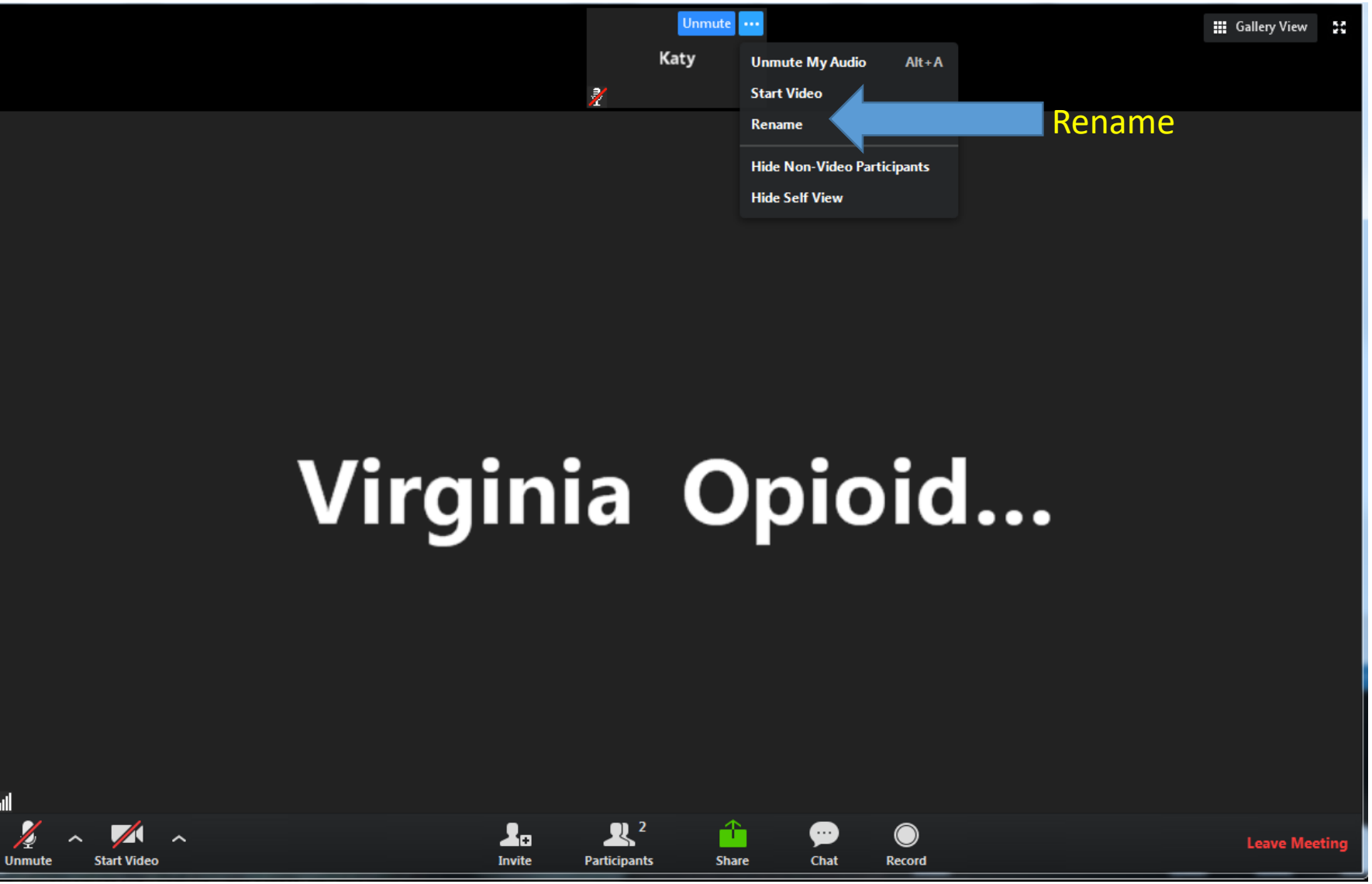
Virginia Opioid Addiction ECHO* Clinic

February 26, 2021

*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



- Rename your Zoom screen, with your name and organization

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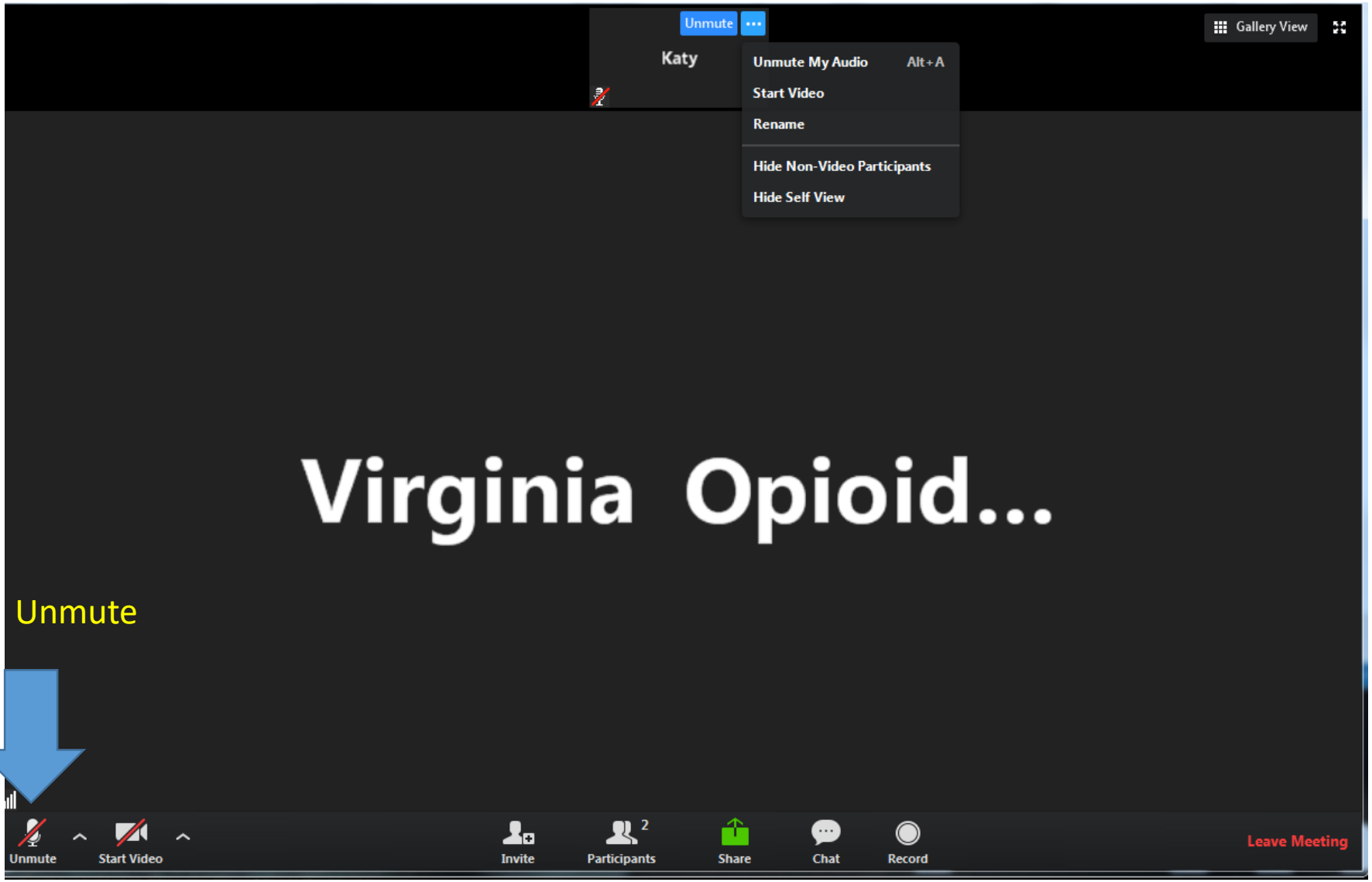
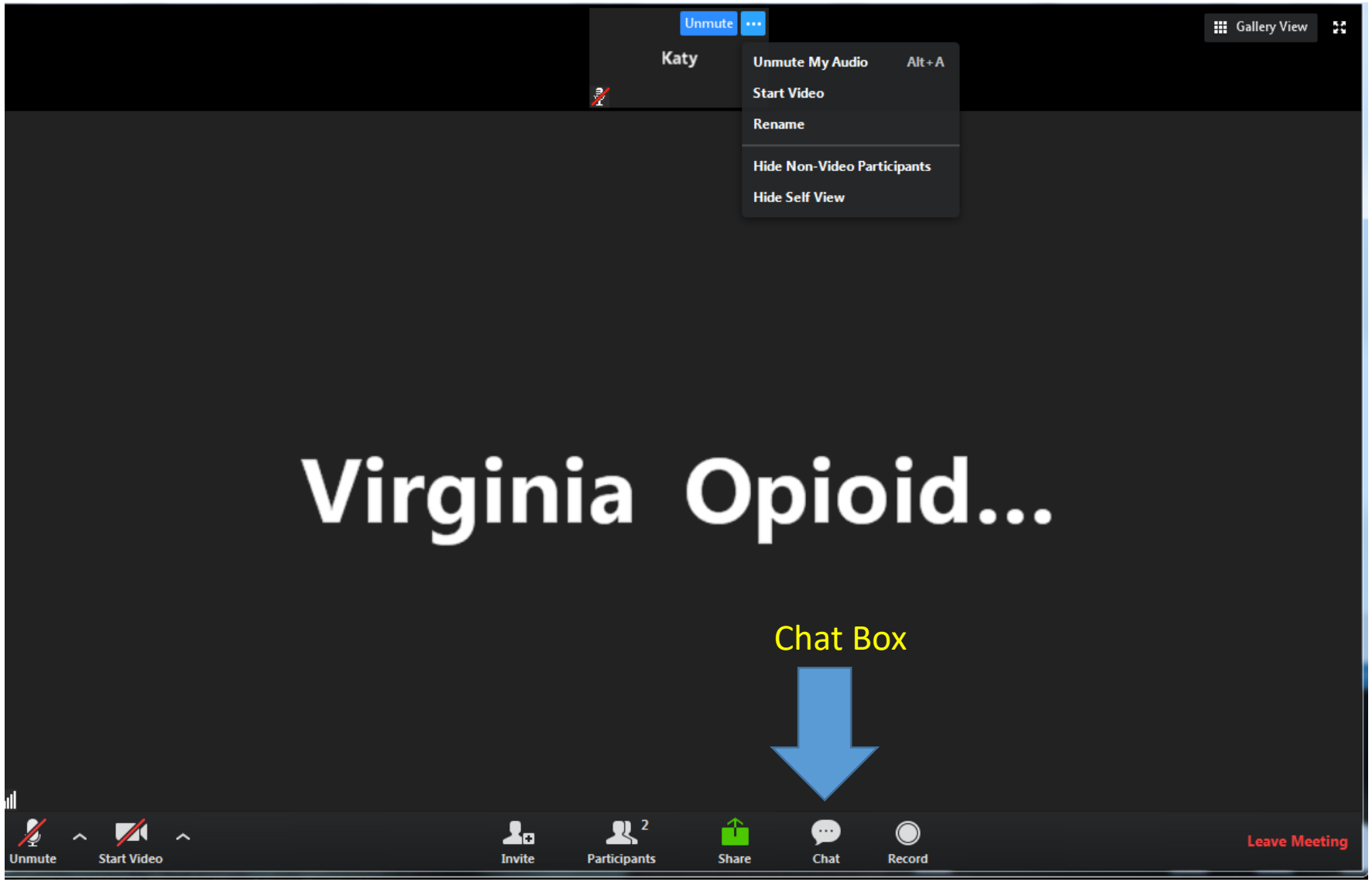


- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute

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 Megan Lemay, MD Salim Zulfiqar, MD
Didactic Presentation	Melanie Meadows
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. **Melanie Meadows**
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

Melanie Meadows has no financial conflicts of interest to disclose.

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

Virginia Drug Treatment Courts

VCU Project ECHO
February 26, 2021

Learning Objectives

- An understanding of what a drug treatment court is and where it fits within the justice system and treatment continuum
- An understanding of the target population for drug treatment courts
- An understanding of the infrastructure of drug courts – what services are provided and how are they delivered

What is a Drug Treatment Court?

DRUG TREATMENT COURT ACT

§ 18.2-254.1

"The General Assembly recognizes that there is a critical need in the Commonwealth for effective treatment programs that reduce the incidence of drug use, drug addiction, family separation due to parental substance abuse, and drug-related crimes."

What is a Drug Treatment Court?

- Specialized court dockets within Virginia's existing court system
- Target non-violent substance abusers before the court on criminal charges
- Collaborative and non-adversarial team approach to treatment
- Combines comprehensive substance abuse treatment, intensive community supervision and ancillary services under the leadership of the judiciary

WHY Drug Treatment Courts?

