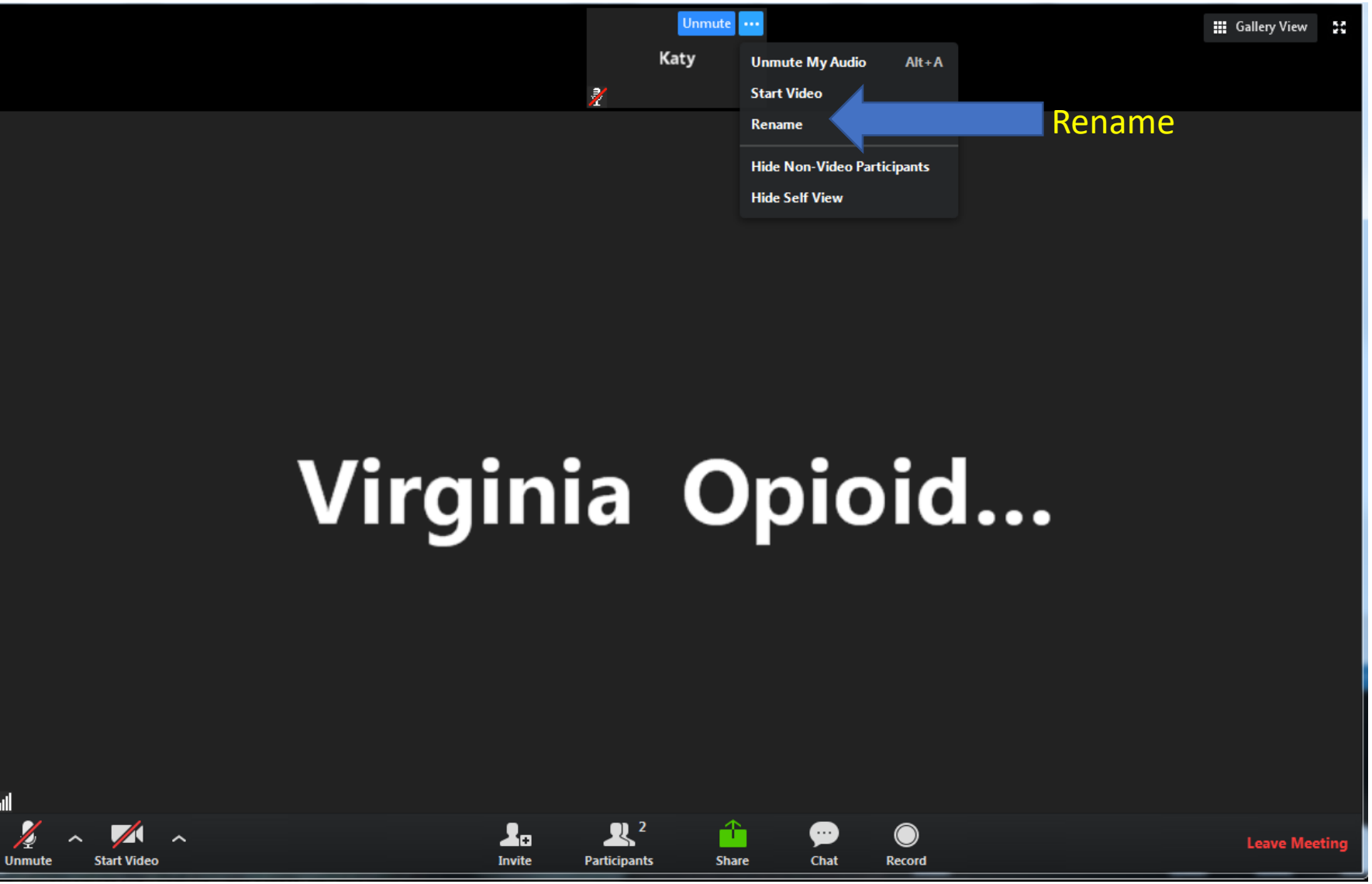
Virginia Opioid Addiction ECHO* Clinic

March 18, 2022

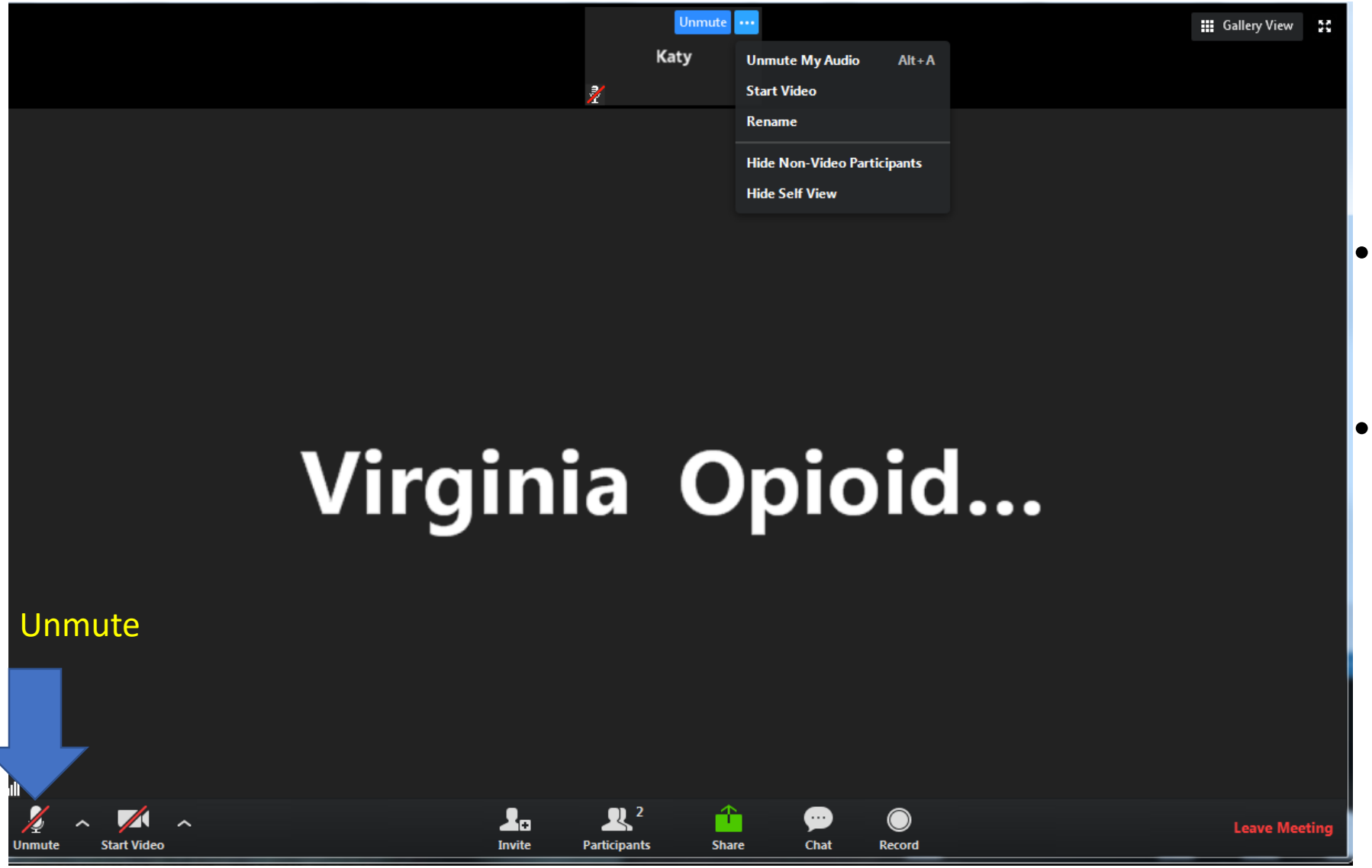
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



