Virginia Opioid Addiction ECHO* Clinic

June 26, 2020

*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

- 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

<table>
<thead>
<tr>
<th>VCU Team</th>
<th>Name</th>
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<tbody>
<tr>
<td>Clinical Director</td>
<td>Gerard Moeller, MD</td>
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<td>Administrative Medical Director</td>
<td>Vimal Mishra, MD, MMCi</td>
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<td>Clinical Experts</td>
<td>Lori Keyser-Marcus, PhD</td>
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<td></td>
<td>Courtney Holmes, PhD</td>
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<td>Albert Arias, MD</td>
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<td>Salim Zulfiqar, MD</td>
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<td>Didactic Presentation</td>
<td>Paul Brasler, LCSW</td>
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<td>Program Manager</td>
<td>Bhakti Dave, MPH</td>
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<tr>
<td>Practice Administrator</td>
<td>David Collins, MHA</td>
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<tr>
<td>IT Support</td>
<td>Vladimir Lavrentyev, MBA</td>
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Reminder: **Mute** and **Unmute** screen to talk

*6 for phone audio

Use **chat** function for Introduction
What to Expect

I. Didactic Presentation
   I. Paul Brasler, LCSW

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

Paul Brasler, LCSW was a speaker for Pesi, Inc and author for Pesi Publishing.

There is no commercial or in-kind support for this activity.
Project ECHO: VCU
Co-Occurring Disorders

Paul Brasler, M.A., M.S.W.
Licensed Clinical Social Worker
Questions?
Case Presentation #1
Leon Dangerfield

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

When doing motivational interviewing, the Patients will tell you what they need to be successful in their recovery, but most tell you what you need to hear so they can get the highest dose of medicine. How can you differentiate between the two?

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

27 yrs of age, Caucasian, some college, not employed, live with parents, family is his support, as far as social just the program he's attending

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

Receiving treatment because of his opioid dependency, extensive use of heroin, some issues of depression, and paranoia.

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions
What interventions have you tried up to this point?
Additional case history (e.g. treatments, medications, referrals, etc.)

Social integration with group therapy, substance abuse counseling, and peer support specialist help, also was referred to a LCSW for a higher level of care intake.

What is your plan for future treatment? What are the patient's goals for treatment?

We do some self building, support with cravings, also meet with him twice a week in office and or in patients home, also trying to get family and friends involved, his goal is that if he can get the medicine to overcome his cravings then he will be ok, but he still needs intensive counseling to go with the medication as well

Reminder: Main Question

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

When doing motivational interviewing, the Patients will tell you what they need to be successful in there recovery, but most tell you what you need to hear so they can get the highest dose of medicine. How can you differentiate between the two?
Case Presentation #2
Ademola Adetunji, NP

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

Should client be treated for the use of Benzodiazepine?

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

38 years old African American male presented to detox center 6/19/2020 c/o using Opiate, BZO and Cocaine. Opiate: Heroin IV 1-2g daily for 3 years after relapse off/on, first use at age 27 years old, last used 6/19/2020. Rx suboxone, last used 31/2 years ago. Non Rx suboxone (On the street), last used 1 year ago. Benzodiazepines: Xanax 2mg (1-2 pills) by mouth daily x 3-4 days after not used in over 5 years, first used age 25 years old, last used 6/19/2020.

Marijuana: Smokes 1g daily, first used age 20 years old, last used 6/19/2020.

Other Illicit drug use: Denies use

Alcohol use: Drink 1-2 beer occasionally, first used at high school, last used almost 1 mth ago.

Tobacco use: 1PPD

Allergies: NKDA, Diary products

Social History: Lives with wife and 2 children. 4 years of college degree. Works in IT.

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

PMH: Denies any medical condition including Dt's and seizure from BZO withdrawal

Behavioral and Mental Health: Anxiety

Medication: Clonidine 0.1mg po BID. Which he brought to Detox.

Lab results @ Detox: UDS + OPI, FEN, BUP, THC, BZO

Adm V/S: B/P 140/88, P 91, R 18, T 97.4, Pox 100%. BAC 0, CIWA 2, COWs 5.

Current therapy: None

Detox: 3 1/2 years ago.

C/o difficulty sleeping when withdrawal.
What interventions have you tried up to this point?
Additional case history (e.g. treatments, medications, referrals, etc.)

Opioid dependence: Start suboxone 2mg/0.5mg 1 film SI up to 4 doses for the first day when COWs is 8 (To prevent precipitated Opiate withdrawal), then Suboxone will be increased gradually per protocol.
BZO dependence: Monitor per protocol.
Cannabis dependence: Monitor per protocol.
Difficulty sleeping: Trazodone 100mg (1/2-1 tab) po qHS PRN
Melatonin 3mg (1-5 tabs) po qHS PRN
Anxiety: Continue Clonidine 0.1mg po BID

The importance of Residential/Outpatient treatment f/u discussed.

What is your plan for future treatment? What are the patient's goals for treatment?

Client treatment goal: Outpatient treatment
Collaborate with clinical staff to refer to Outpatient center in 7 days within the network.

Other relevant information

Bilateral injecting track marks slightly red, no swelling, pain and warmth.

Reminder: Main Question

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

Should client be treated for the use of Benzodiazepine?
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
- 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 Saleebey, 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](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

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 clinic.
- 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™.
Access Your Evaluation and Claim Your CME
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

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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

July 17: Pharmacotherapy for Pregnant Women with SUD Terplan, MD

July 31: Illicit Drugs: What they are, Where they Are, and the USDOJ Response Norman, JD

August 7: Using SUD Treatment as a Setting for Improving Women’s Sexual Health Literacy Henréé Jones, PhD

Please refer and register at vcuhealth.org/echo
THANK YOU!

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