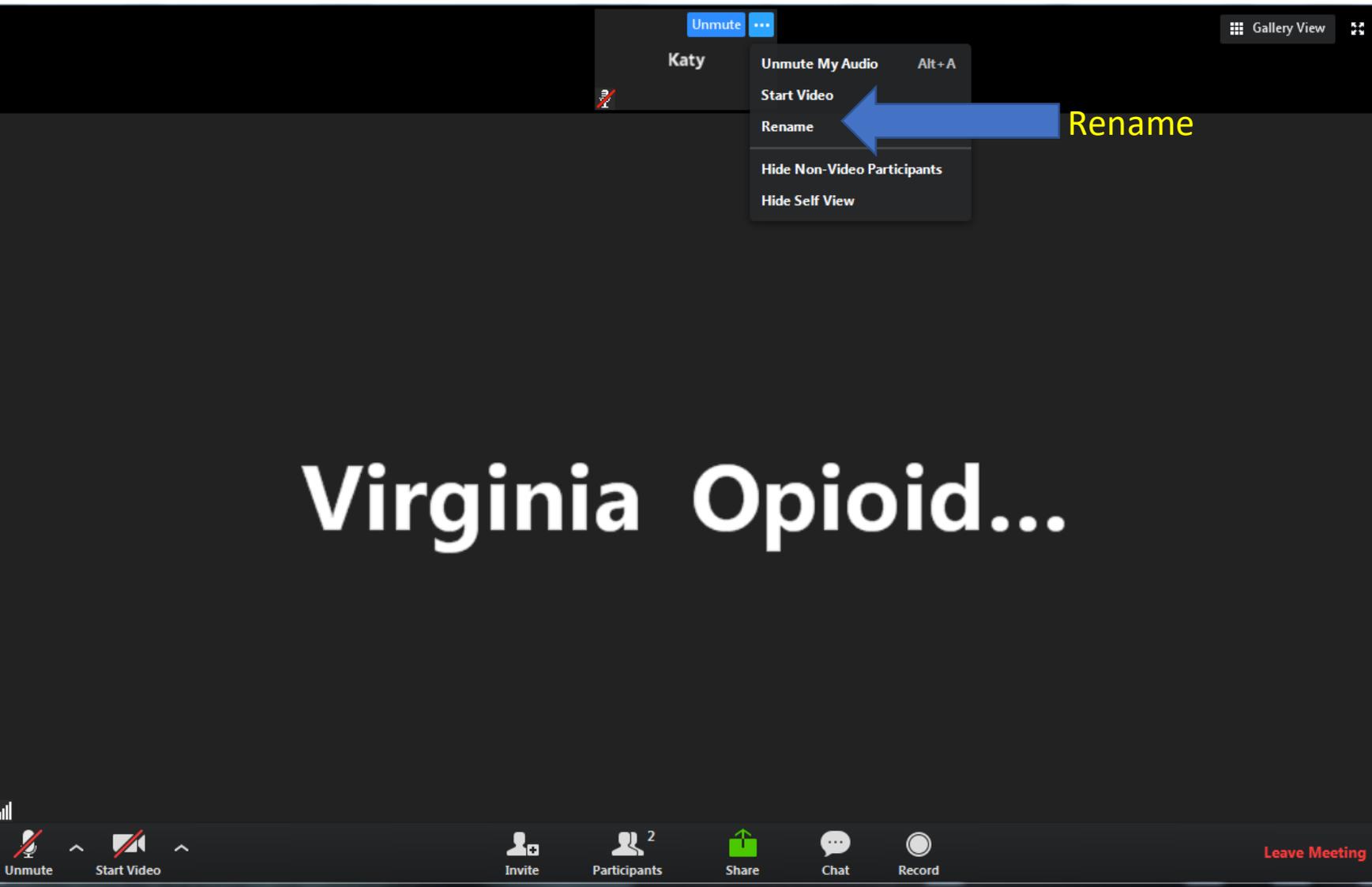


# Virginia Opioid Addiction ECHO\* Clinic

**April 23, 2021**