- Rename your Zoom screen, with your name and organization

Helpful Reminders



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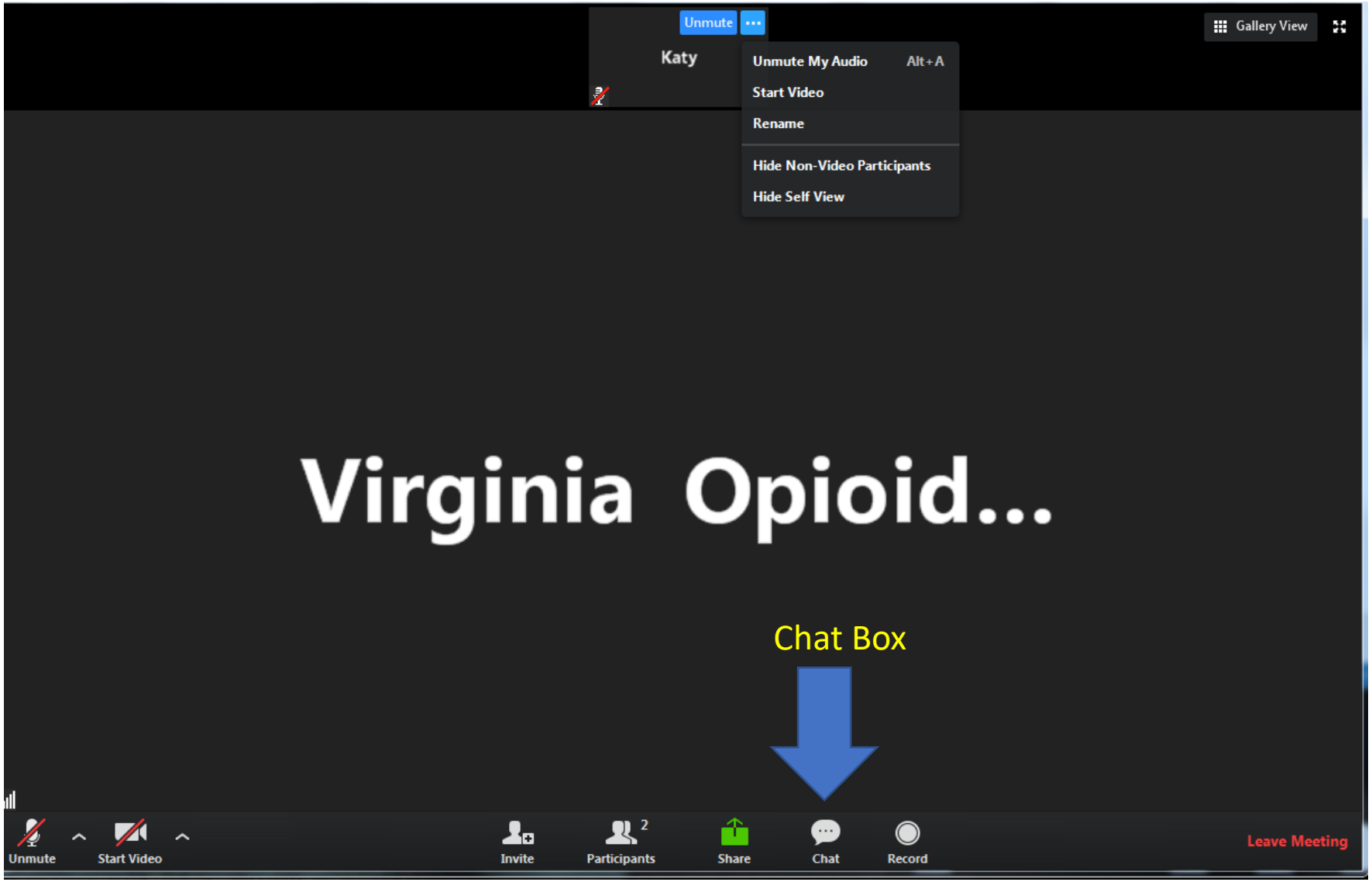
- If joining by telephone audio only, *6 to mute and unmute

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 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 Katie Adams, PharmD
Didactic Presentation	Sarah Meshberg-Cohen, PhD
Program Manager	Bhakti Dave, MPH
Acute Telehealth Manager	Tamera Barnes, MD
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. **Sarah Meshberg-Cohen, PhD**
II. Case presentations
    I. Case 1
        I. Case summary
        II. Clarifying questions
        III. Recommendations

III. Closing and questions

Lets get started!

Didactic Presentation

Bringing Evidence-Based Trauma Care into Substance Use Disorder (SUD) Treatment

Sarah Meshberg-Cohen, PhD
VA CT Healthcare System, Department of Psychiatry, Yale School of Medicine

Conflicts of Interest & Support

- No conflicts of interest to declare

Outline

- SUD & Trauma Comorbidity
- Treatment
- Current Research
- Written Exposure Therapy (WET)

Polling Question

- How many people have treated PTSD and SUD concurrently in their programs?
- How many people have provided either:
  - Cognitive Processing Therapy?
  - Prolonged Exposure?
  - Written Exposure Therapy?

DSM-5: Posttraumatic Stress Disorder (PTSD)

- Exposure to actual or threatened death, serious injury, or sexual violence

- Intrusive Symptoms
- Persistent Avoidance of Reminders
- Negative Alterations in Cognition and Mood
- Arousal and Reactivity Symptoms

- PTSD (30 days)

Comorbid PTSD and SUD

- High rates of trauma exposure and PTSD among individuals with SUD
- Worse mental and physical health, including high rates of suicide and higher rates of return to use
- Among OEF/OIF veterans seeking VHA services as many as 63% of those diagnosed with a SUD also had a PTSD diagnosis [1]
- Significant rates of trauma among individuals with OUD (33%-41% with PTSD)[2]

[1] Seal,, et al., *Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment*. Drug Alcohol Depend, 2011. 116(1-3): p. 93-101.

[2] Meshberg-Cohen, MacLean, Martin, Sofuoglu, Petrakis. Treatment outcomes in individuals diagnosed with comorbid opioid use disorder and posttraumatic stress disorder; A review et al. (2021). Addictive Behaviors. 107026.

Possible Pathways

- Drugs and alcohol may be used to self-medicate to avoid trauma reminders and related distress
- Lifestyle of someone with substance problems may predispose them to endure traumatic events[1,2]
- Genetic influences may contribute to this high comorbidity[3]

[1]Hien et al. Do treatment improvements in PTSD severity affect substance use outcomes? A secondary analysis from a randomized clinical trial in NIDA's Clinical Trials Network. *Am J Psychiatry.* 2010;167(1):95-101.
[2]Jacobsen et al. Substance use disorders in patients with posttraumatic stress disorder: a review of the literature. *Am J Psychiatry.* 2001;158(8):1184-1190.
[3]Xian H et al. Genetic and environmental influences on posttraumatic stress disorder, alcohol and drug dependence in twin pairs. *Drug Alcohol Depend.* 2000;61(1):95-102.

