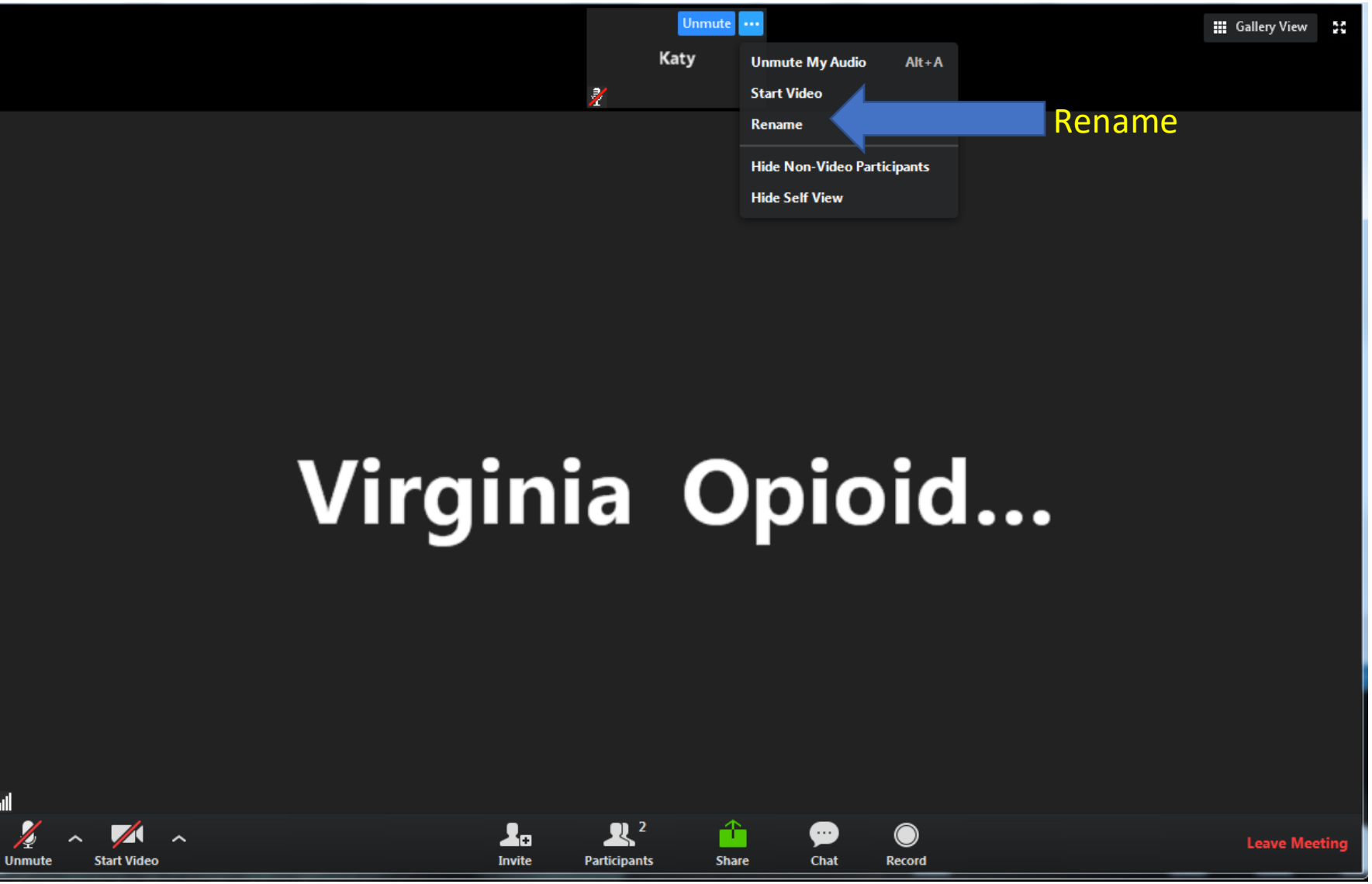
Virginia Opioid Addiction ECHO* Clinic

May 21, 2021