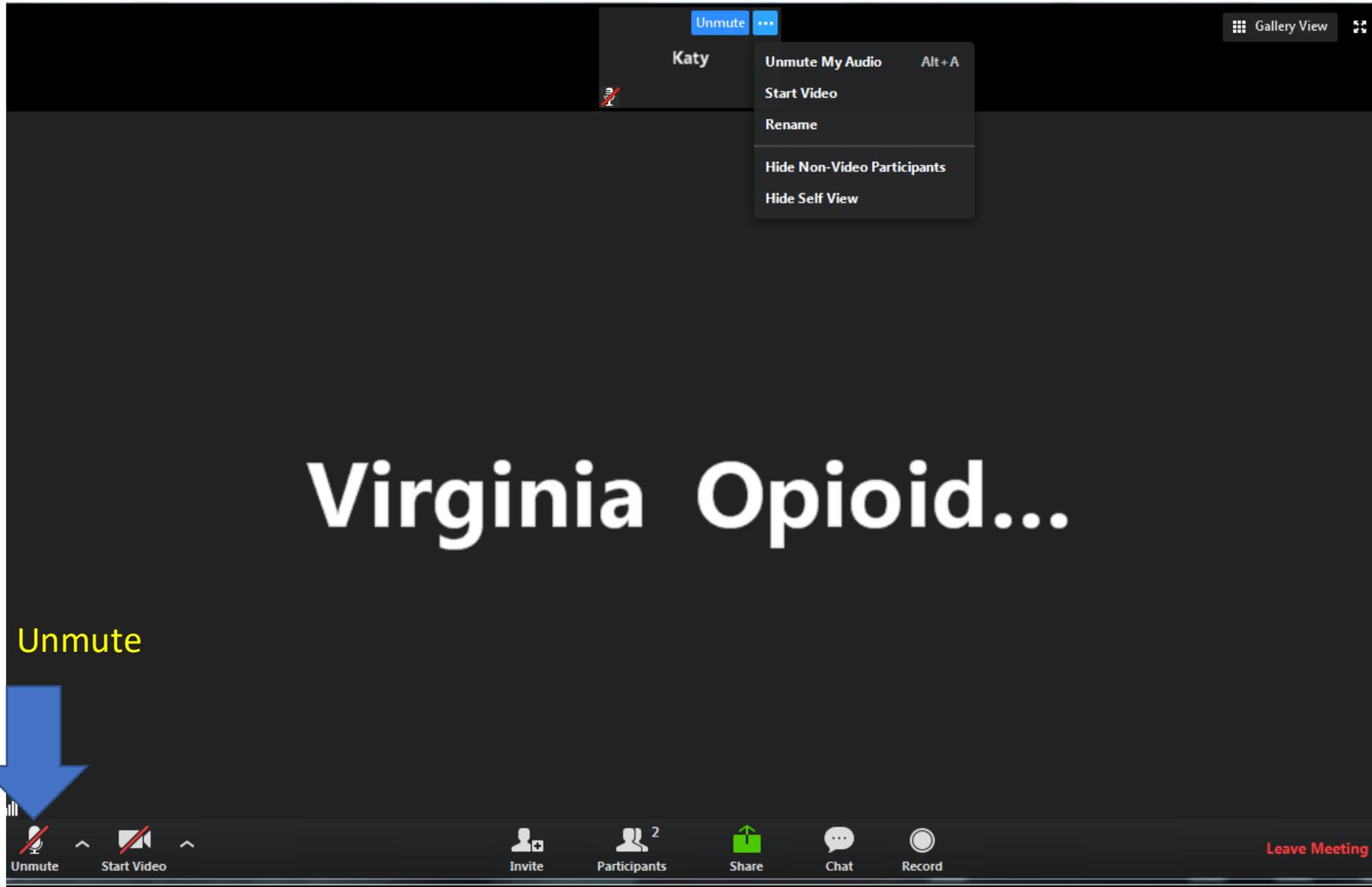
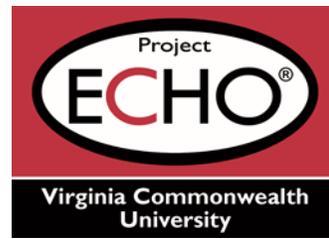
\*ECHO: Extension of Community Healthcare Outcomes