PTSD Treatment with SUD Populations

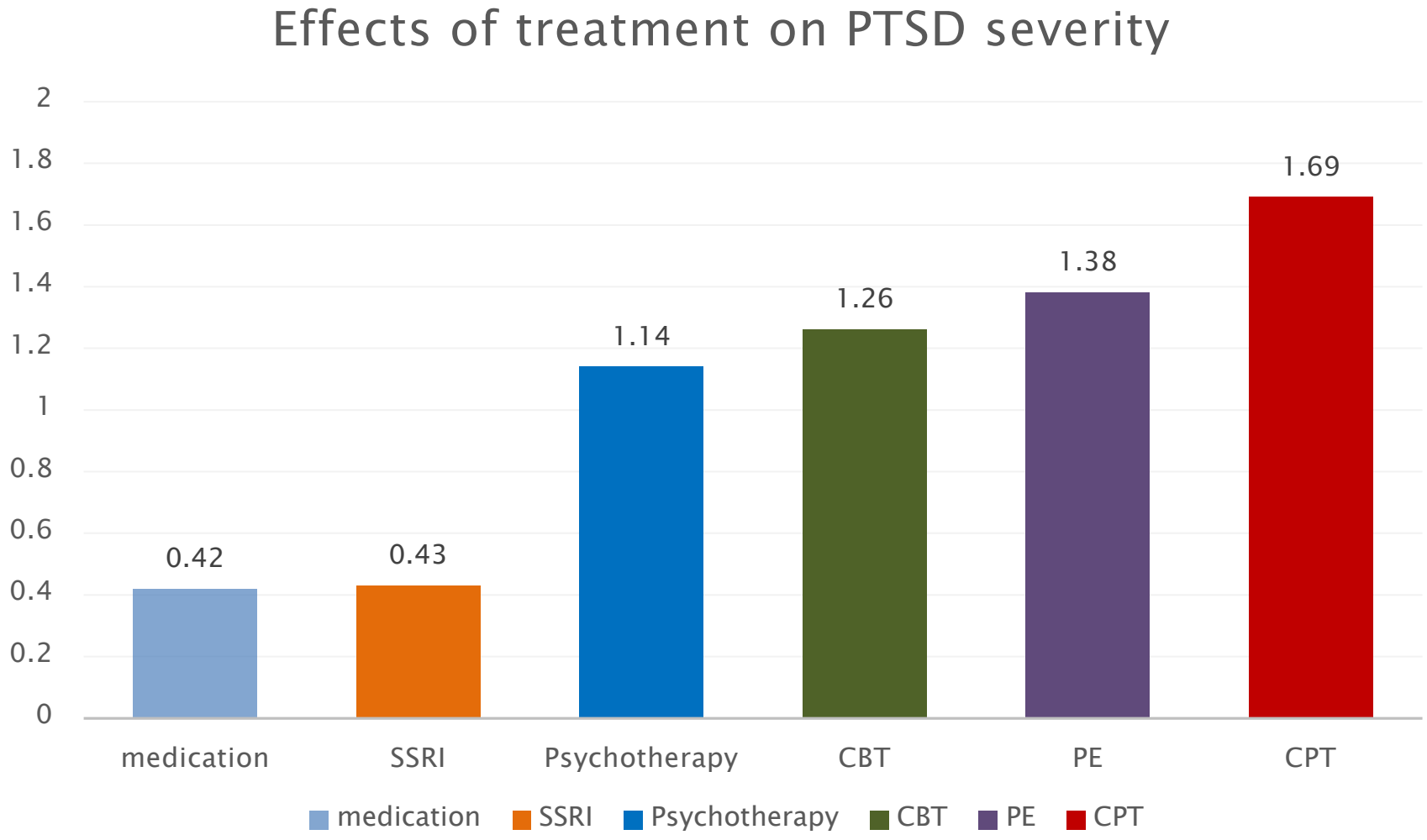
- Evidence that trauma treatments not only treat PTSD but may even improve SUD treatment retention and substance use outcomes.

- Only a small percentage of veterans receive an adequate dose of evidence-based psychotherapy (EBP) for PTSD due to low treatment engagement and high dropout.

Treatment of PTSD

- Psychotherapy seen as first-line treatment
- Focus is generally on the disseminated therapies, prolonged exposure (PE) and cognitive processing therapy (CPT)
- Also included in CPG: specific CBTs for PTSD, BEP, EMDR, Narrative Exposure Therapy

Watts et al., (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *The Journal of clinical psychiatry*, *74*(6), 0-0.



Jessica Hamblen, PhD (2017): The 2017 Revised Clinical Practice Guideline for PTSD: Recommendations for Psychotherapy **Slide shown in training

Barriers within SUD Clinics

- Several factors interfere with adequate access and engagement within SUD programs
- Length of protocol (e.g., 90 minute, 8-15 PE sessions, 60 minute, 12 CPT sessions)
- Sufficient training and experience among SUD providers
- Ability to provide these treatments:
  - heavy caseloads, administrative workload, and preparation time for these EBPs

Dissemination Barriers

- Medical records of OEF/OIF veterans with PTSD (*n*=255,968): 20% received at least one CPT or PE session, (average of 7.8 sessions)[1]

- Utilization of EBPs by VA providers, clinicians reported providing relatively few hours of CPT or PE per week[2]

- Among veterans with and without comorbid AUD (49.3% AUD), patients attended an average of 8-9 CPT sessions, with 47% attending the full 12 CPT session[3]
  - No differences in completion rates between those with AUD

[1]Maguen et al. (2018) *Measuring Use of Evidence Based Psychotherapy for Posttraumatic Stress Disorder in a Large National Healthcare System.* Adm Policy Ment Health, 45(4): p. 519-529.
[2]Finley et al. (2015). Utilization of evidence-based psychotherapies in Veterans Affairs posttraumatic stress disorder outpatient clinics. 12(1):73.
[3]Kaysen, et al. (2014), *Cognitive processing therapy for veterans with comorbid PTSD and alcohol use disorders.* Addict Behav, 39(2): p. 420-427.

It is imperative that we find trauma interventions that individuals can engage in during SUD treatment that can also be easily disseminated by addiction providers who might not necessarily specialize in PTSD

Impact on Buprenorphine Maintenance Retention

- Of 140 records examined, 67 (47.9%) had a PTSD diagnosis, but *only 21 (31.3%) were referred to trauma-focused treatment*
- Among those receiving PTSD treatment, 90.5% were on buprenorphine at 6-months compared to only 23.9% of those without PTSD treatment ($p<.0001$)
- As a comparator, among those without PTSD, 46.6% were retained in buprenorphine treatment

[1]Meshberg-Cohen S, Black AC, DeViva JC, Petrakis IL, Rosen MI (2019). Trauma treatment for veterans in buprenorphine maintenance treatment for opioid use disorder. *Addictive Behaviors*, *89*, 29-34.

Expressive Writing for Women in Residential SUD Treatment

- Women in SUD treatment (*N*=149) were randomized to either expressive writing (*n*=82) or a neutral topic (*n*=67)
- 94.6% completed all writing sessions
- Expressive writing participants had greater reductions in post-traumatic symptom severity and depression, when compared to control writing participants at 2-week follow-up[1]

[1]Meshberg-Cohen S, Svikis D, McMahon TJ. Expressive writing as a therapeutic process for drug-dependent women. *Subst Abus.* 2014;35(1):80-88

What can we do?

Increasing access to PTSD treatment by providing brief interventions in SUD settings is a good way to increase the number of people who get trauma treatment.

Written Exposure Therapy (WET) to Improve Outcomes among Veterans with Co-occurring PTSD and SUD

- Written Exposure Therapy (WET):
  - 5-session intervention effectively treats PTSD
  - Very little research looking at comorbid SUD and PTSD

- WET has several advantages over traditional therapies
  - 5 sessions vs 12 sessions
  - Lower dropout rates (31.7% CPT vs 6.3% WET)[4]
  - Minimal therapist training requirements
  - No outside assignments

[4] Sloan, DM, BP Marx, DJ Lee, et al., *A Brief Exposure-Based Treatment vs Cognitive Processing Therapy for Posttraumatic Stress Disorder: A Randomized Noninferiority Clinical Trial.* JAMA Psychiatry, 2018. 75(3): p. 233-239.

Written Exposure Therapy (WET) to Improve Outcomes among Veterans with Co-occurring PTSD and SUD

- PTSD is common among those presenting with SUD
- Ideal for a busy outpatient SUD clinic
- High patient satisfaction
- Brief trauma treatment alongside the SUD treatment

WET Overview

Time Commitment:

- 60 mins for session 1
- 40 mins for Sessions 2-5

Measures:

- Subjective Units of Distress Scale (SUDS)
- PCL-5
- PHQ-9

Intervention:

- 30 min writing

WET Session 1

- Instructions read verbatim
- Psychoeducation and introduction to WET
  - Explain what PTSD is, how it develops, and why repeatedly writing about trauma event in a particular manner is beneficial
- Psychoeducation includes a text to follow
  - Have them identify if symptoms are familiar

WET Session 1

- SUDS
- 30 minutes
- SUDS
- Check-in 10 mins (re: how the session went)
- Writing is left with provider
- Debrief, encourage approach (prompt reminding not to avoid)

Sloan, DM & BP Marx. (2019). *Written exposure therapy for PTSD: A brief treatment approach for mental health professio*nals. American Psychological Association.