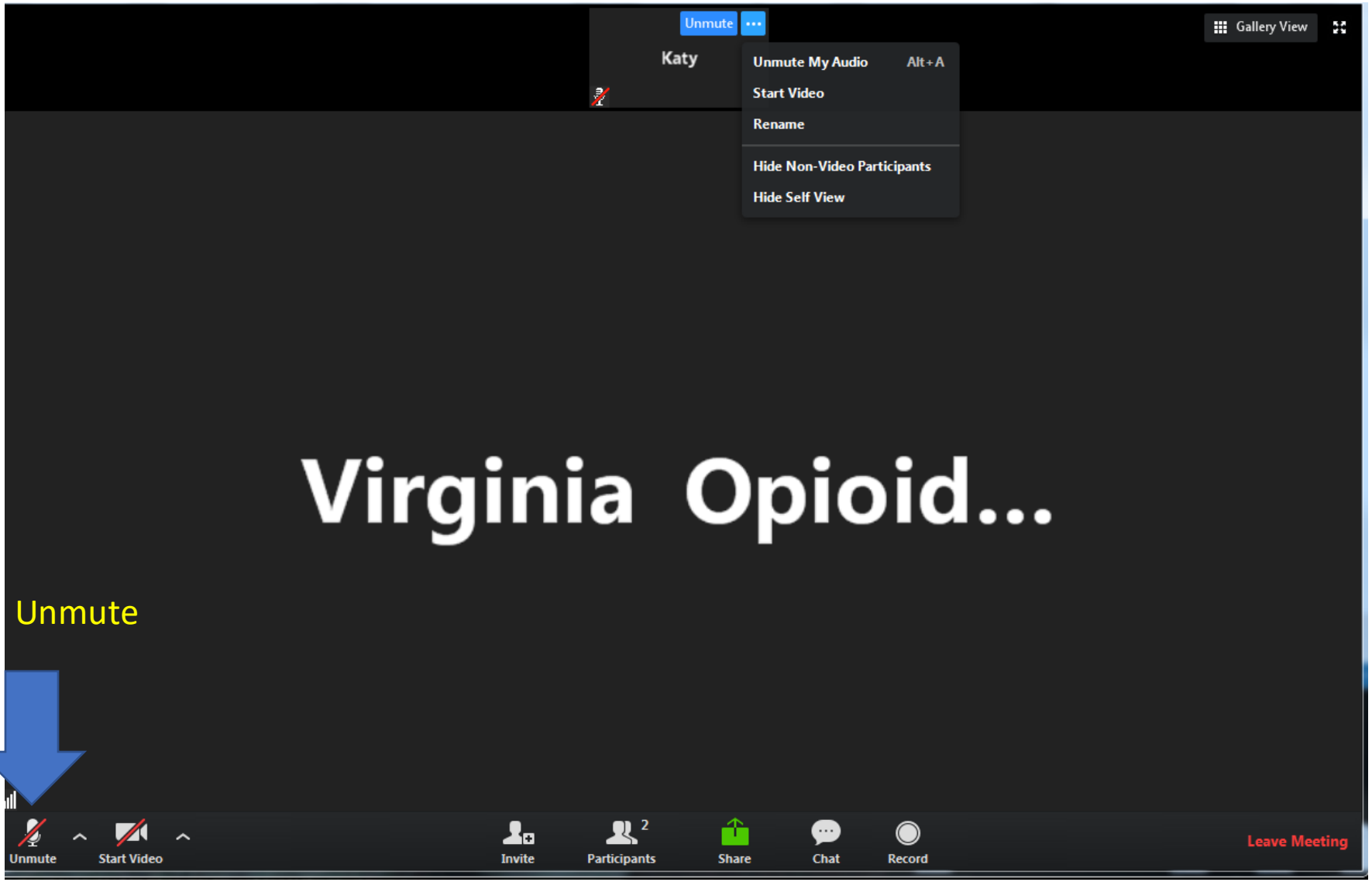
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