# Helpful Reminders



- Rename your Zoom screen, with your name and organization

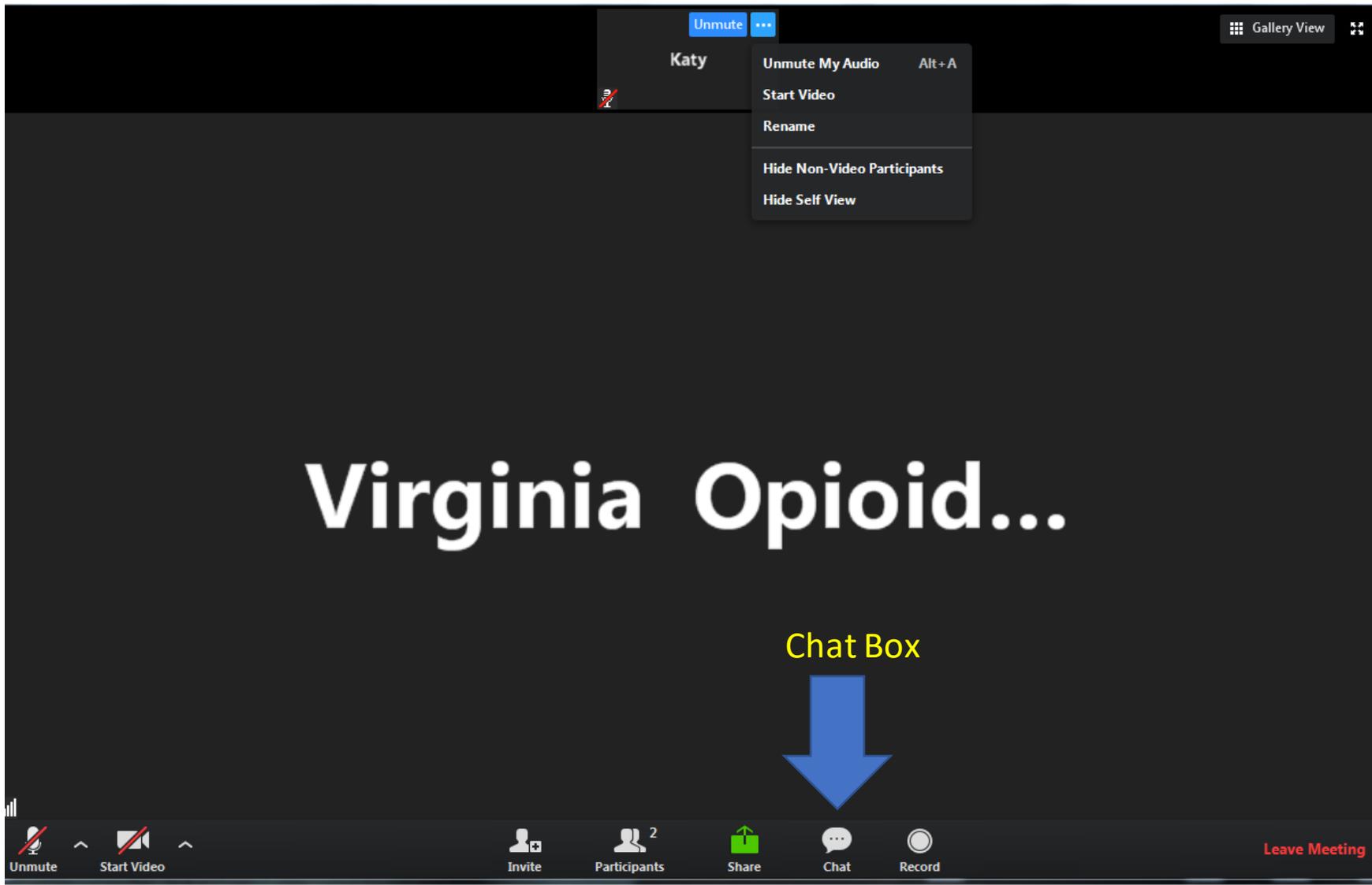
# Helpful Reminders



Unmute

- 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



- 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](http://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 Salim Zulfiqar, MD Megan Lemay, MD
Didactic Presentation	Kalie Owen, MSW Intern
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. **Kalie Owen, MSW Intern**
- 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



