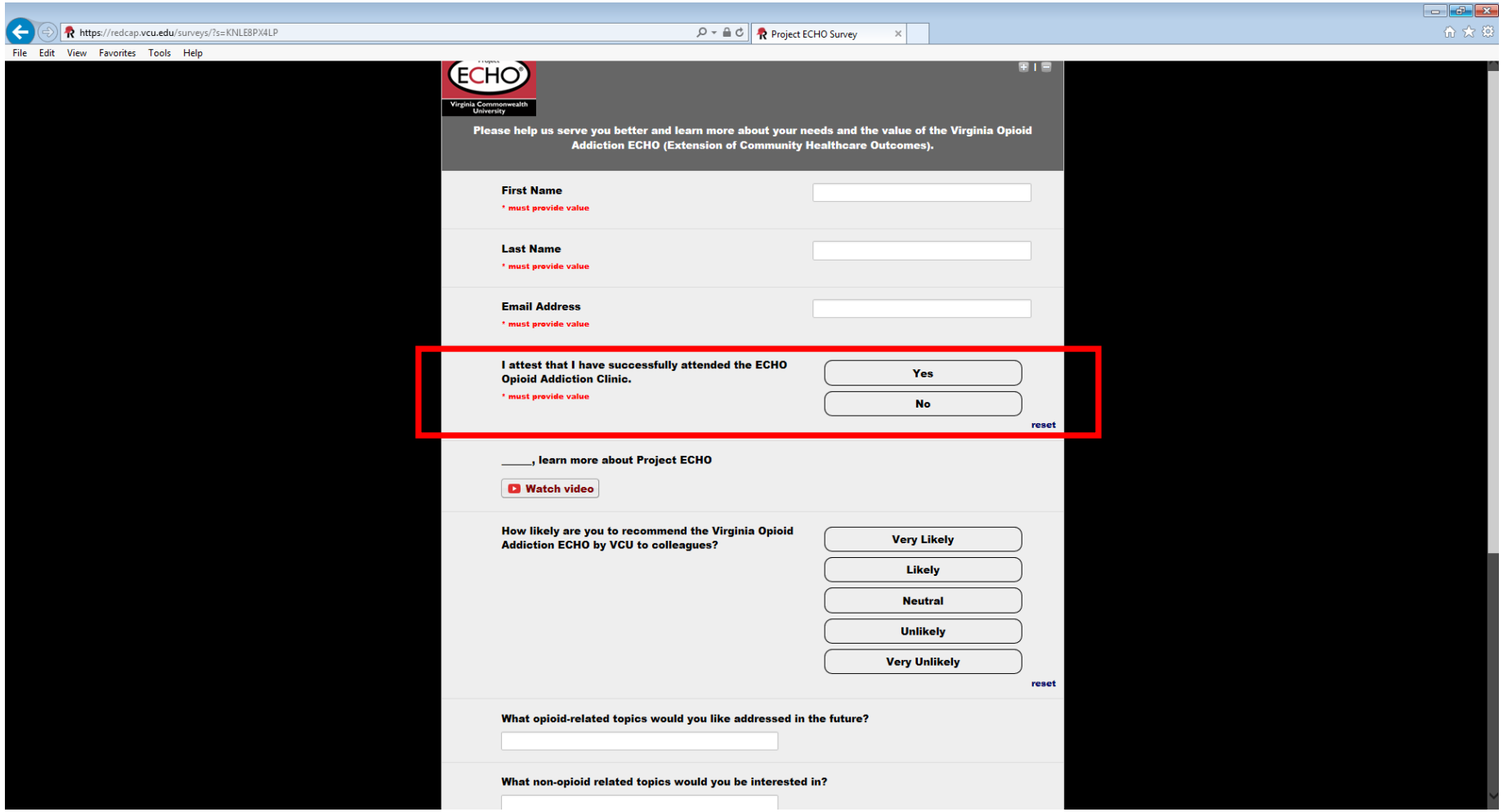

Access Your Evaluation and Claim Your CME

- www.vcuhealth.org/echo
  - To view previously recorded clinics and claim credit

Access Your Evaluation and Claim Your CME

https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/va-opioid-addiction-echo

Virginia Opioid Addiction E...

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Virginia Opioid Addiction ECHO

Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. **Register now for a TeleECHO Clinic!**

Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to **submit your de-identified study** for feedback from a team of addiction specialists. We appreciate **those who have already provided case studies** for our clinics.
- Provide **valuable feedback & claim CME credit** if you participate in live clinic sessions.