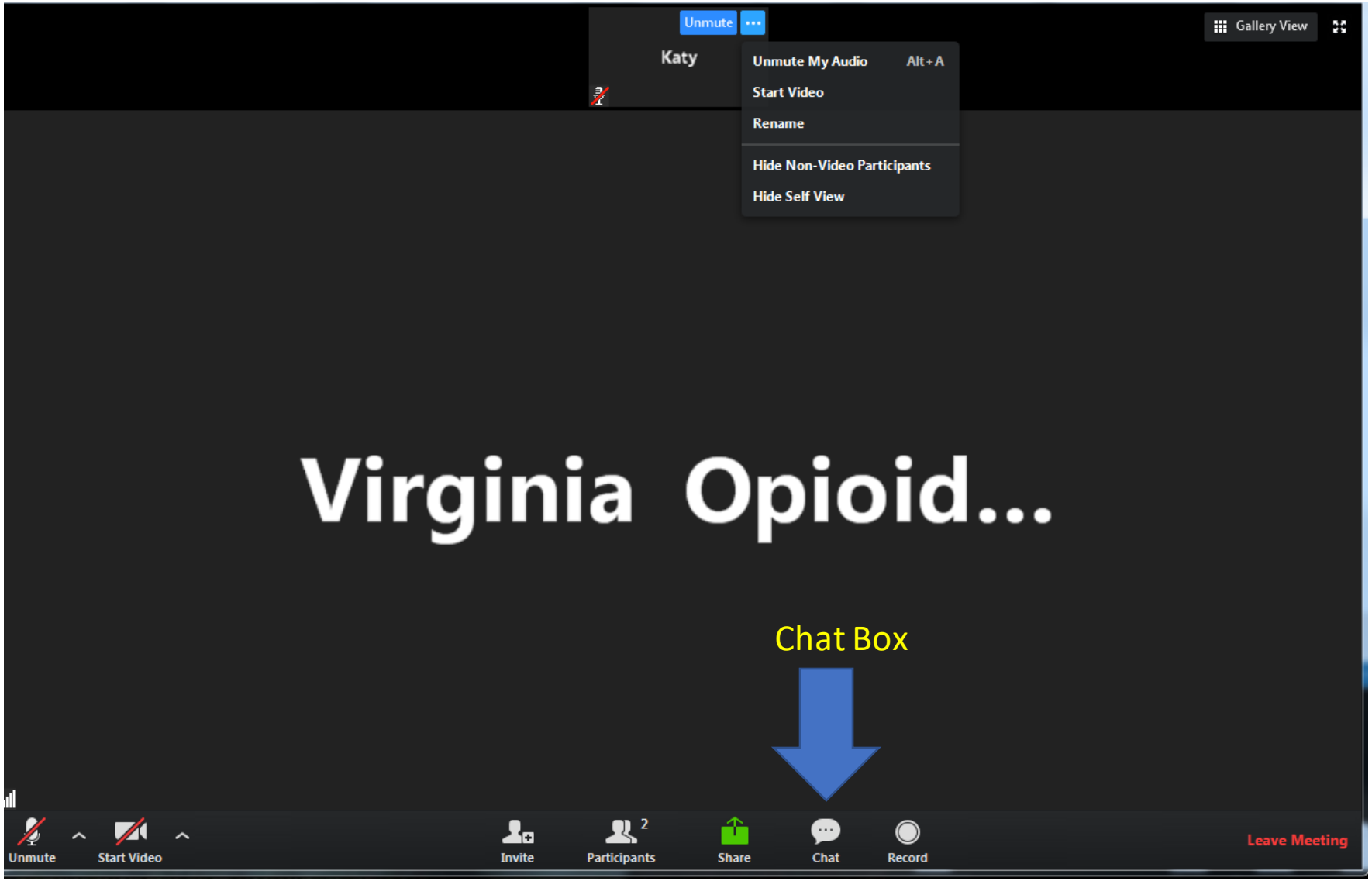
- Rename your Zoom screen, with your name and organization

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 Megan Lemay, MD Salim Zulfiqar, MD
Didactic Presentation	Andrew Plunk, PhD
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. **Andrew Plunk, PhD**
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

Andrew Plunk, PhD has no financial conflicts of interest to disclose.