# Pregnant and Parenting with a Substance Use Disorder

Kalie Owen, MSW Intern  
OB MOTIVATE Program

# Disclosures

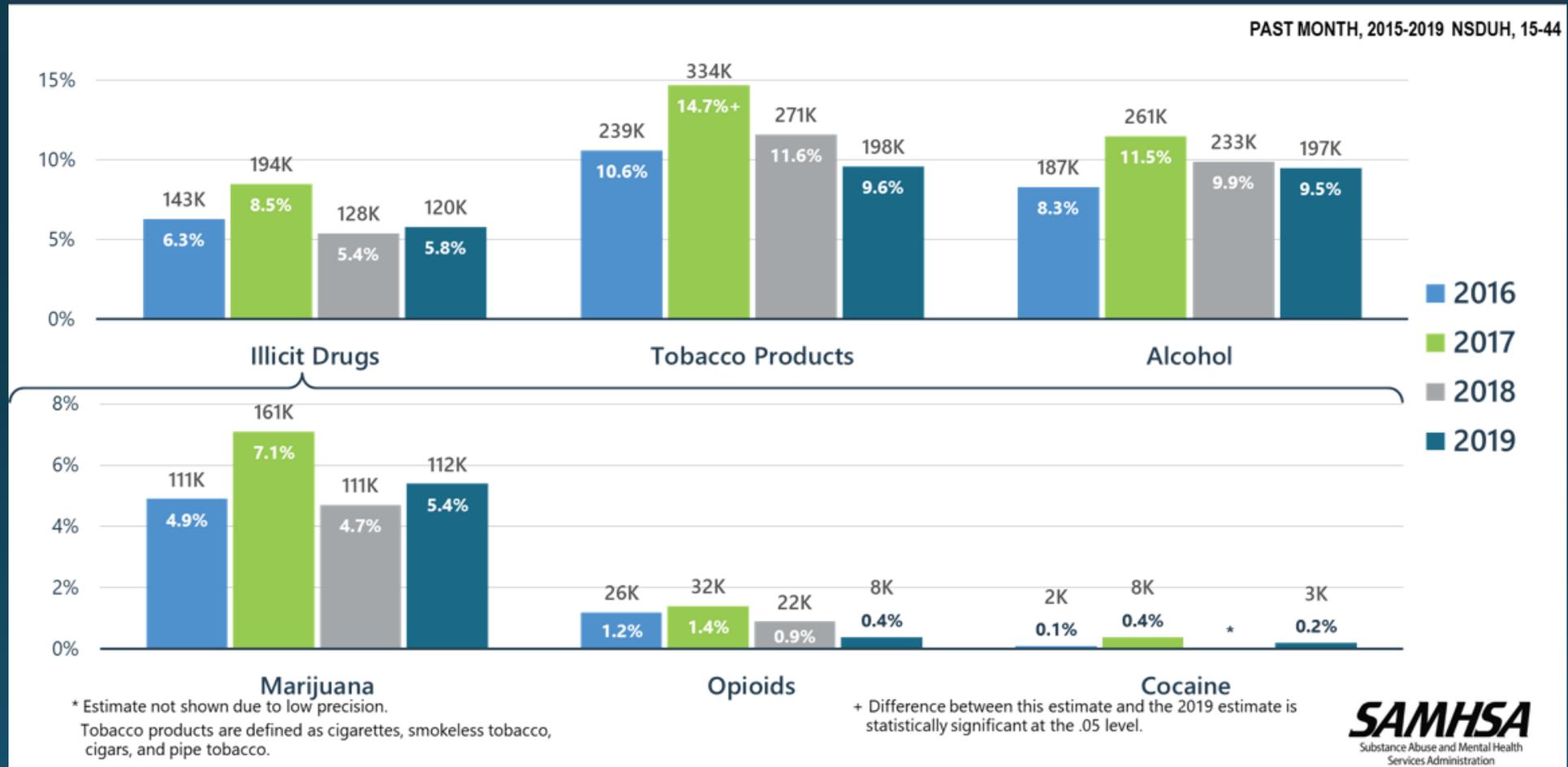
None

# Objectives

- Scope of the problem
- Adverse consequences of substance misuse during pregnancy
- Interventions and resources
  - What is available for pregnant women
  - What is available in Virginia
- Barriers to treatment