- More than 80% of crime is drug or alcohol fueled
- 50% of offenders have a moderate to severe substance abuse disorder
- Approximately 50% of offenders have a mental health disorder

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- Every 4 minutes, someone is sent to treatment instead of prison through drug court
- Drug Court participants are 37% less likely to test positive for illicit substances
- Drug court participants who graduate with at least 90 days of sobriety have a 164% greater reduction risk of recidivism

Drug Tx Court vs Traditional Court

Traditional Court System

- Adversarial Proceedings
- Separate and unconnected entities attempt to reduce crime and treat substance abuse
- Court has limited supervision or knowledge of defendant's progress after adjudication and disposition
- Punishment is a primary tool for deterring further drug offenses
- Treatment varies in availability, cost, length, intensity and quality
- Supervision and drug testing may be intermittent and lacking intensity
- Drug relapse is treated as a new crime or a probation violation

Drug Tx Court System

- Collaborative and cooperative multi-disciplinary drug court team including the prosecutor, defense, judiciary, treatment, probation, police, schools
- The court is active in monitoring the defendant's progress and applies immediate sanctions when necessary
- Treating drug addicts is seen as an effective tool for reducing the demand for drugs and restoring defendants to productive and lawful lives.
- While treatment is individualized, the program is uniform in structure, quality, and intensity
- There is frequent drug testing and probation monitoring
- While relapse and program non-compliance results in graduated and immediate sanctions, beginning stage relapse is viewed as a part of the recovery process rather than a new offense.

Drug Treatment Courts in Virginia

Adult Drug Courts (39)

- Chesterfield/Colonial Heights
- Alexandria
- Alleghany
- Arlington
- Bristol
- Buchanan
- Charlottesville/Albemarle
- Chesapeake
- Dickenson
- Fairfax
- Floyd
- Fluvanna
- Giles
- Halifax
- Hampton
- Harrisonburg/Rockingham
- Henrico
- Loudoun
- Lynchburg
- Montgomery
- Newport News
- Norfolk
- Northern Neck/Essex
- Northwest Regional/Winchester
- Portsmouth
- Prince George/Hopewell/Surry
- Pulaski
- Rappahannock Regional
- Richmond
- Roanoke
- Russell
- Smyth
- Staunton/Augusta/Waynesboro
- Tazewell
- Twin Counties & Galax
- Virginia Beach
- Washington
- Wythe
- 30th District – Lee/Scott/Wise

Drug Treatment Courts in Virginia

Juvenile Drug Treatment Courts (7)

- Chesterfield/Colonial Heights
- Franklin
- Hanover
- Henrico
- Newport News
- Rappahannock Regional
- 30th District – Lee/Scott/Wise

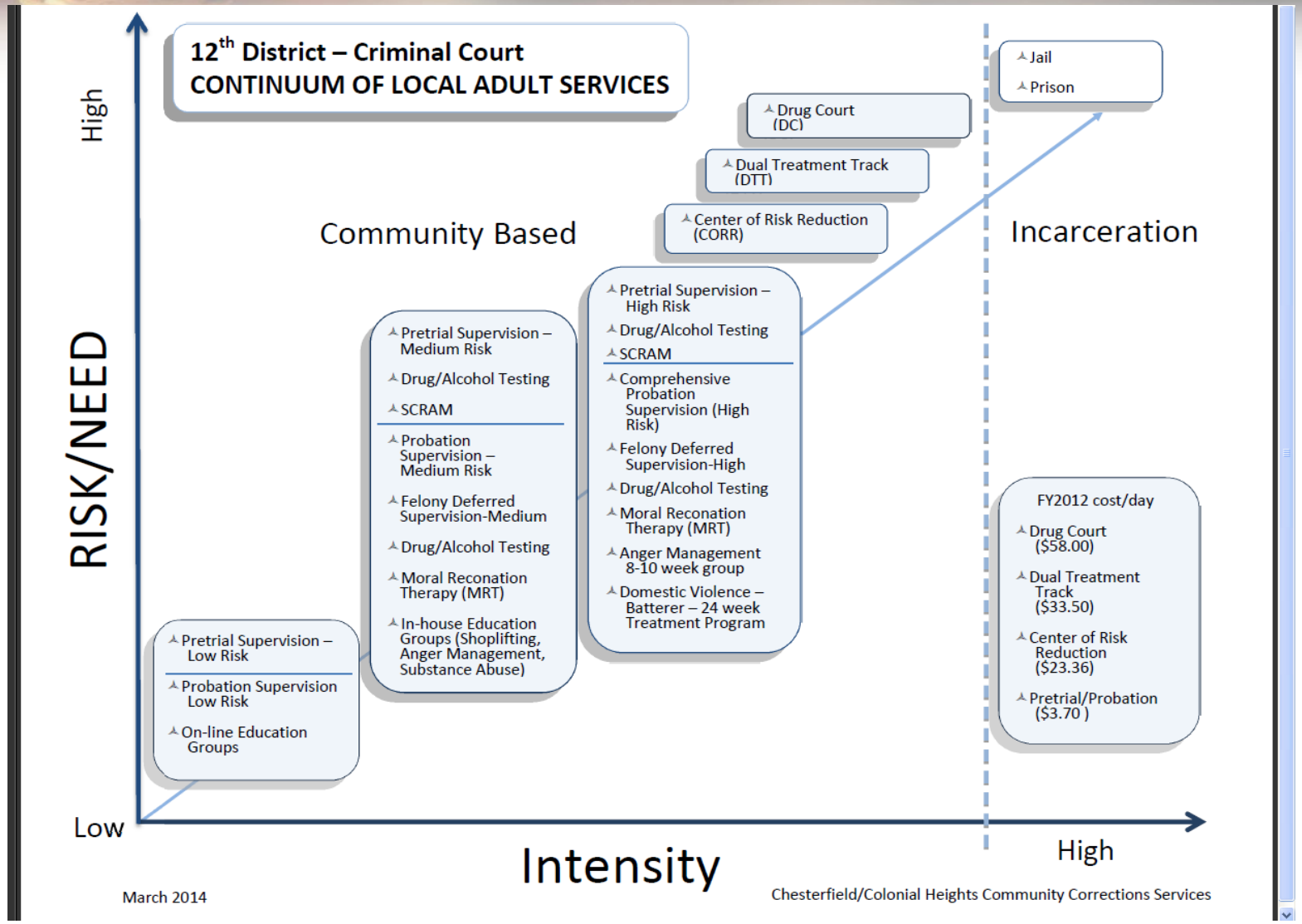
DUI Treatment Courts (2)

- Fredericksburg Regional – Fredericksburg, King George, Stafford, Spotsylvania
- Waynesboro