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

Questions?

Case Presentation #1
Liz Signorelli-Moore, CSAC

- 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
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Use chat function for questions

Main Question

Thoughts on which medications for OUD would be best, given his history of OD, stockpiling his suboxone, and poor adherence to OP treatment generally?
Is there a medication for OUD that our state hospital and residential treatment facilities could give high-risk, low OP adherence clients like him to reduce the risk of OD?

Demographic Information

Richard is a 33 yo single White unemployed male who was recently administratively discharged from residential SUD treatment for +UDS. The referral to residential treatment occurred as a bed-to-bed referral from jail. Enroute to the treatment facility from jail, the client ingested benzodiazepines and opioids telling staff it was an attempt to die. He required Narcan 2X +an ED visit to stabilize. At the facility intake he said he was only there for probation requirements and intended to continue using. About 10 days later, the treatment facility discharged him and a peer when they tested positive for fentanyl, and it was discovered Richard was stockpiling his suboxone. Though Richard's fentanyl use did not cause him to OD again, the peer fell unconscious and required Narcan 2X and CPR.

He is currently in the community awaiting possible legal consequences since complying with treatment was a probation requirement. He also has 7 pending charges in 4 jurisdictions related to failure to comply with court and probation, etc. He has admitted using and selling heroin and benzodiazepines while in jail just prior to this treatment episode.

His normal living situation is a trailer on his father's property with his pit bull. He is unmarried and has no children. Parents and brother are involved with his care.

Background Information

Medical history is significant for Crohn's Disease + Hep C and IBD in remission. Substance use began at age 10 with Cannabis--daily until age 30 (no possession charges for a few years). Was given Ritalin in first grade for ADHD and maintained on Adderal from second grade through high school. Reports no periods of sobriety since age 10. Not known why he started opioids.

MH diagnoses include Unspecified Anxiety, Unspecified Depression, Rule Outs for Sed/Hyp/Anx-induced and Opioid-induced Anxiety Disorders.

Childhood trauma "of all types," though client does not wish to discuss. Parents divorced when he was 6 years old. At least 8 psych hospitalizations since 2018. History of suicidal OD's, self-injurious behavior (cutting) requiring sutures. Violent during some state hospitalizations requiring restraint chair. Reported many fights during periods of incarceration.

Mother's cancer diagnosis is current stressor in addition to his legal issues.

Current SUDs are: Sedative, Hypnotic, Anxiolytic-Severe, Opioid-Severe (both heroin IV X 6 y and pain pills X 13 y). Unclear recent use Alcohol--was convicted of DWI in 2019. Reported binge drinking as a young man.

Was on methadone maintenance for 3-8 years ending in 2020. Currently on suboxone.

Previous Interventions

Many med trials including--
Klonopin, Ativan, buspar, Xanax, Valium. Hydroxyzine (worsened anxiety). SSRIs (didn't work), Wellbutrin trial X 2 m (trouble sleeping generalized tremors), risperidone (didn't work), Depakote (anaphylactic shock), Haldol (swollen throat).

At least 3 previous referrals to SUD treatment in 2020, which he did not complete. Lasted 2 days at McShin referred by this clinician until his brother picked him up due to his calls home with SI+.

Current meds: Effexor XR 150mg QD, suboxone 8mg-2mg BID, melatonin at night, clonidine HCl .1mg-.5 to1 tab at night PRN.