# Scope

## Past Month Substance Use among Pregnant Women



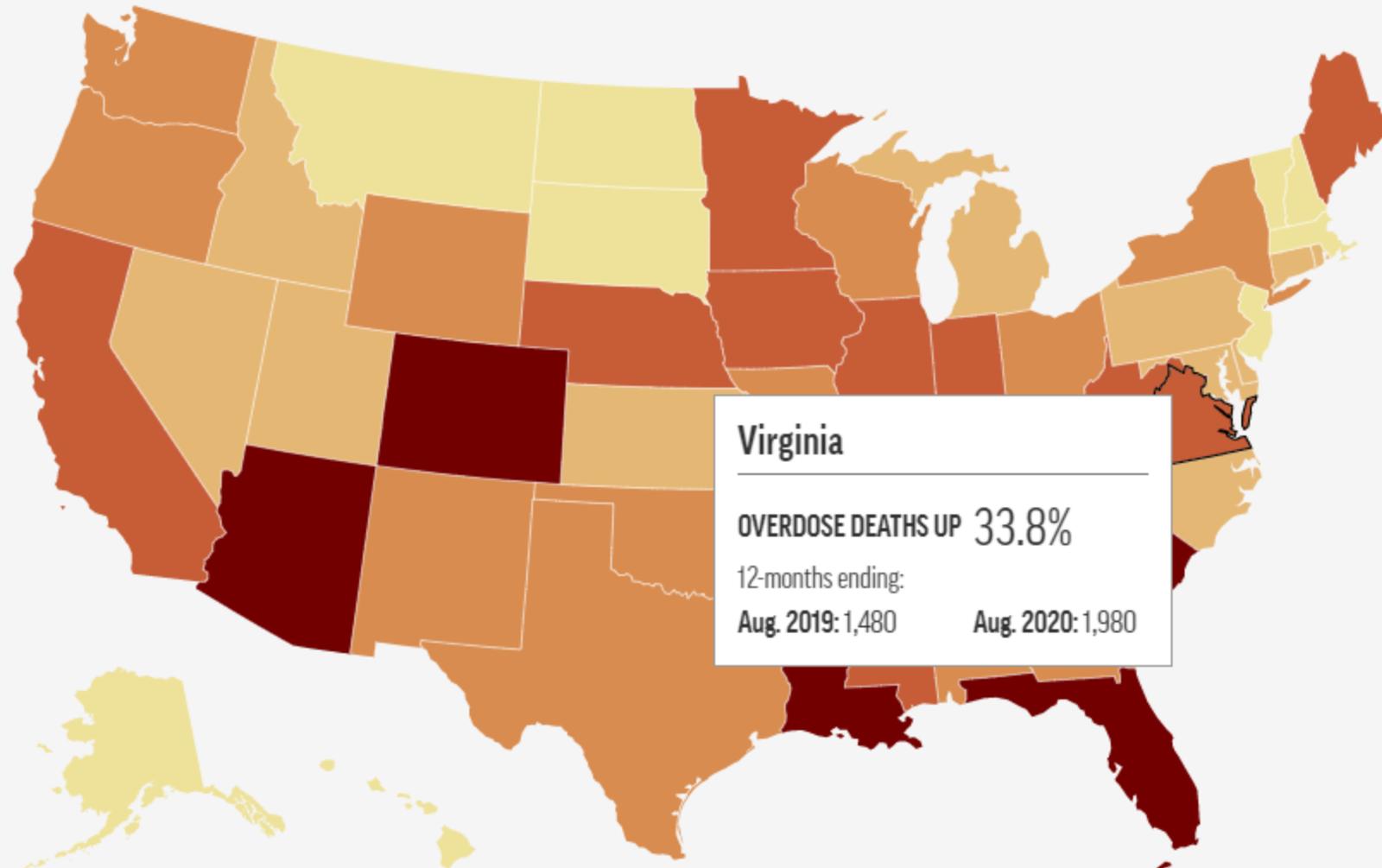
# Scope

- 81,000 drug overdose deaths in the US for the year ending May 2020 (CDC, 2020)
  - Synthetic opioid overdose deaths increased 38.4%
  - Cocaine overdose deaths increased 26.5%
  - Psychostimulants (ex: meth) overdose deaths increased 34.8%
- Numbers throughout 2020 are expected to reflect higher overdose rates and substance misuse

# Drug overdose deaths jump during pandemic

Percent change of predicted 12-month ending drug overdose deaths

Aug. 2019 - Aug. 2020



Source: National Center for Health Statistics / Graphic: Phil Holm



# Consequences of Prenatal Substance Exposure

- Alcohol Use – fetal alcohol syndrome disorders (FASD) and birth defects
- Tobacco Use – lower birth weight, preterm labor, ectopic pregnancy; vaping resource is scarce
- Cannabis Use – lower birth weight, concerns about neuro development, difficult to determine because there is often co-occurring use
- Opioid Use – NOWS (addiction vs dependency), overdose, withdrawal stress to the fetus
- Cocaine Use – placental abruption

# Consequences of Prenatal Substance Exposure

- Legal ramifications – CPS, civil and criminal charges
  - Criminalizing prenatal substance use led to higher rates of NAS
    - TN maternal substance use is a crime
    - AL and SC allows prosecution for maternal substance use
    - MN, SD, and WI allow civil commitment of pregnant women
    - VA requires reporting of substance use to CPS, can lead to a charge of abuse and neglect
- Women with a substance use disorder MAY have other unmet social needs
  - Housing and food instability, medical needs, psychological needs, trauma history, higher risk for PMADs (perinatal mood and anxiety disorders)