WET Session 2

- Review first writing session (prior to appt)
  - Evaluate whether they followed instruction

- Ask how things have gone since last session
- Provide feedback with recommendations for improving upon their writing
- Read writing instructions aloud
- Provide a copy of instructions
- SUDS
- 30 minutes allotted
- SUDS
- Check-in 10 minutes
- Debrief, encourage approach between sessions

WET Session 3

- Review prior writing session (before appt)
  - Evaluate whether they followed instruction

- Ask how things have gone since last session
- Provide feedback with recommendations for improving upon their writing
- Read writing instructions aloud (*incorporates impact of the trauma)
- Provide a copy of instructions
- SUDS --30 minutes allotted --SUDS
- Check-in 10 minutes
- Debrief, encourage approach between sessions

- *By now, there should be a SUDS decrease

WET Session 4

- Review prior writing session (before appt)
  - Evaluate whether they followed instruction
- Ask how things have gone since last session
- Provide feedback with recommendations for improving upon their writing
- Read writing instructions aloud (*incorporates most upsetting part –also how the trauma has impacted them)
- Provide a copy of instructions
- SUDS --30 minutes allotted --SUDS
- Check-in 10 minutes
- Debrief, encourage approach between sessions

WET Session 5

- Review prior writing session (before appt)
- Ask how things have gone since last session
- Read writing instructions aloud (*incorporates wrap up & how experience is related to current and future)
- Provide a copy of instructions
- SUDS --30 minutes allotted --SUDS

Sloan, DM & BP Marx. (2019). *Written exposure therapy for PTSD: A brief treatment approach for mental health professio*nals. American Psychological Association.

Pilot Data: Written Exposure Therapy (WET) to Improve Outcomes among Veterans with Co-occurring PTSD and SUD

- Within 3.5 months, randomized SUD tx-seeking (n=12) with PTSD to either WET or a neutral topic
- Acceptable and Safe
- Decrease in PTSD sx among WET via PCL-5 (mean decrease 11.3 points) vs Controls (mean decrease of 2.4 points)
- Average number of days over the past 30 days of substance use at baseline (WET: M=10.0 days; controls: M=6.3 days) decreased by follow-up (WET: M=2.3 days; controls: M=5.0 days)
- High satisfaction with WET using a standardized Client Satisfaction Questionnaire (ranges from 8-32), with WET M=24.8

Figure 1: PCL-5 baseline to follow-up

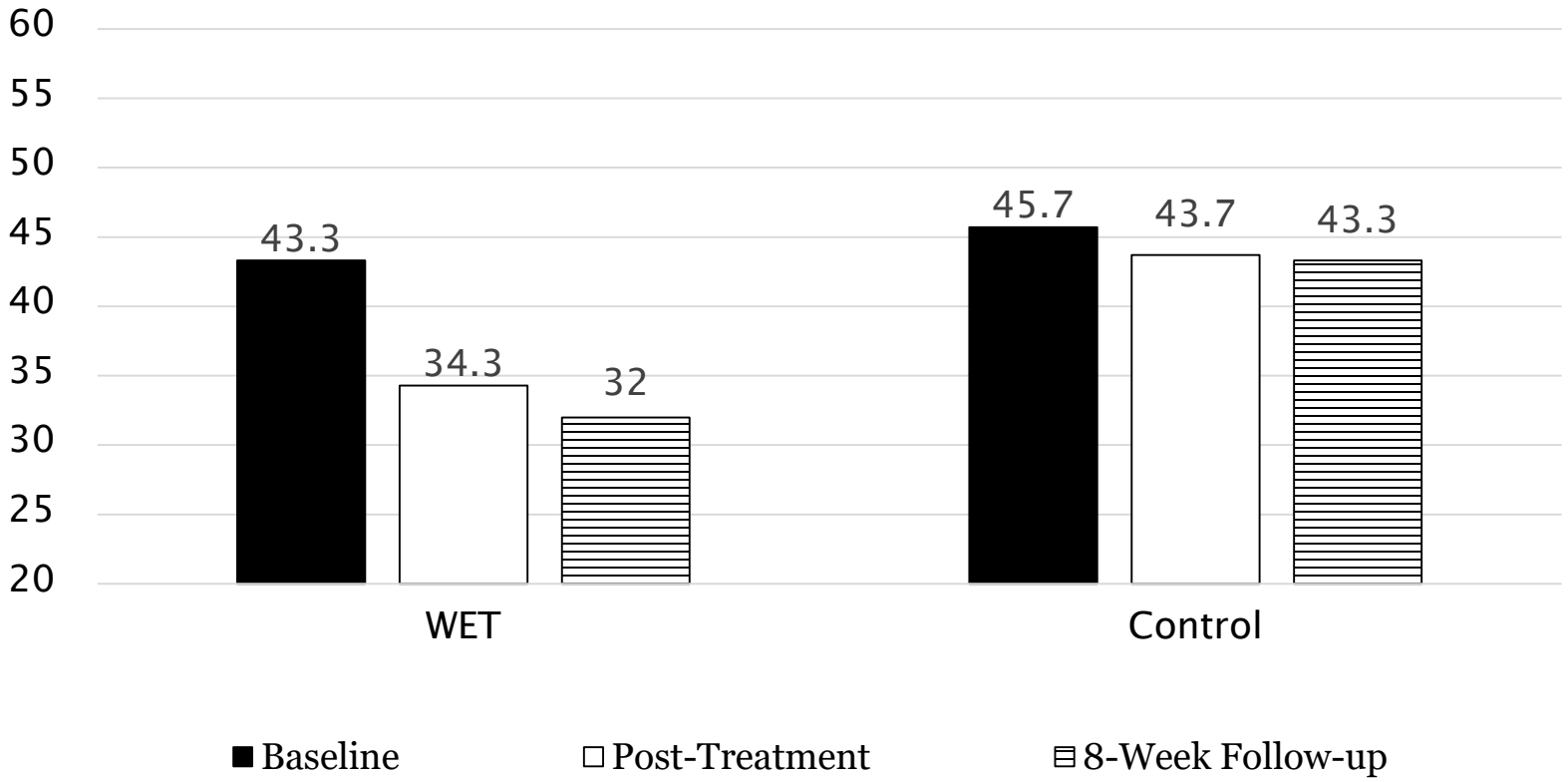
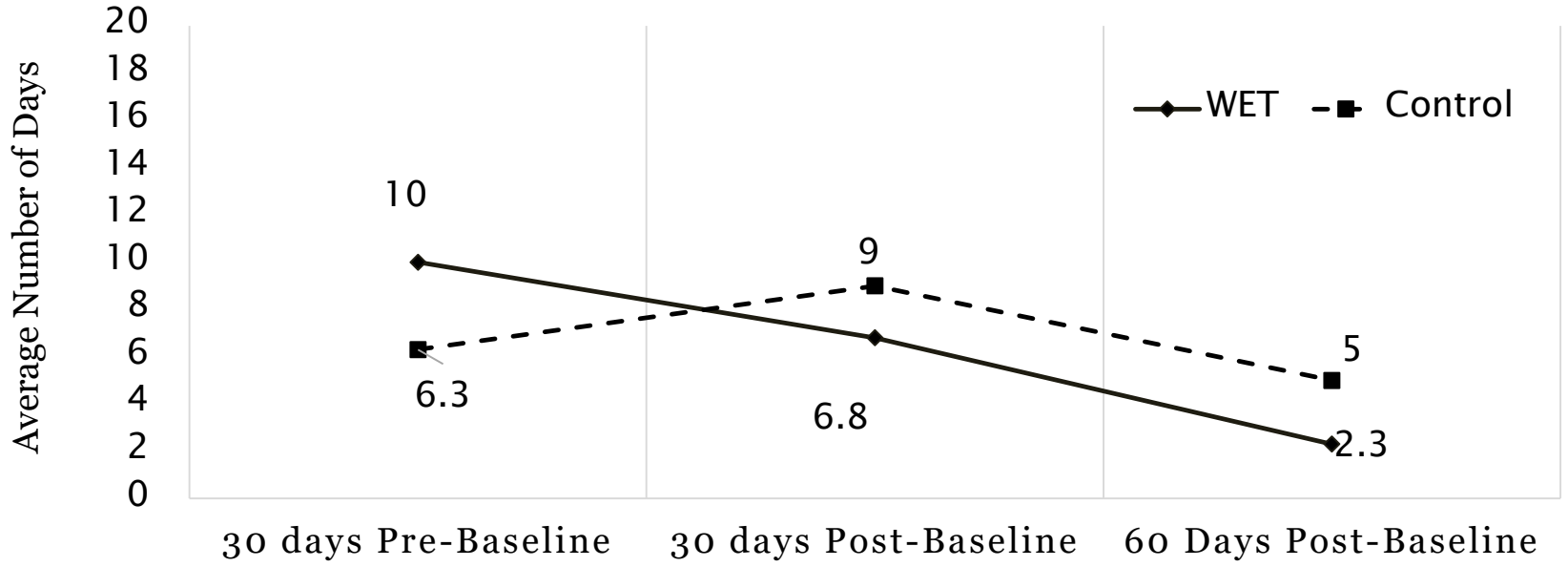