Plans for Future Treatment/ Patient's Goal

He has a suboxone provider and a CSB prescriber in the community. It is unlikely other treatment approaches can be tried until his legal obligations are complete, but I want to have a plan when the opportunity arises.

Reminder: Main Question

Thoughts on which medications for OUD would be best, given his history of OD, stockpiling his suboxone, and poor adherence to OP treatment generally?
Is there a medication for OUD that our state hospital and residential treatment facilities could give high-risk, low OP adherence clients like him to reduce the risk of OD?

Follow-Up Case Presentation #2
Jashonda Poe

- 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
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Use chat function for questions

Main Question:

Knowledge of any community and social supports.

Demographics

26 year old White female, level of education is Grade 10 and she currently resides in a private residence with her 4 biological children and she has sole custody of her children. She has no identified social supports.

Background Information

Has a history of opioid use and recently relapsed. She has used opioids both prescribed and opioids obtained through illegal measures. She has an active Probation Case, Ongoing CPS case and she is enrolled in Drug Court through the local RACSB. She has refused outpatient therapy in the past. Her barriers include the lack of social/ natural supports so that she can enter into a treatment facility. She has recently been diagnosed with Depression and Anxiety. She was diagnosed with COVID-19 and transmitted the infection to each of her children. Although their symptoms were asymptomatic she presented with loss of taste and smell with increased her desire to use opioids and to increase usage amount.

*Update: She has fully recovered from COVID-19 along with her children.

Previous Interventions

She has been referred to MAT services attended one group and now irregularly attends groups via Zoom whenever her Internet services are available. SA outpatient therapy, NA support groups, Intensive Case Management and Peer Services. She does accept phone Peer Services once a week, when her service is active.

Update: She has begun MAT services and keeps her regularly scheduled appointments. She currently attends Peer and Case Management appointments. Her Probation transferred to intensive and she has a curfew which assist with her treatment.

Future Treatment / Patient Goal

Her current plan is to seek residential or outpatient treatment, enroll in MAT services and she also desires to enroll in parenting courses to satisfy her Probation/CPS case obligations. Her one known goal is to successfully complete her requirements for Probation and CPS.

Update: She is enrolled in MAT services and she has completed a virtual parenting course to satisfy her Probation obligations. She has an active and ongoing CPS case. Her goal is to obtain full time employment, continue to receive MAT, Peer and Case Management Services, she would like to identify/develop social supports, and gain more knowledge on her daughter's birth defect.

Other Information

Her youngest daughter was born with a cleft lip and palate defects due to the Mother's drug use also opioids were present in the infants system at birth, also she has consistent monitoring of her heart.

Reminder: Main Question

Knowledge of any community and social supports.

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:

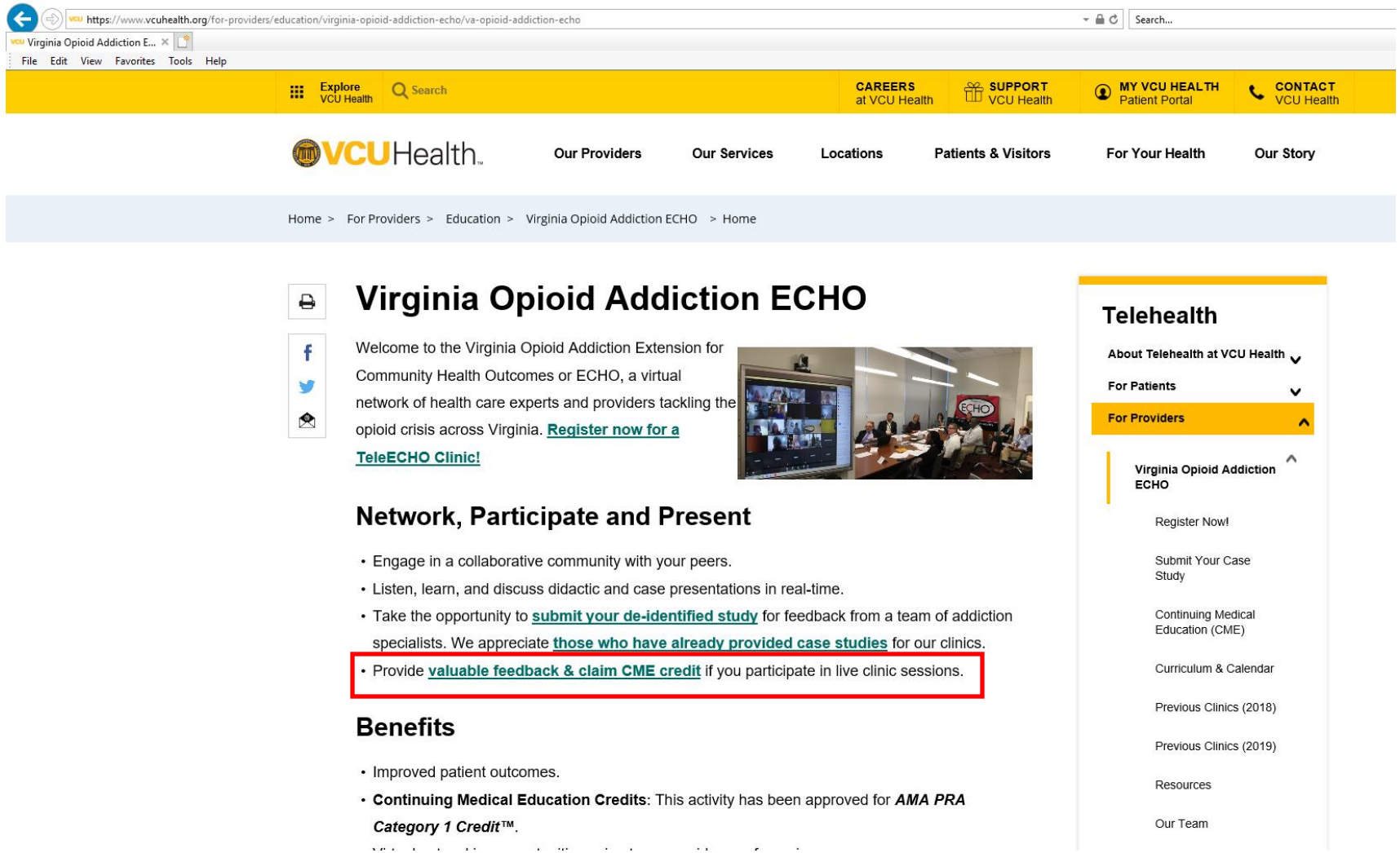
- **Ademola Adetunji**, NP from Fairfax County CSB
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **Kayla Brandt, B.S.** from Crossroads Community Service Board