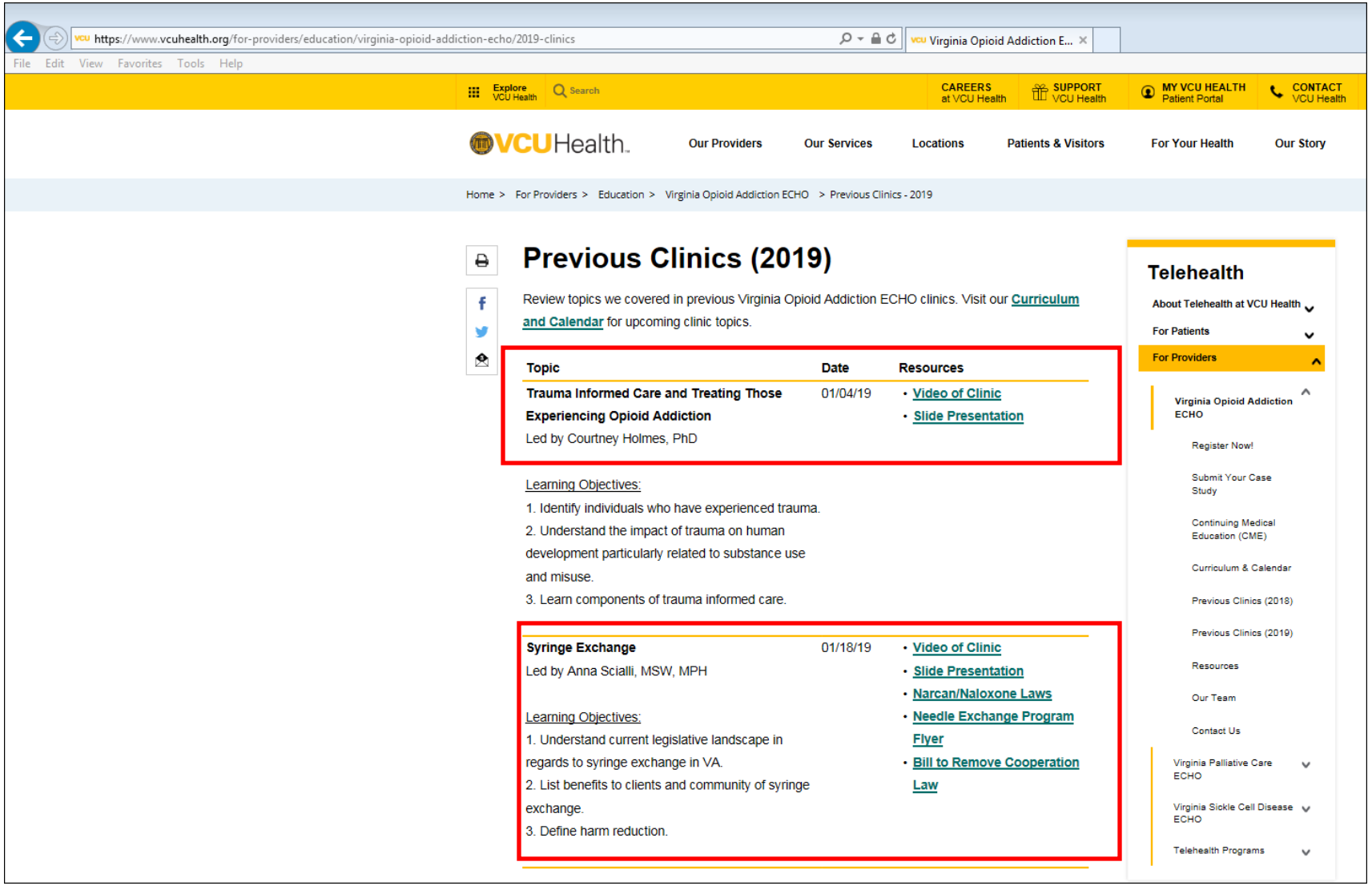
Benefits

- Improved patient outcomes.
- **Continuing Medical Education Credits**: This activity has been approved for ***AMA PRA Category 1 Credit™***.

Telehealth

- About Telehealth at VCU Health
- For Patients
- For Providers
  - Virginia Opioid Addiction ECHO
    - Register Now!
    - Submit Your Case Study
    - Continuing Medical Education (CME)
    - Curriculum & Calendar
    - Previous Clinics (2018)
    - Previous Clinics (2019)
    - Resources
    - Our Team

Access Your Evaluation and Claim Your CME



VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

Jan 29:	Panel Discussion: COVID and Chronic Conditions	Gerry Moeller, MD Alex Krist, MD Katherine Rose, MD
Feb 12:	Grief Impacting Recovery	Courtney Holmes, PhD

Please refer and register at vcuhealth.org/echo

Project ECHO®
Virginia Commonwealth University

THANK YOU!

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