# Treatment

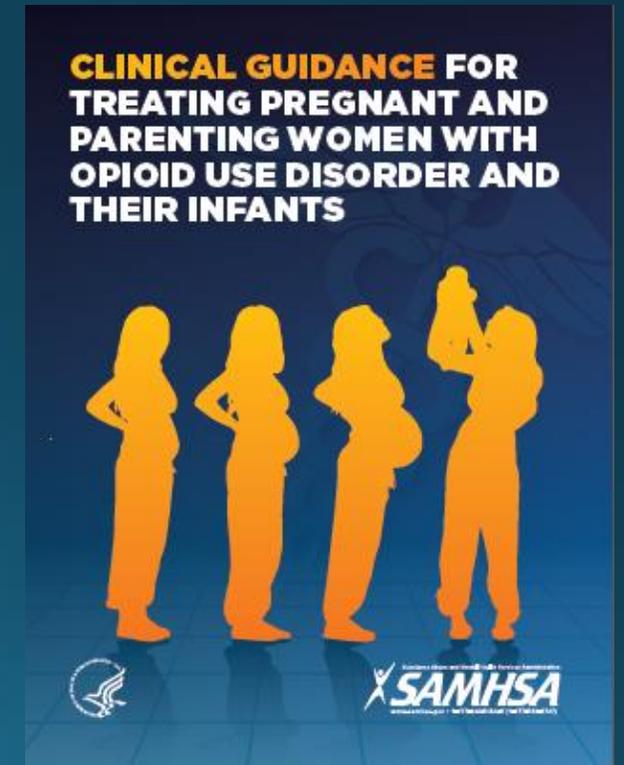
- Universal screenings for all pregnant women
  - AUDIT-C, 4P's Plus, etc.
- SBIRT
- MOUD – methadone and buprenorphine are the leading medical treatments
- Cognitive behavioral therapy
- OB Motivate Program
- Inpatient rehab – The Healing Place (Richmond), RBHA-North, Real Life, Bethany Hall (Roanoke), Life Center at Galax, South Eastern Family Project (Hampton)

# OB Motivate Program

- To refer patients:
  - If you are part of the VCU Health System: send a Cerner message to Women's Hlth-Emerald Team Nurse Triage; or,
  - Encourage the patient to call VCU Women's Health (804-828-4409) and ask for Emerald Team
- If referring a patient, make sure to explain that providers with OB Motivate are OBGYN's and addiction specialists

# Additional Resources

- Local office-based outpatient treatment (OBOT) and methadone clinics
- Early Intervention Services
  - Infant Toddler Connection
  - Local CSB
    - All have services for pregnant and parenting women with SUD and will prioritize them and connect to local outpatient treatment
    - Project Link
- Home Visiting prenatally and postpartum
  - Families First (Chesterfield/Colonial Heights)
  - Family Lifeline (Richmond/Henrico/Hanover/Petersburg)
  - Healthy Families
- Clinical Guidance from SAMHSA



# Additional Resources

- <https://www.samhsa.gov/find-help/national-helpline>
- <https://findtreatment.gov/>
- How to De-Stigmatize the Disease of Addiction
  - <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- Free Patient Handouts & Provider Clinical Guide about Opioid Use Disorder in Pregnancy
  - [https://store.samhsa.gov/?f\[o\]=series:5602](https://store.samhsa.gov/?f[o]=series:5602)
- Mothering and Opioids (Provider Toolkit)
  - <https://bccewh.bc.ca/wp-content/uploads/2019/11/CEWH-01-MO-Toolkit-WEB2.pdf>

# Barriers to Treatment

- Judgement and shame
  - Women avoid sharing honestly or avoid prenatal care entirely
- Fear and anxiety about CPS
- Inpatient treatment centers that do not allow children
- Inpatient treatment centers that do not allow MOUD
- Transportation
- Insurance

Q & A

Questions?

# References

- Chang, G. (2020). Maternal Substance Use: Consequences, Identification, and Interventions. *Alcohol Research Current Reviews*, Vol 40(2).
- Miranda, L., Dixon, V., and Reyes, C. (2015) How States Handle Drug Use During Pregnancy. *ProPublica*. Retrieved from <https://projects.propublica.org/graphics/maternity-drug-policies-by-state#:~:text=is%20child%20abuse.-,Substance%20abuse%20during%20pregnancy%20is%20grounds%20for%20civil%20commitment,committed%20to%20a%20treatment%20program>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2020). National Survey on Drug Use and Health 2019. Retrieved from <https://datafiles.samhsa.gov/>

# Case Presentation #1

## Amber Sission, QMHP

- 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

I understand you can't force anyone to do something until they are ready; especially in this population. However, is there anything different that could have been done? Any way to motivate the individual to get back into services and enter inpatient? How would you handle this situation?

## Demographic Information

This is a 24 year old white female with a high school education. She is currently unemployed; receiving unemployment. She currently lives with someone she considers to be her grandfather and his girlfriend; he was married to her grandmother who has passed away. She does not have a social support system.