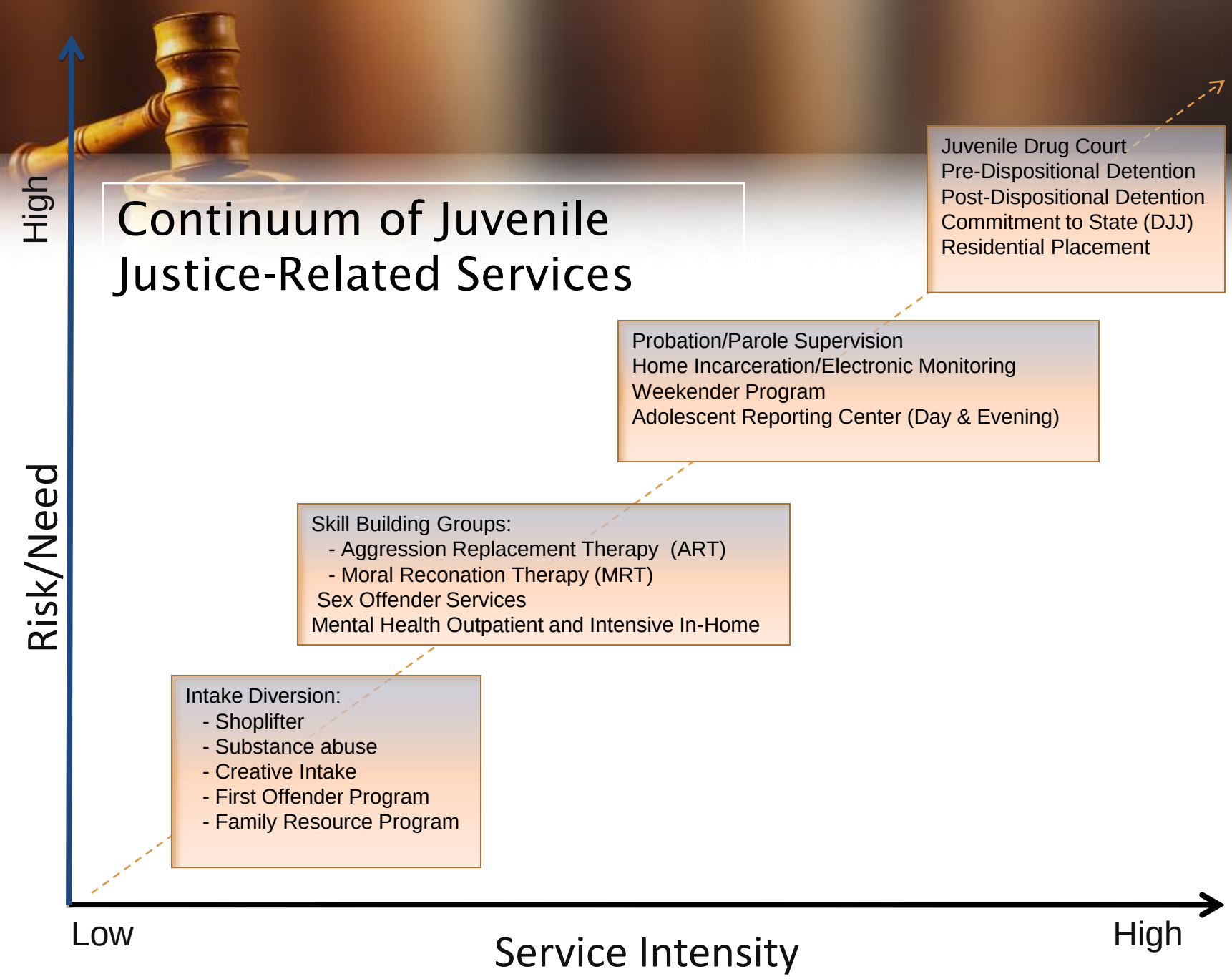
Family Drug Treatment Courts (4)

- Charlottesville/Albemarle
- Bedford
- Giles
- Goochland

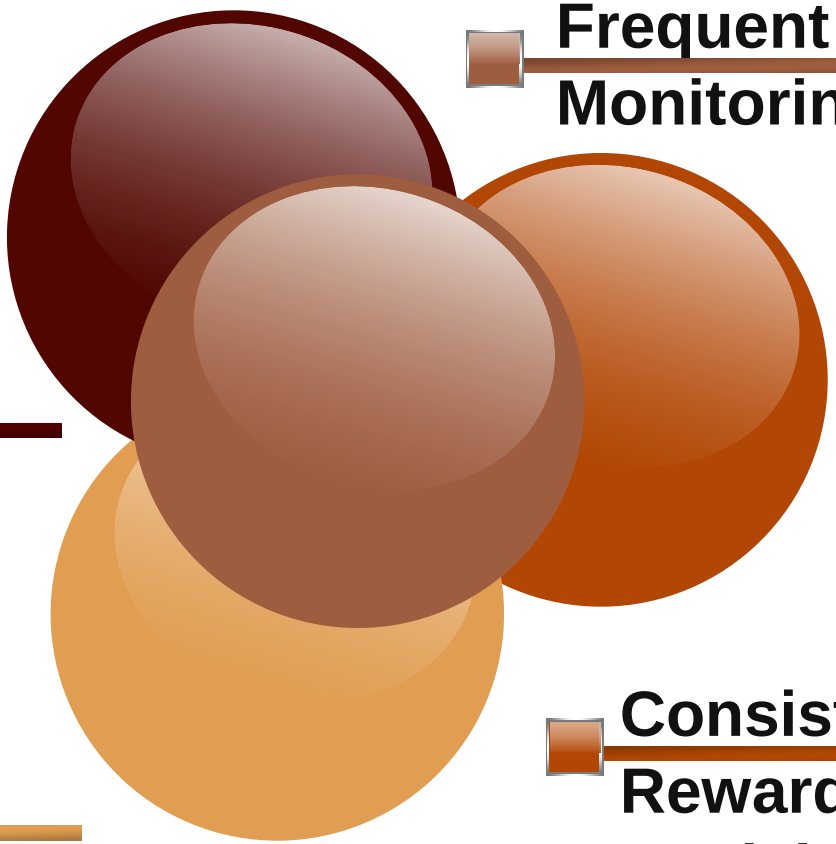
Drug Treatment Courts in the Continuum



Continuum of Juvenile Justice-Related Services



How Do Drug Treatment Courts Work?



- Frequent Judicial Monitoring
- Intensive Treatment
- Consistent Rewards and Punishments
- Intensive Supervision

Targeting the Right Population

It doesn't have to be a mystery!

Targeting the Right Population

Prognostic Risk Factors: 3/4+ = high risk

- Current age < 25 years
- Delinquent onset < 16 years
- Substance abuse onset < 14 years
- Prior rehabilitation failures
- History of violence
- Antisocial Personality Disorder
- Psychopathy
- Familial history of crime or addiction
- Criminal or substance abuse associations

Targeting the Right Population

Identifying Need – Criminogenic Needs:

- Antisocial Personality
- Antisocial Attitudes
- Antisocial Peers
- Family/Marital Relationships
- Substance Abuse
- Employment
- Education
- Leisure

<u>Other Considerations:</u>

- *Dual Diagnosis*
- *Physical Health/Chronic Medical Conditions (ie. HIV, Diabetes)*
- *Functional impairments (ie. illiteracy, intellectual limitations)*
- *Self-Esteem*
- *Personal Distress*

Targeting the Right Population

Assessing the Client –

Validated Tools *vs* Professional Judgement

Risk Principle –

Offender recidivism can be reduced if the level of treatment services provided to the offender is proportionate to the offender's risk to re-offend.