Figure 2. Timeline Follow-Back (Monthly)



ID: 43 y/o male Army veteran (1995-2020); 5 combat deployments, with h/o alcohol use disorder, PTSD, and depression. Presented with chief complaints of excessive alcohol use, increasing emotional volatility and numbing, homelessness, unemployment

- Heavy Alcohol use → 6-9 drinks daily (6-pack + ~1/3 a fifth of whiskey)
- Multiple traumatic incident exposure throughout Army career.
  - Index trauma: Killing a civilian (Iraq, 2004-05)
- Impairment
  - Emotional "distraction", work-related impairment, cost, interpersonal connection

- Primary:
  - Alcohol Use Disorder
  - PTSD
- Goals
  - Alcohol → moderation
  - Trauma → symptom reduction

Treatment Provided by **NOAH WOLKOWICZ, PHD**

Current or Completed Psychotherapy Treatments

- No prior psychotherapy
- Stabilization + Social determinants of health
- COVID-19
  - Sessions conducted virtually → VVC
  - Pragmatic treatment barriers
- Written Exposure Therapy (WET)
  - Briefer EBP
  - Minimal materials → easy telehealth application
  - Less “homework” between sessions
  - Efficacy for SUD + PTSD
  - Index trauma: Accidentally killing a civilian (Iraq, 2004-05)

Written Exposure Therapy (WET): Session 1

- Psychoeducation
  - PTSD etiology
  - Role of avoidance → rationale for writing
- Conducted 30min of writing:
  - Had patient start at beginning of trauma, requested they provide specific situational, sensory, cognitive, and affective details
- SUDS Pre = 25; Post = 25
- Reviewed electronic copy of writing via MyHealtheVet

WET Writing Sample: Session 1

- “It was hot that afternoon and I remember the thermometer reading 120… I was sitting in the truck next to my friend as we were heading off base. The weather was clear and when we got into town the streets were crowded. The car was quiet… Our gunner noticed a guy in one of the alleys and shouted at us. Suddenly, there were shots going everywhere. I grabbed my rifle and ducked behind the truck.”

Written Exposure Therapy (WET): Session 2

- Reviewed writing/provided feedback → modeling
- Conducted 30min of writing → noticeable SUDS/behavioral changes
- SUDS Pre = 10; SUDS Post = 50
- Encouraged approach during coming week

WET Writing Sample: Session 2

- “It was really hot that day and I could feel the sweat on my forehead. I had trouble sleeping the night before and woke up feeling groggy. When I went outside I saw the thermometer reading around 120 and I remember thinking “today is gonna suck…””
- “As we drove into town, things were a little more crowded than normal. I felt nervous like I knew something bad was gonna happen. My head was on a swivel…”
- “Our sergeant noticed a man in the one of the alleys of the building behind us pointing an RPG our way. Everyone started shouting. Explosions went off and we were getting shot at. My buddy next to me started screaming “shoot him, shoot him, shoot him!” and pointing ahead of me. I looked ahead and fired at the first guy I saw… Later found out that was the wrong guy. He’d just been some dude trying to get by and I’d murdered him.”

Written Exposure Therapy (WET): Session 3

- Reviewed patient's writing → provided feedback, reinforced trauma/detail inclusion
- Conducted 30min of writing
- SUDS Pre = 10; SUDS Post = 50
- Trauma event description → impact on life meaning

WET Writing Sample: Session 3

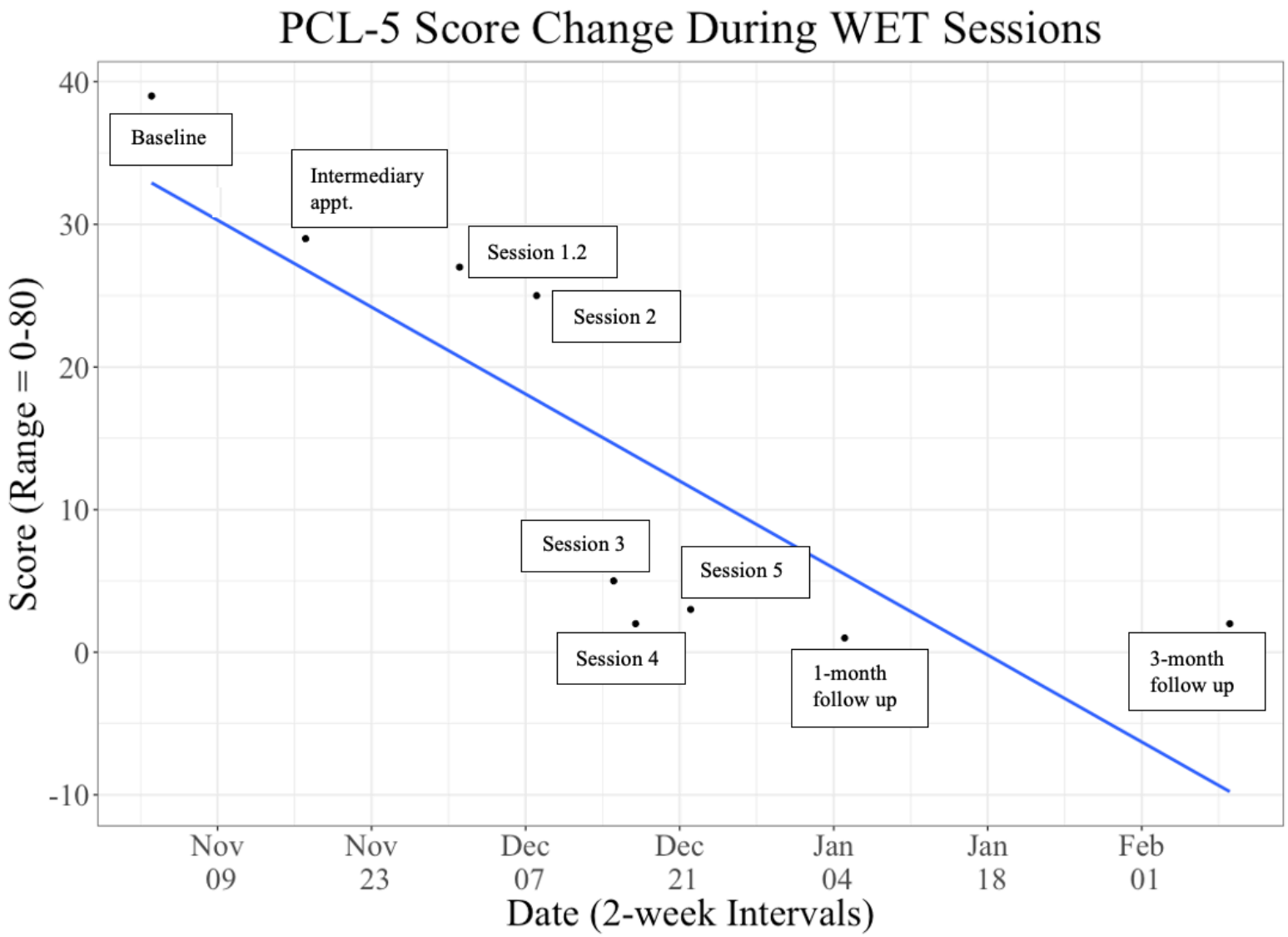
- “That evening when we got back after the firefight I went up to my squad-mate. The look on his face just killed me. He told me, ‘who the hell were you aiming at?’ I told him ‘the dude you pointed at’ and he’d said, ‘Oh man, no. You didn’t see the guy we were driving past with the grenade?’ It hit me in the gut. I just kept thinking, ‘I really f*cked up. I really f*cked this one up.’”
- “After that a lot of the Army lost it’s shine. I hated myself. I’d murdered someone. It didn’t make any sense. I couldn’t bail, and I wanted to be there for the rest of my squad, but I knew that I couldn’t control what happened. When I went home, I didn’t want to get close to anyone. People can die whenever. Eventually they’d be gone.”