- **Susan Cecere, LPN** from Hampton Newport News
- **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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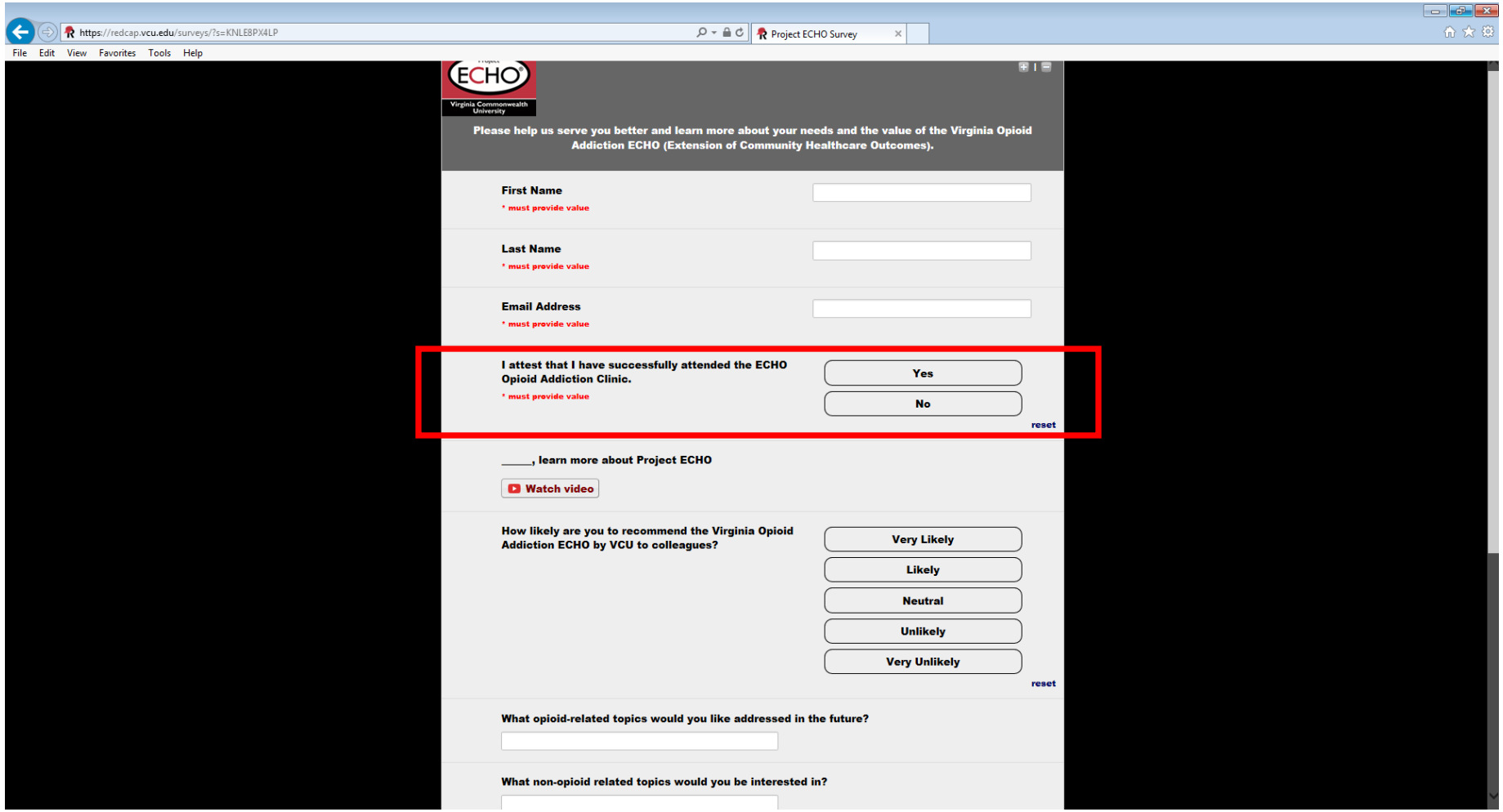