So, it is important to ensure you are using a validated risk/need assessment tool.

Targeting the Right Population

	High Risk	Low Risk
High Need (dependent)	**Accountability Treatment Habilitation**	**Treatment Habilitation**
Low Need (abuse)	**Accountability Habilitation**	**Diversion – Secondary Prevention**

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Targeting the Right Population

	High Risk	Low Risk
High Need (dependent)	• Status Calendar • Intensive Treatment • Intensive Supervision • Positive reinforcement • Restrictive consequences • Continuum of Care • 18-24 months (200 hrs)	
Low Need (abuse)		

Reprinted with permission of National Association of Drug Court Professionals (NADCP)

Drug Treatment Court Services

- Regular and random drug testing
- Continuous and intense treatment to include outpatient therapy, skills groups, in-home services, family counseling, access to psychiatric services, parenting groups/education.
- Curfew checks, home/work/school visits
- School/Employment monitoring
- Weekly court reviews before the Judge to address program progress/status.
- Sanctions for noncompliant behaviors
- Rewards for meeting personal goals and programmatic milestones

How Are Services Delivered?

Drug Court - Partner Agencies

Defense Bar	CA's Office	Chesterfield CSB	Community Corrections Services	Chesterfield Police Department
Referral Source	Gatekeeper to Entry	Intensive Outpatient Treatment	Probation Services	Community Supervision

How Are Services Delivered?

The Drug Court Team

- Judge
- Administrator/Coordinator
- Commonwealth's Attorney rep
- Private Bar Attorney
- Police Officer/Law Enforcement/Surveillance Officer
- Probation Officers
- Treatment Clinicians
- Public School representative

JUDGE

Message –

"Someone in authority cares"

- Judge's term is indefinite – recidivism ↓35% cost savings ↑17%
- Judge spends an average of 3 minutes during hearings - recidivism ↓153% cost savings ↑36%

- Team Leader
- Knowledgeable about policies and procedures
- Knows the clients by name
- Encouraging
- Fair, respectful, impartial

Administrator/Coordinator

Responsible for day to day operations:

- Record keeping
- Budget management
- Personnel
- Policy and Procedure
- Team building

Prosecutor

Non-Adversarial Approach

- Gatekeeper
- Advocates for Public Safety
- Advocates for victim interest
- Accountability
- Helps resolve other pending legal cases that impact eligibility

Prosecutor attends staffing – cost savings ↑171%

Prosecutor attends court – recidivism ↓35%

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Defense Attorney

Non-Adversarial Approach

- Ensures constitutional rights are protected
- Advocates for participant's interest
- Resource for participants

Defense attorney attends staffing – cost savings up 93%

Prosecutor attends court – recidivism ↓ 35%

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Community Supervision

Probation & Law Enforcement

- Conduct drug/alcohol tests
- Home/Office/Employment visits
- Enforce curfews & travel restrictions
- Deliver Cognitive Based Interventions (ie. MRT)

Treatment

- Manages delivery of treatment services
- Provides clinical case management
- Relapse Prevention and Continuing Care
- Administers behavioral and/or cognitive-behavioral treatment

- Tx communicates via email
  ↓ 119%
- Tx offers mental health tx
  ↓ 80%
- Tx attends court sessions
  ↓ 100%
- Drug Court works with two or less tx agencies
  ↓ 76%

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Alignment with Evidence Based Practices

- Weekly/Bi-weekly status hearings before a Judge
- Frequent and Random Drug Testing
- Reduce Association with Drug Users
- Avoid Reliance on Incarceration
- Graduated Sanctions and Incentives
- Treatment services that are researched and evidence based to include MRT; parenting skills/education; trauma informed/specialized groups

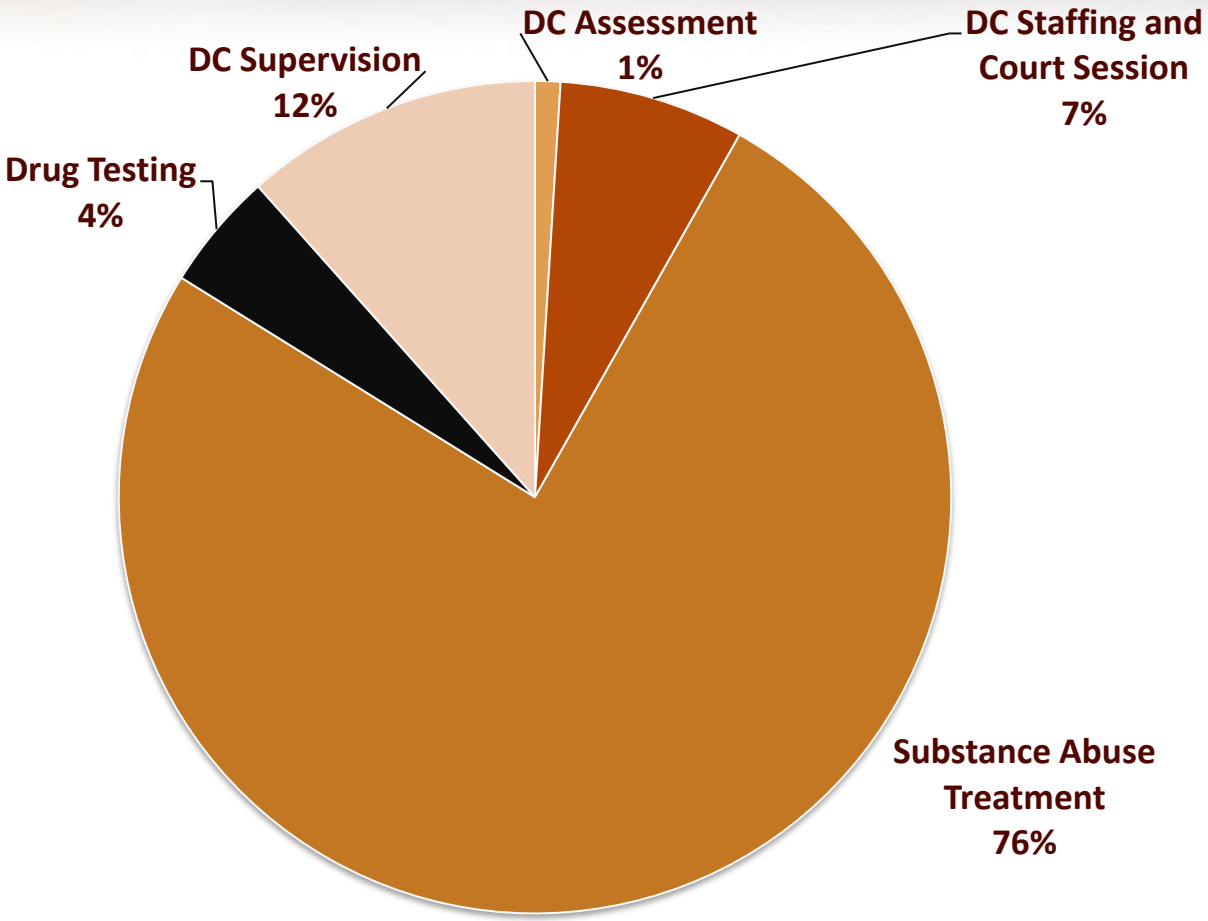
Cost Efficiency

How much does an adult drug court in Virginia cost?