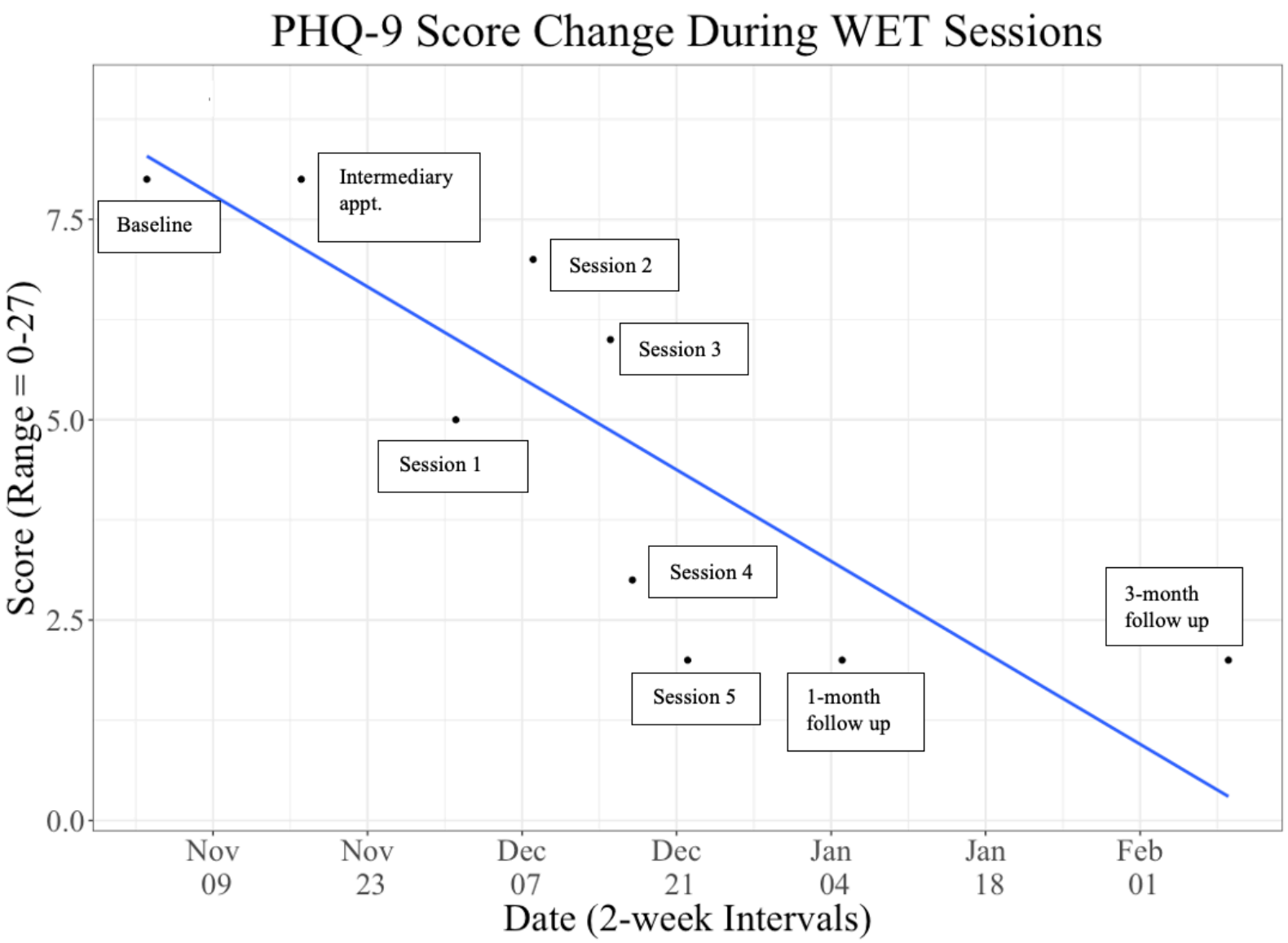
Written Exposure Therapy (WET): Sessions 4-5

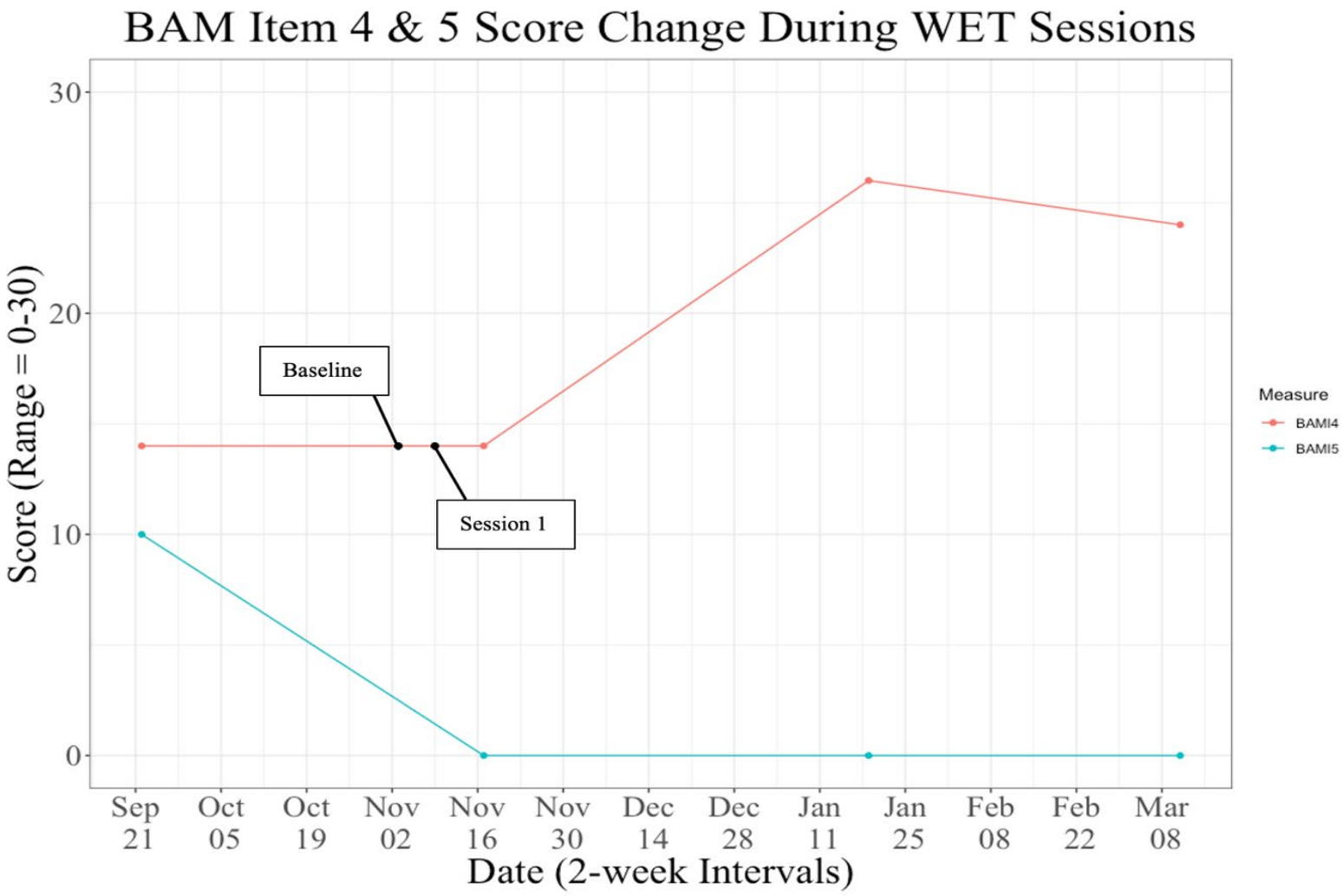
- Reviewed patient's writing, ensured continued inclusion of detail, reflection on meaning of trauma
- Reduced arousal during session, greater coherence in writing
- SUDS Pre 4 = 7; SUDS Post 4 = 5
- SUDS Pre 5 = 5; SUDS Post 5 = 5
- Facilitated "wrap-up" and termination

WET Writing Samples: Sessions 4-5

- “The more I write about this, the less I feel like it was my fault. Everything was crazy during that firefight and I was doing the same thing I always did and had always been asked to do. I feel really sad I shot him, but people do still care about me and I’ve done a lot since then to try and help people.”
- “Thinking about how I’ve kept people at arms-length, it’s not how I want to live my life and it hasn’t helped me protect people, just keeps me lonely. My mom still reaches out. I know I have some control. I actually did this therapy didn’t I?”