## Background Information

This female has been diagnosed with the following disorders; Opioid use disorder, Severe, Generalized Anxiety Disorder, Major depressive disorder, Recurrent episode, Severe With severe anxious distress  
Cocaine use disorder, Severe and Suicide attempt, initial encounter. She was previously prescribed wellbutrin in 2018. She reported being prescribed xanax from another provider about a year before she came to CSB; this is not in our records.

Reminder: **Mute** and **Unmute** to talk

**\*6** for phone audio

Use **chat** function for questions

## Previous Interventions

This female was enrolled in our suboxone program; she attended 2 appointments with our Psychiatric NP. She then proceeded to cancel appointments or no show for appointments. She began attending individual appointments, but like her Doctor appointments she was inconsistent with those as well. She was prescribed buprenorphine 8 mg and was directed to take 0.5 twice a day. However, due to her lack of compliance in the program, this medication was stopped as she never came back. Once her team was able to reach her; she was referred and willing to attend an inpatient treatment facility where her son could join her; however she admitted to having substances in her system that would require detox. She willingly went into detox and completed successfully.

## Future Treatment/ Patient's Goal for Treatment

The treatment team has been attempting to make contact with this individual since she has returned to the shore. As of right now; the goals of the individual are uncertain as we have not been able to establish contact. The team is trying to get in touch with her to see if she is willing to re-enter detox and directly go to an inpatient facility in an attempt to regain stability in order to gain custody of her children back.

## Other Information

This female was referred to our facility as she recently gave birth in November of 2020, her and the child both tested positive for buprenorphine. CPS is involved. This female eventually was sent into detox for 5 days. then to an inpatient facility that allowed her to take her newborn. She was thought to be under the influence while in the facility and was taken to the ER where she refused a blood test. She was informed that CPS were at the facility to take her son; she stated she did not care and left. She stated she was in a hotel room with someone she recently met, A court date was set for this female regarding her son; CPS in Richmond saw it fit to keep the child.

## Reminder: Main Question

I understand you can't force anyone to do something until they are ready; especially in this population. However, is there anything different that could have been done? Any way to motivate the individual to get back into services and enter inpatient? How would you handle this situation?

# Case Presentation #2

Ramona Boyd, Candace Fletcher, JT Mullins



- 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

## Main Question

How to improve adherence to treatment regimen and program during pregnancy.

## Demographic Information

Patient is a 34 year-old Caucasian female who has been receiving treatment for OUD since May 2020. AS is a poor historian with some elementary education and has a history of living in and out of a motel, the homeless shelter, and with friends. She is newly pregnant (positive test on 3/22/21) and has 4 other children that she does not have custody of.

## Background Information

AS has a history of opioid dependence, insomnia, seizure disorder, Bipolar I disorder, nausea, and epigastric pain. Current medication list consists of: buprenorphine 8 mg SL tablet, docusate 100 mg capsule, ondansetron 8 mg. Opioid dependence developed via non-prescribed opioids. Patient was tested in office and was HCG + on 3/22/21. Patient's urinalysis is typically positive for methamphetamines, MDMA, THC and buprenorphine. AS has received counseling by her NP on the importance of medication adherence and potential fetal harm from using illicit drugs.

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

## Previous Interventions

AS has been referred to OBGYN, but not certain on if she is following-up with her provider. Patient has weekly appointments with her Parole Officer and sees counselor twice monthly via tele-medicine at clinic. AS currently has a social worker but mostly refuses their help.

## Plan for Future Treatment/ Patient Goals for Treatment

Continue with MAT treatment, meeting, support groups, and therapy. Plan for AS to have weekly appointment with Substance Abuse Counselor. Continue treatment with buprenorphine, and importance of avoiding illicit drugs and alcohol due to potential for fetal harm.

## Relevant Information

G4P3

## Reminder: Main Question

How to improve adherence to treatment regimen and program during pregnancy.