The average cost of a participant in a Virginia Drug Court is $17,900.

NOTE: This is NOT a per year cost-figure – this is the total cost from assessment to graduation or termination including cost of assessment, treatment, supervision, court oversight and drug testing.

VA Adult Drug Treatment Courts Cost Benefit Analysis – National Center of State Courts, October 2012



VA Adult Drug Treatment Courts Cost Benefit Analysis – National Center of State Courts, October 2012

Cost Efficiency

Do Drug Courts save money compared to "business as usual" case processing?

VA Cost Benefit Analysis examination:

Difference between cost of placement into DC or BAU

\+ *Difference between cost of outcomes between the two groups*

\+ *Difference between cost of victimization between the two groups*

\+ *Cost of Drug Court*

\- *Fees paid to participate in Drug Court*

= *Cost savings for Drug Court*

YES!

Virginia's Drug Courts save $19,234 per person as compared to "business as usual" processing.

	DC Group	"Business as Usual" Group	Difference
Placement	$1,442	$4,651	($3,209)
Drug Court	$17,901		$17,901
Outcome	$10,914	$36,754	($25,840)
Victimization	$14,584	$22,668	($8,084)
Total	$44,840	$64,074	($19,234)

VA Adult Drug Treatment Courts Cost Benefit Analysis – National Center of State Courts - October 2012

Faces of Drug Court

Brad J. - Before

- Entered drug court at age 32 on multiple felonies.
- Began abusing drugs as a teenager. Started with marijuana and alcohol and escalated to opiates, cocaine and alcohol primarily.
- Previous treatment attempts not met with success.
- Lived with wife and child. Significant and ongoing marital discord.
- No spiritual foundation

After

- Is employed full-time with an HVAC company; increasing responsibilities at work and mentors others.
- Owns a second home.
- Marital relationship significantly improved. Currently expecting second child.
- Active in church
- Active in the NA community
- Active in alumni drug court outreach
- Has over 5 years of sobriety

Faces of Drug Court

Lisa L. - Before

- Entered drug court at age 26 for possession of heroin and possession of cocaine.
- Long –term abuser (since age 16) – abused prescription medication, heroin and cocaine
- Homeless; unemployed and had lost custody of her son after CPS investigations
- Estranged relationship with mother
- Four previous attempts at treatment – inpatient and outpatient

After

- Regained custody of her 8 year old son while in drug court
- Married and has a second child
- Rents her home
- Has worked full time for four years
- Healthy relationship with her mother
- Active member of prison and jail ministry as an outreach to the recovering community
- Active in drug court alumni outreach
- Over five years of sobriety

Faces of Drug Court - Juvenile

Katelyn - Before

- Entered drug court at age 17 on charges of assault and batter, trespassing, vandalism, and possession of alcohol
- Diagnosed with Bipolar and ADHD
- Living with mother who was an active substance abuser and grandmother
- Behavior and attendance problems at Meadowbrook HS
- No positive activities
- No positive peers
- A few weeks pregnant

After

- Drug free pregnancy and delivered a drug-free baby while in drug court
- Participated in Families First services
- Mother required to move out of the home creating a drug free environment for Katelyn
- Played softball for Meadowbrook – even while pregnant
- Attended school on a regular basis – graduated from high school five months after graduating from drug court
- Employed at AJ Wright
- Currently living in her own apartment with the baby and the baby's father.
- Has remained drug free

Challenges

- Prescription, designer and synthetic drug abuse
- Social Media
- Increase in participants with mental health issues

Resources:

- National Association of Drug Court Professionals – NADCP *www.nadcp.org*
- Virginia Drug Courts – Supreme Court of VA – *www.courts.state.va.us* *(go under "programs")*
- National Drug Court Resource Center - *www.ndcrc.org*

QUESTIONS?

THANK YOU

Contact Information:
Melanie Y. Meadows
Administrator
Chesterfield County Drug Courts
(804) 717-6801
meadowsm@chesterfield.gov

Questions?

Case Presentation #1
Shannon Garrett, NP

- 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

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions

Main Question

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

What signs of engagement/progress in recovery would you look for to justify continuing treatment for this patient?

Demographic Information

64 year old African American female. Unknown education level. Unemployed collects disability. Stable housing in a subsidized apartment. Has family in the Richmond area, including a son who is supportive of her recovery. Long-time boyfriend living with her who is emotionally abusive and supplies her habit though he doesn't use himself. Sister moved in with patient about 1 month ago when her son (patient's nephew) was murdered. All a grieving this loss of a young man they believed had promise and no reason for deadly trouble.

Background Information

History chronic back pain with hardware-placing surgeries. Was previously prescribed opioids and gabapentin. Has not been prescribed opioids in some time (>2 years, unknown exactly to this prescriber). No longer getting gabapentin because she hasn't kept up with her pain management specialist.

Previous Interventions

This individual re-entered our OBOT Sept 2020. She has been on Suboxone 8mg/2mg film SL BID. OBOT with weekly group therapy and biweekly individual therapy. She initially stabilized her opioid use disorder with the suboxone use, but never consistently abstained from cocaine. Around the holidays she occasionally tested positive for opiates, but was still taking buprenorphine. I advised her to take both her Suboxone films at the same time in the mornings, and this seemed to help further stabilize her for about six weeks regarding opiates. We were working hard on her cocaine addiction, and she finally agreed to inpatient placement. Then her nephew was murdered (he was about 30 years old) and she has since been less engaged in treatment. She avoids group and individual therapy, has stopped talking to our peer specialist, and has missed one visit with the medical provider. This week, she tested negative for Buprenorphine, and positive for opiates and cocaine on her urine drugs screen, and admits to use. When pressed about why there is no buprenorphine in her urine, she admitted she is giving her medication to her sister, who is presently living with her.