PCL-5 Score Change During WET Sessions
Score (Range = 0-80)
40
30
20
10
0
-10
Baseline
Intermediary appt.
Session 1.2
Session 2
Session 3
Session 5
Session 4
1-month follow up
3-month follow up
Nov 09
Nov 23
Dec 07
Dec 21
Jan 04
Jan 18
Feb 01
Date (2-week Intervals)


PHQ-9 Score Change During WET Sessions
Score (Range = 0-27)
7.5
5.0
2.5
0.0
Baseline
Intermediary appt.
Session 1
Session 2
Session 3
Session 4
Session 5
1-month follow up
3-month follow up
Nov 09
Nov 23
Dec 07
Dec 21
Jan 04
Jan 18
Feb 01
Date (2-week Intervals)


BAM Item 4 & 5 Score Change During WET Sessions
Score (Range = 0-30)
30
20
10
0
Baseline
Session 1
Sep 21
Oct 05
Oct 19
Nov 02
Nov 16
Nov 30
Dec 14
Dec 28
Jan 11
Jan 25
Feb 08
Feb 22
Mar 08
Date (2-week Intervals)
Measure
BAMI4
BAMI5

Current Proposal

The purpose of this study is to evaluate the efficacy of WET among veterans with SUD/PTSD

- **Specific Aim 1:** Determine the utility of WET to improve trauma symptoms for veterans with SUD and PTSD who are receiving outpatient SUD treatment

- **Specific Aim 2:** Determine the utility of WET to improve SUD outcomes for veterans with comorbid PTSD.

- **Exploratory Aims:** Exploratory analysis will examine the association between Heart Rate Variability (HRV) and treatment outcomes. We will also examine whether change in HRV scores over time correlates with treatment outcomes (PTSD symptoms and days of substance use).

Other people involved:

- Ismene Petrakis, MD
- Jenelle Newcomb, BA
- Suzanne Spinola, PhD
- MacKenzie Peltier, PhD
- Minnah Farook, PhD
- Noah Wolkowicz, PhD
- R. Ross MacLean, PhD

Case Presentation #1

- 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

Case Studies

- Case studies
  - Submit: 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:

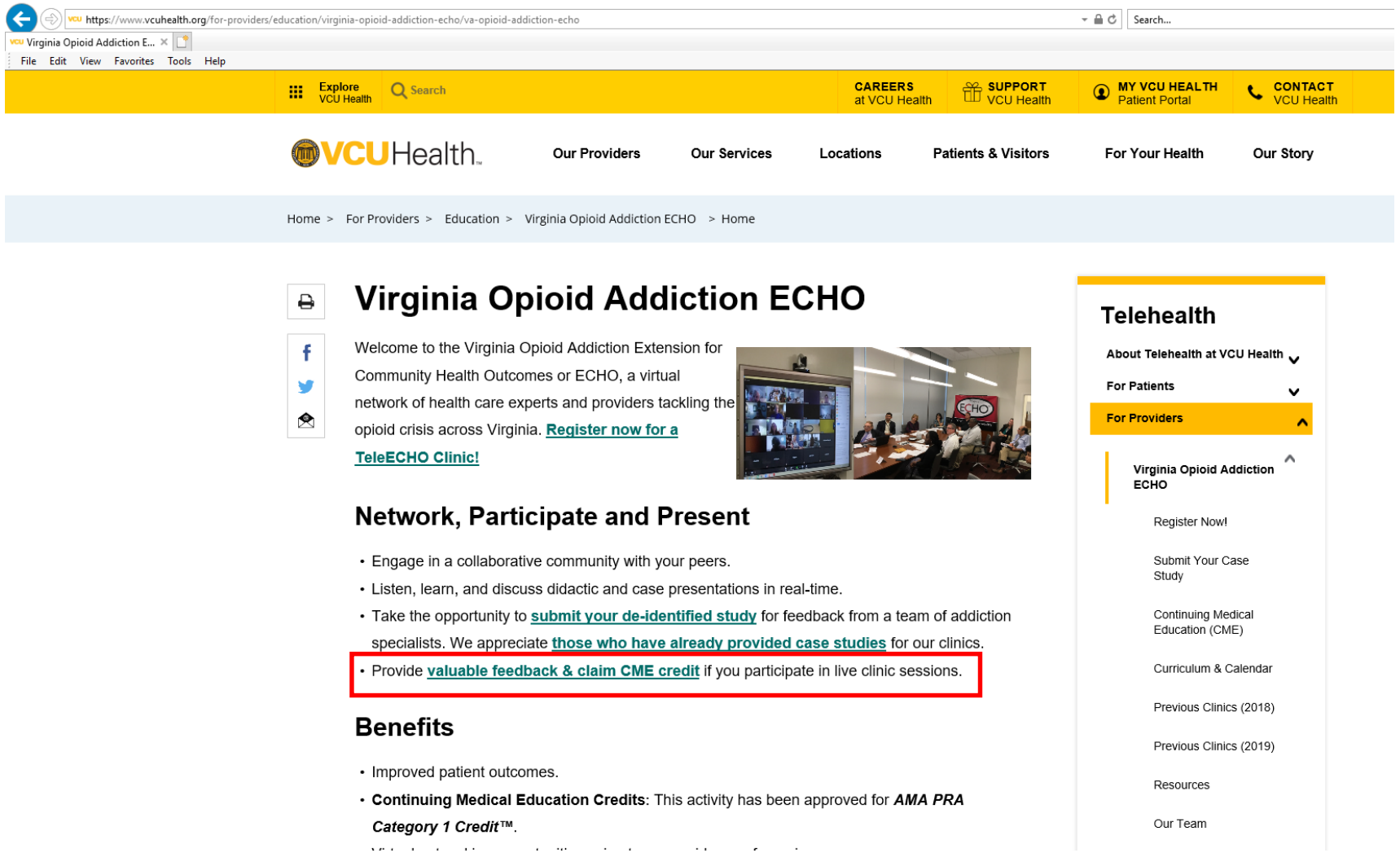
- **Ademola Adetunji, NP** from Fairfax County CSB
- **Tara Belfast-Hurd, MBA-PA** from Department of Behavioral Health and Developmental Services
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Ramona Boyd, NP** from Health Wagon
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **Kayla Brandt, B.S.** from Crossroads Community Service Board
- **Candace Fletcher, PharmD Candidate** from Hopkins Medical Association
- **Susan Cecere, LPN** from Hampton Newport News
- **Kimberly Dexter, DNP** from Hampton Newport News CSB
- **Shokoufeh Dianat, DO, MAS** from Virginia League from Planned Parenthood
- **Candace Fletcher, PharmD** from Hopkins Medical Association
- **Michael Fox, DO** from VCU Health
- **Shannon Garrett, FNP** from West Grace Health Center
- **LaShawna Giles, MSW** from Hampton Newport News CSB
- **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
- **Jennifer Melilo, FNP** from Chesapeake Integrated Behavioral Health
- **Dawn Merritt, QMHP** from Eastern Shore CSB
- **Maureen Murphy-Ryan, MD** from AppleGate Recovery
- **Faisal Mohsin, MD** from Hampton-Newport News CSB
- **Jeromy Mullins, PharmD Candidate** from Hopkins Medical Association
- **Stephanie Osler, LCSW** from Children's Hospital of the King's Daughters
- **Davina Pavie, QMHP** from Hanover County CSB
- **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
- **Amber Sission, QMHP** from Eastern Shore CSB
- **Daniel Spencer, MD** from Children's Hospital of the King's Daughters
- **Linda Southall, QMHP** from Alleghany Highlands CSB
- **Heather Stone, PhD, LCSW** from Central Virginia Health Services of Petersburg
- **Cynthia Straub, FNP-C, ACHPN** from Memorial Regional Medical Center
- **Saba Suhail, MD** from Ballad Health
- **Michelle Tanner, LPC** from Hanover County CSB
- **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