Access Your Evaluation and Claim Your CME

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

Access Your Evaluation and Claim Your CME

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For Providers

- Education
  - Contact Us
  - Diabetes and Hypertension Project ECHO
  - VCU Health Nursing Home ECHO
  - VCU Health Palliative Care ECHO
  - **Virginia Opioid Addiction ECHO**
    - Contact Us
    - Curriculum Calendar and Registration
    - Our Team
    - Previous Clinics - 2018
    - Previous Clinics - 2019
    - Previous Clinics - 2020
    - Previous Clinics - 2021
    - Resources

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

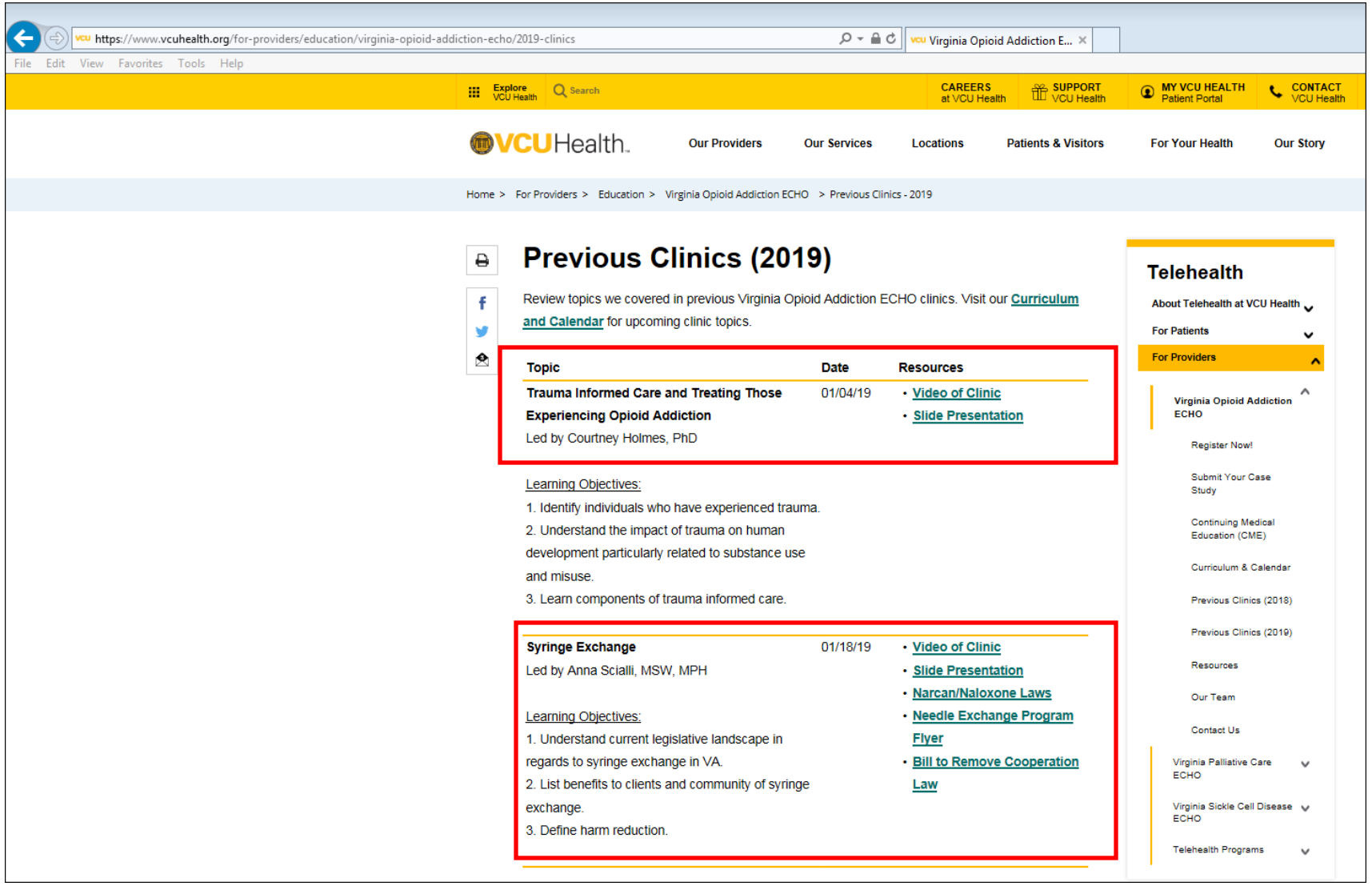
- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to submit your de-identified study for feedback from a team of addiction specialists. We appreciate those who have already provided case studies for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



VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

June 4: Novel Therapies for Treatment of AUD Albert Arias, MD

Please refer and register at vcuhealth.org/echo

Project ECHO®
Virginia Commonwealth University

THANK YOU!

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