We have referred this patient to inpatient treatment but COVID diversion has limited availability, especially for Medicaid patients. We found one potential placement in NOVA, but her history of COPD made that impossible. We are hoping to get her in to RBHA's inpatient program soon, and calling daily on that placement. I have also recently (last week) tried increasing her dose to 3 films daily (24mg buprenorphine/6 mg naloxone) daily, though it seems she didn't take her medicine at all this week. She expressed interest at one point in Sublocade injection, but was reluctant to change providers. (Sublocade cannot be given at our agency because of licensing/storage restrictions, but a clinic that could was identified and preliminary transfer communication occurred, patient was given the option).

Plans for Future Treatment/ Patient's Goal

I plan to continue treatment in OBOT with Suboxone as long as she resumes that therapy consistently. Current plan is to prioritize getting her sister into treatment, and she is scheduled to be seen with us next week. I have encouraged the patient to make plans for new sobriety for both her and her sister starting March 2. To prepare, I have encouraged her to ask her boyfriend to move out (he is not on the lease). I have encouraged her to tell her sister that she can only stay if she begins and sticks with sobriety as well beginning 3/2. I will be looking for buprenorphine in her urine drug screens, and absence of heroin/opioids. I believe she can stabilize on buprenorphine when she is taking it consistently; she has in the past. I am concerned about her stopping the crack cocaine. We are continuing to seek placement inpatient, and will strongly encourage our client to go. We have been encouraging additional group therapy, but patient has been avoiding these additional groups since her nephew's death. Follow-up with psychiatrist is scheduled 3/5 (she is on SSRI, which hasn't seemed to have had any effect).

Other Information

This patient has been known to this provider for about two years, and there is a good therapeutic rapport despite the patient's relapse. She has no legal history or pending charges. She is financially stable. She avoids change and has long allowed various family members to stay at her apartment despite reporting that they sabotage her mental health. She has been resistant to go into inpatient treatment previously because she doesn't want family in her apartment when she isn't there. I'm concerned that now that her sister is vulnerable and living with her, my patient will again be reluctant to leave her apartment for inpatient treatment.

Reminder: Main Question

What signs of engagement/progress in recovery would you look for to justify continuing treatment for this patient?

Follow Up: Case Presentation
Susan Mayorga, CSAC

- 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

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions

Previous Main Question:

How to promote and protect the health of a new MAT patient with endocartitis and vegetation on the heart valve?

Demographics

- 49 year old, female, living with mother and at least one daughter, good family support, on disability

UPDATE: Now has her own place near her mother. Continued good family support.

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions

Background Information

- Diagnosis: OUD, endocarditis with vegetation on heart valve, osteomyelitis, hypertension, neuropathy, anxiety, depression, and broken vertebrae
  - History of IVDU include pain medication

UPDATE: Patient had referral to Cardilogy appt in January with patient complaint of chest pain and shortness of breath as well as observed pitting edema of 2+. Studies that were ordered then: Regadenoson Stress myocardial perfusion imaging and 2D echocardiography with color flow doppler. A normal resting echocardiogram was done during the Jan visit. Patient is established with Infectious Disease specialist.

UPDATED MEDICATIONS: Taking

- Gabapentin 800 MG Tablet 1 tablet Orally three times a day
- Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet Orally Once a day
- Cymbalta 20 MG Capsule Delayed Release Particles 1 capsule Orally Once a day
- Carbamazepine 100 MG Tablet Chewable 2 tablets Orally Twice a day
- Lisinopril 20 MG Tablet 1 tablet Orally Once a day
- Furosemide 20 MG Tablet 1 tablet Orally twice a day prn
- Tizanidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day, stop date 04/19/2021
- Trazodone HCl 50 MG Tablet 1/2 tablet at bedtime as needed Orally Once a day
- Melatonin 10 MG Tablet 2 tablet at bedtime as needed Orally Once a day
- Sumatriptan Succinate 50 MG Tablet 1 tablet at least 2 hours between doses as needed Orally Twice a day
- Amoxicillin 500 MG Capsule 2 capsules Orally Twice a day
- Lidoderm 5 % Patch 1 patch remove after 12 hours Externally Once a day
- Salonpas
- Icy Hot
- Symbicort 80-4.5 MCG/ACT Aerosol 2 puffs Inhalation Twice a day
- Ondansetron HCl 4 MG Tablet 1-2 tablets Orally Once a day as needed
- Suboxone 8-2 MG Film 2.5 films Sublingual Once a day
- HydrOXYzine HCl 50 MG Tablet 1 tablet as needed Orally three times a day

Previous Interventions

- New patient, referred to PCP, plan to continue MAT

UPDATE: Continues MAT program, currently seen every two weeks and soon to be seen monthly. Stable with no cravings - very pleased with herself. Consistent with BH services averaging every 2 weeks. Learning skills to help manage sleep disorder and panic attacks.

Future Treatment / Patient Goal

Continue MAT program, moving through Phases as appropriate.
Continue BH services for continued skill building to manage sleep disorder and panic attacks.
Continue PCP to learn healthy lifestyle habits with resources identified and links provided for identified barriers.

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

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

Virginia Opioid Addiction E...

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Home > For Providers > Education > Virginia Opioid Addiction ECHO > Home

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.