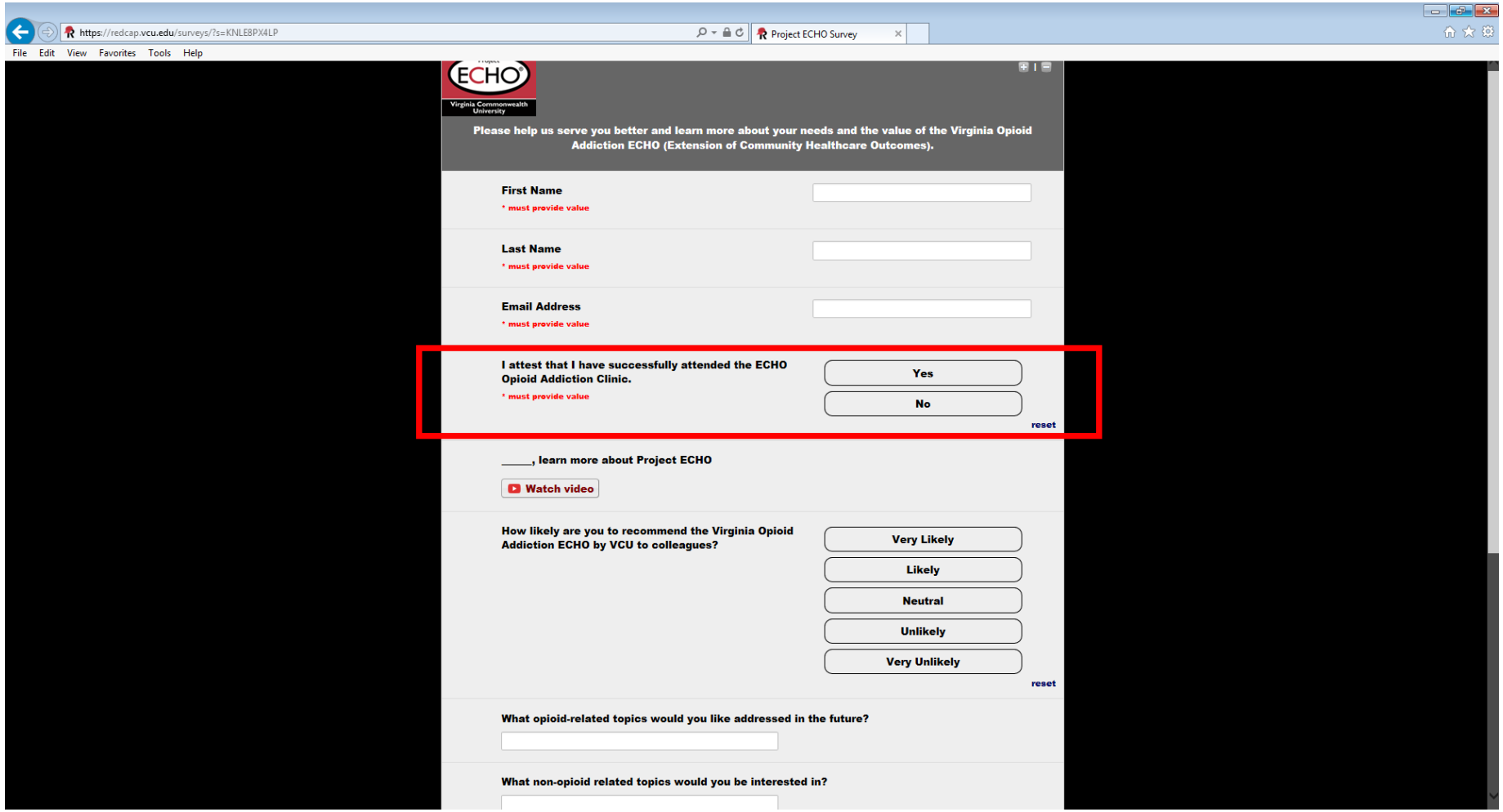
- www.vcuhealth.org/echo

- 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



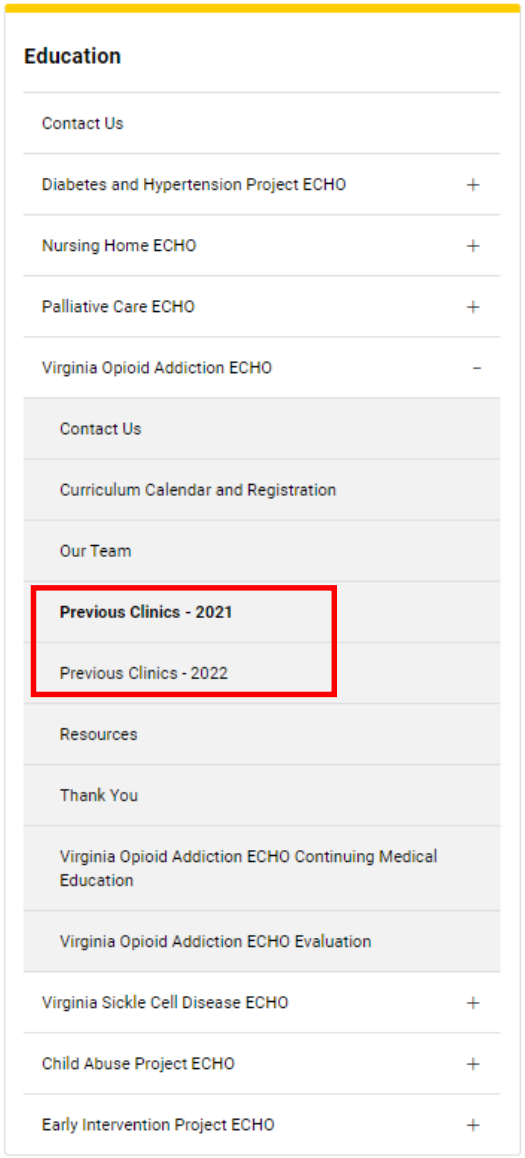
Access Your Evaluation and Claim Your CME



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



Previous Clinics - 2021

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics.

January 15, Buprenorphine Taper
Presented by Masaru Nishiaoki, MD

- View Presentation
- View Video

January 29, Panel Discussion: COVID and Chronic Conditions
Panelists: Albert Arias, MD, Alex Krist, MD and Katherine Rose, MD

- View Presentation
- View Video

February 12, Grief Impacting Recovery
Presented by Courtney Holmes, PhD

- View Presentation
- Video Video

February 26, Virginia Drug Court System
Presented by Melanie Meadows

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March 12, COVID and Recovery: Panel Discussion
Presented by Tom Bannard, MBA Omri Morris, CPRS Raymond Barnes, CPRS Erin Trinh, CPRS

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- View Video

March 26, Effects of Pharmacology on Cognitive Function
Presented by Gerry Moeller, MD

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- View Resource

April 9, PropER Clinic and SUD Virtual Bridge Clinic: Linking Patients from ED to PCP and SUD Care
Presented by Taruna Aurora, MD and Brandon Wills, MD

- View Presentation
- View Video

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:00 pm

Mark Your Calendar --- Upcoming Sessions

April 1:	Macrodosing for Buprenorphine	Brandon Wills, MD
April 15:	Home Induction in the Era of Fentanyl	Theresa Davis, NP
April 29:	The Bio-Psycho-Social Model: Addiction and Family Dynamics	William Nicoll, MBA, LPC

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