# Case Studies

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

# 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
- **Tara Belfast-Hurd, MBA-PA** from Department of Behavioral Health and Developmental Services
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Ramona Boyd, NP** from Health Wagon
- **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
- **Kara Howard, NP** from Southwest Montana Community Health Center
- **Sunny Kim, NP** from VCU Health
- **Heidi Kulberg, MD** from Meridian 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
- **Winona Pearson, LMSW** from Middle Peninsula Northern Neck CSB
- **Jennifer Phelps, BS, LPN** from Horizons Behavioral Health
- **Crystal Phillips, PharmD** from Appalachian College of Pharmacy
- **Jashanda Poe, MA** from Rappahannock Area CSB
- **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
- **Elizabeth Signorelli-Moore, LPC** from Region 1 CSB
- **Daniel Spencer, MD** from Children's Hospital of the King's Daughters
- **Linda Southall, QMHP** from Alleghany Highlands CSB
- **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
- **Susan Mayorga, BA, CBIS** from Community Health Center of the New River Valley
- **Jordan Siebert, Peer Recovery Specialist** from Daily Planet Health Services



## Claim Your CME and Provide Feedback



- [www.vcuhealth.org/echo](http://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



Browser address bar: <https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/va-opioid-addiction-echo>

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Breadcrumbs: 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



https://redcap.vcu.edu/surveys/?s=KNLEBPX4LP Project ECHO Survey

**ECHO**  
Virginia Commonwealth University

Please help us serve you better and learn more about your needs and the value of the Virginia Opioid Addiction ECHO (Extension of Community Healthcare Outcomes).

**First Name**  
\* must provide value

**Last Name**  
\* must provide value

**Email Address**  
\* must provide value

**I attest that I have successfully attended the ECHO Opioid Addiction Clinic.**  
\* must provide value

Yes

No

reset

\_\_\_\_\_, learn more about Project ECHO

Watch video

**How likely are you to recommend the Virginia Opioid Addiction ECHO by VCU to colleagues?**

Very Likely

Likely

Neutral

Unlikely

Very Unlikely

reset

What opioid-related topics would you like addressed in the future?

What non-opioid related topics would you be interested in?

## Access Your Evaluation and Claim Your CME



- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
- To view previously recorded clinics and claim credit

# Access Your Evaluation and Claim Your CME



## For Providers

Education	-
Contact Us	
Diabetes and Hypertension Project ECHO	+
VCU Health Nursing Home ECHO	+
VCU Health Palliative Care ECHO	+
<b>Virginia Opioid Addiction ECHO</b>	<b>-</b>
Contact Us	
Curriculum Calendar and Registration	
Our Team	
Previous Clinics - 2018	
Previous Clinics - 2019	
Previous Clinics - 2020	
Previous Clinics - 2021	
Resources	
Thank You	
Virginia Opioid Addiction ECHO Continuing Medical Education	

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### Benefits

- Improved patient outcomes.
- **Continuing Medical Education Credits:** This activity has been approved for **AMA PRA Category 1 Credit™**.
- Virtual networking opportunities using two-way video conferencing.
- No cost to participate.
- **If unable to attend a live clinic session, [learn how to access the CME website](#) to view the recording and claim credit.**

*Content posted within the Virginia Opioid Addiction ECHO is made by possible, in part, by funding from the Virginia Department of Health.*

# Access Your Evaluation and Claim Your CME



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Home > For Providers > Education > Virginia Opioid Addiction ECHO > Previous Clinics - 2019

## Previous Clinics (2019)

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics. Visit our [Curriculum and Calendar](#) for upcoming clinic topics.

Topic	Date	Resources
<b>Trauma Informed Care and Treating Those Experiencing Opioid Addiction</b> Led by Courtney Holmes, PhD	01/04/19	<ul style="list-style-type: none"><li><a href="#">Video of Clinic</a></li><li><a href="#">Slide Presentation</a></li></ul>
<b>Syringe Exchange</b> Led by Anna Scialli, MSW, MPH	01/18/19	<ul style="list-style-type: none"><li><a href="#">Video of Clinic</a></li><li><a href="#">Slide Presentation</a></li><li><a href="#">Narcan/Naloxone Laws</a></li><li><a href="#">Needle Exchange Program Flyer</a></li><li><a href="#">Bill to Remove Cooperation Law</a></li></ul>

Learning Objectives:

1. Identify individuals who have experienced trauma.
2. Understand the impact of trauma on human development particularly related to substance use and misuse.
3. Learn components of trauma informed care.

Learning Objectives:

1. Understand current legislative landscape in regards to syringe exchange in VA.
2. List benefits to clients and community of syringe exchange.
3. Define harm reduction.

### Telehealth

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  - Resources
  - Our Team
  - Contact Us
- Virginia Palliative Care ECHO
- Virginia Sickle Cell Disease ECHO
- Telehealth Programs



## VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

### **Mark Your Calendar --- Upcoming Sessions**

May 7: Panel Discussion: Effect of Legalization of Cannabis on Treatment for Opioid Use Disorder

May 21: Houselessness in SUD Patients

Please refer and register at [vcuhealth.org/echo](https://vcuhealth.org/echo)



THANK YOU!

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