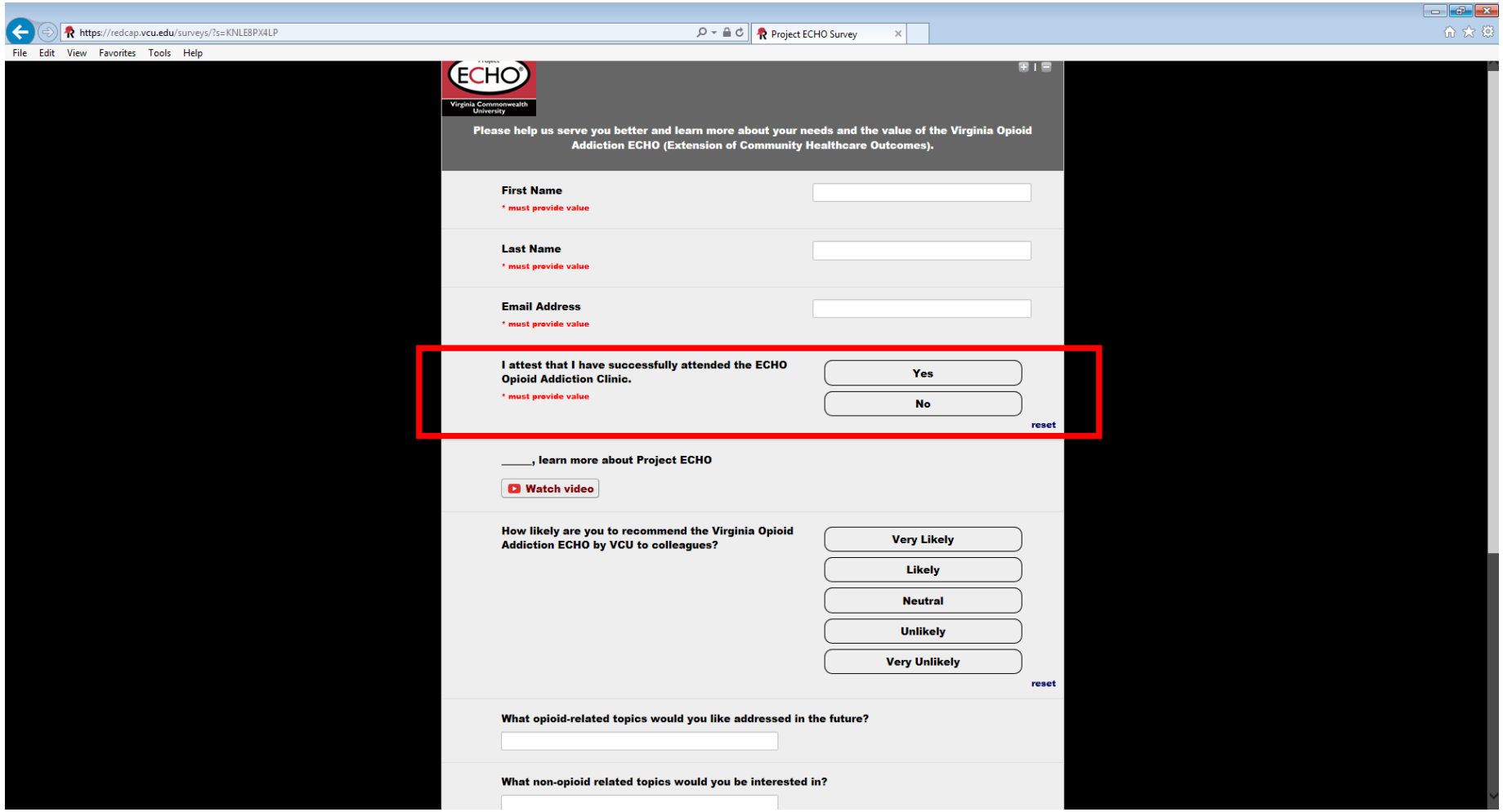
Benefits

- 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



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

Telehealth

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    - Previous Clinics (2019)
    - Previous Clinics (2020)

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

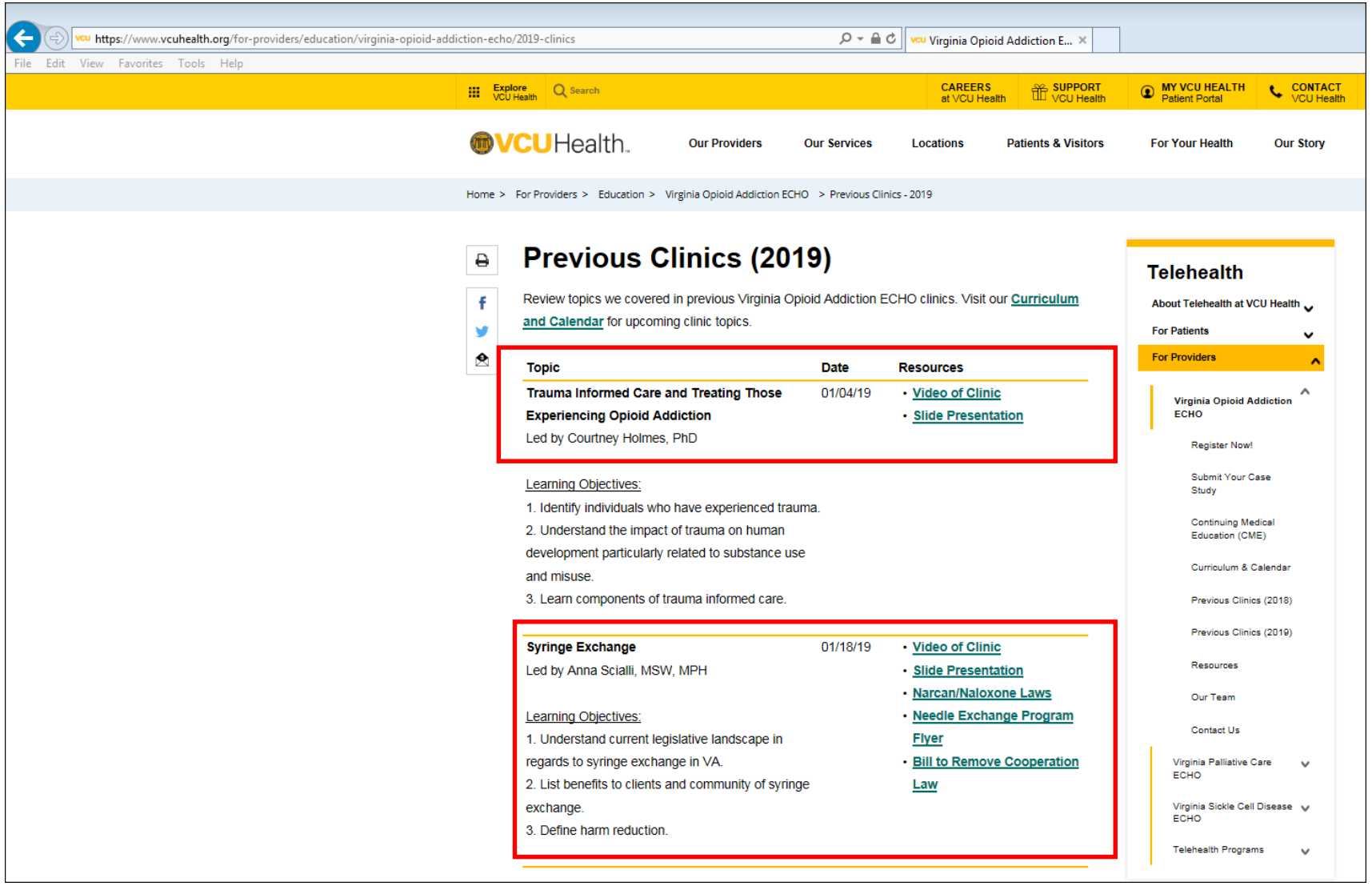
- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to submit your de-identified study for feedback from a team of addiction specialists. We appreciate those who have already provided case studies for 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***

Need help

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

March 12: Panel Discussion, “COVID and Peer Recovery”	Thomas Bannard, Moderator
	Omri Morris, Panelist
	Raymond Barnes, Panelist
	Erin Trinh, Panelist

Please refer and register at vcuhealth.org/echo

THANK YOU!

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions