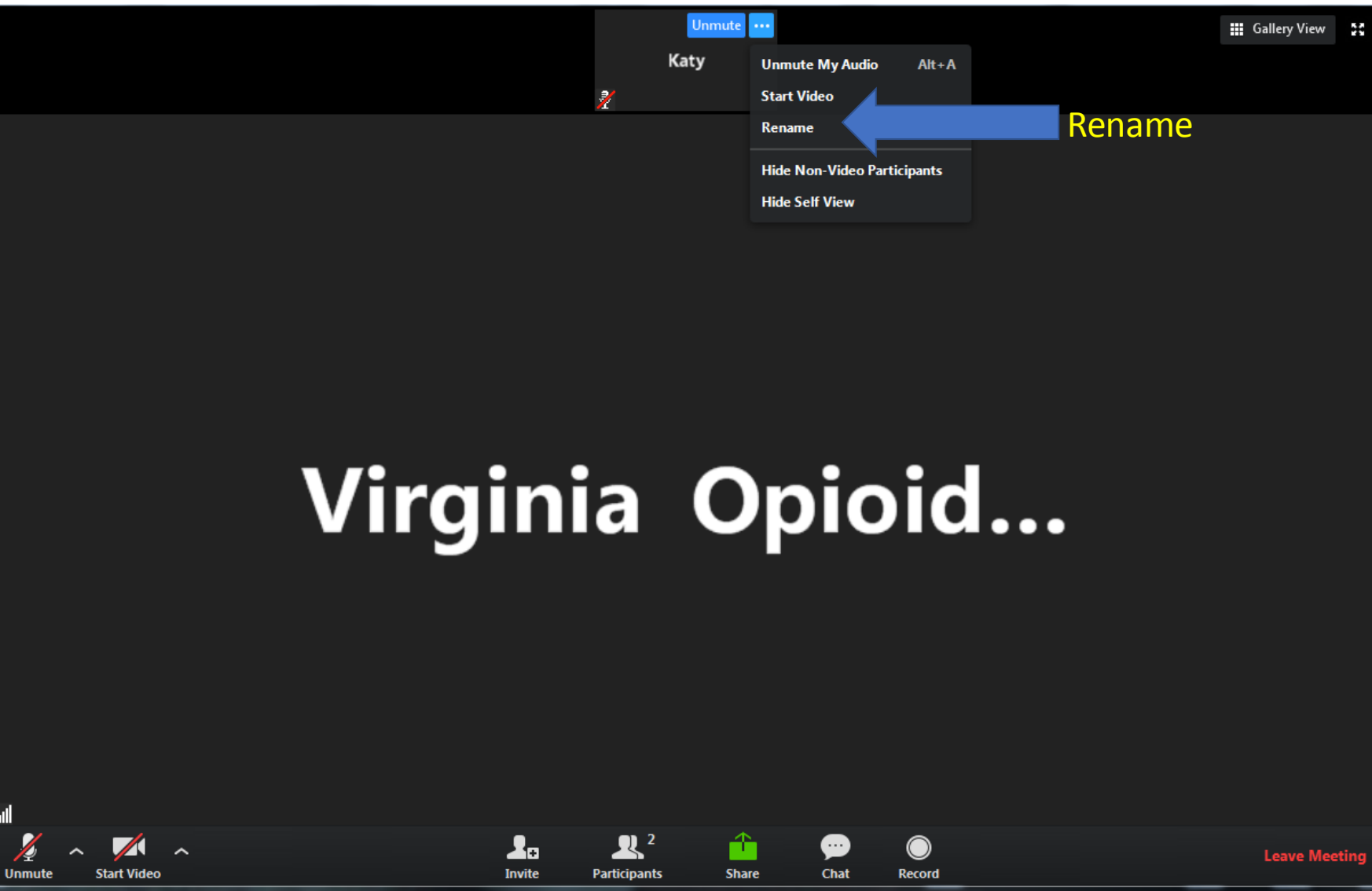


Virginia Opioid Addiction ECHO* Clinic

April 9, 2021

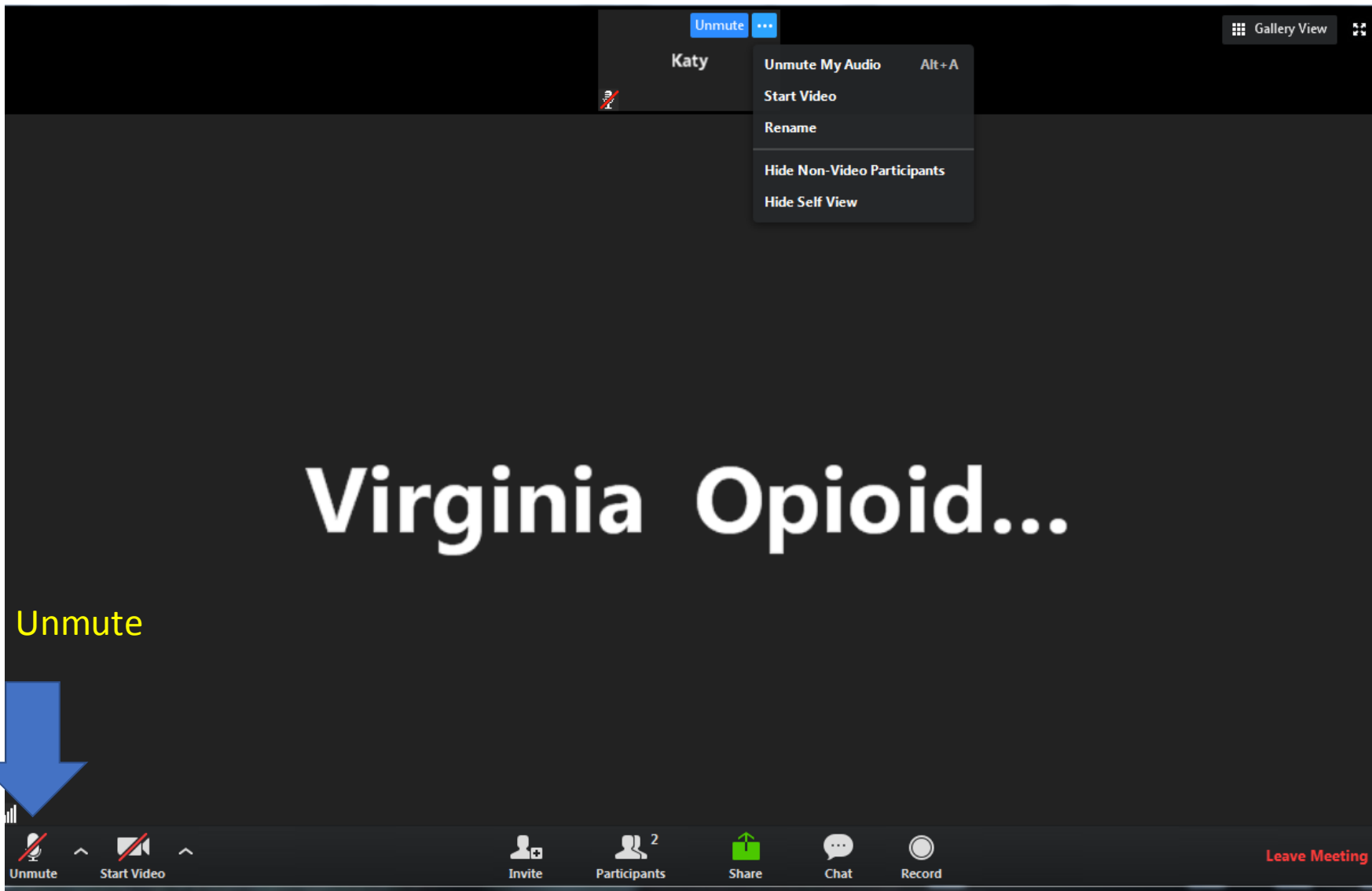
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



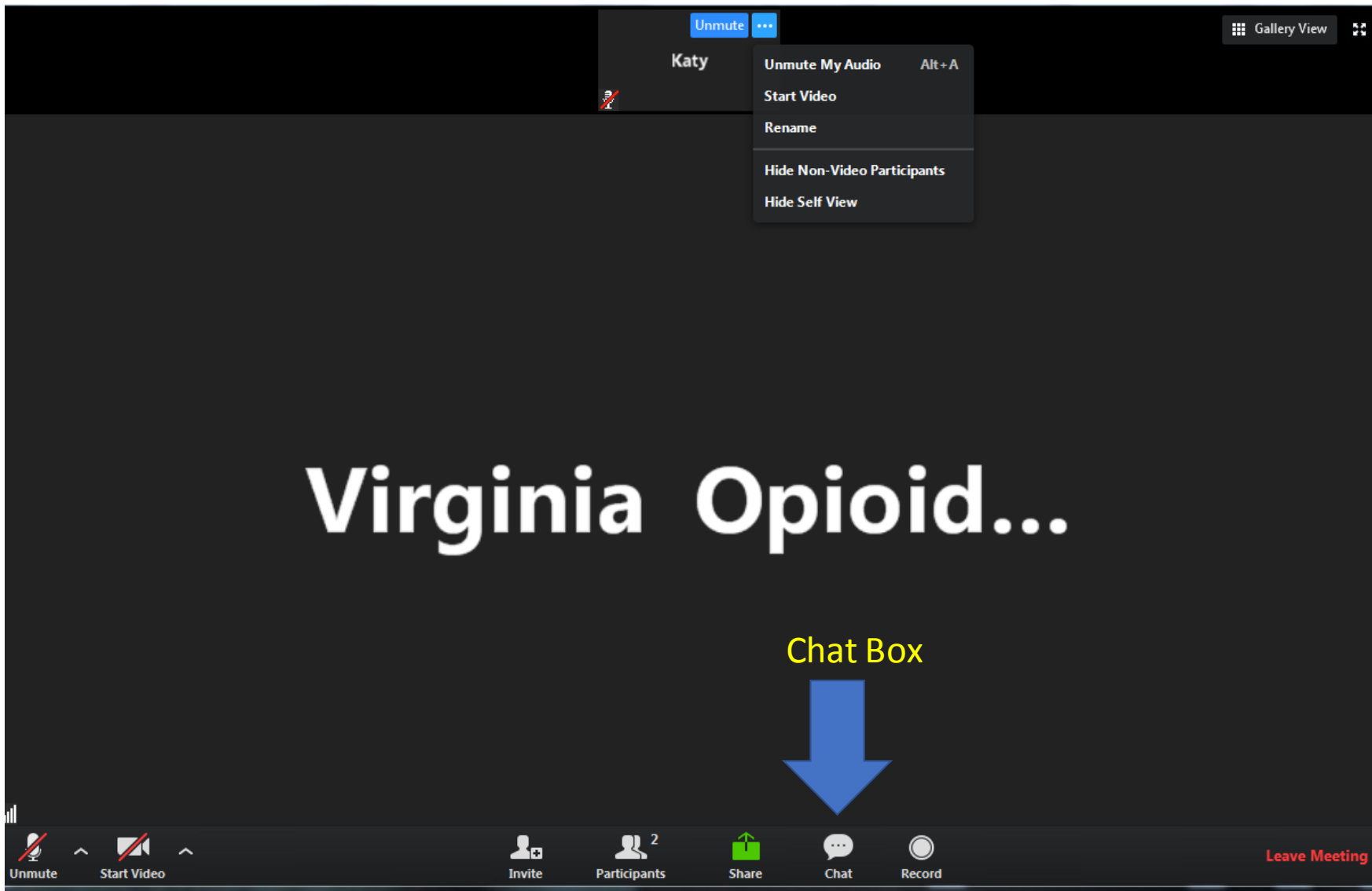
- Rename your Zoom screen, with your name and organization

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



- 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	Taruna Aurora, MD Brandon Wills, MD
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. Taruna Aurora, MD and
Brandon Wills, MD**
- 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

Taruna Aurora, MD and Brandon Wills, MD have no financial conflicts of interest to disclose.

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



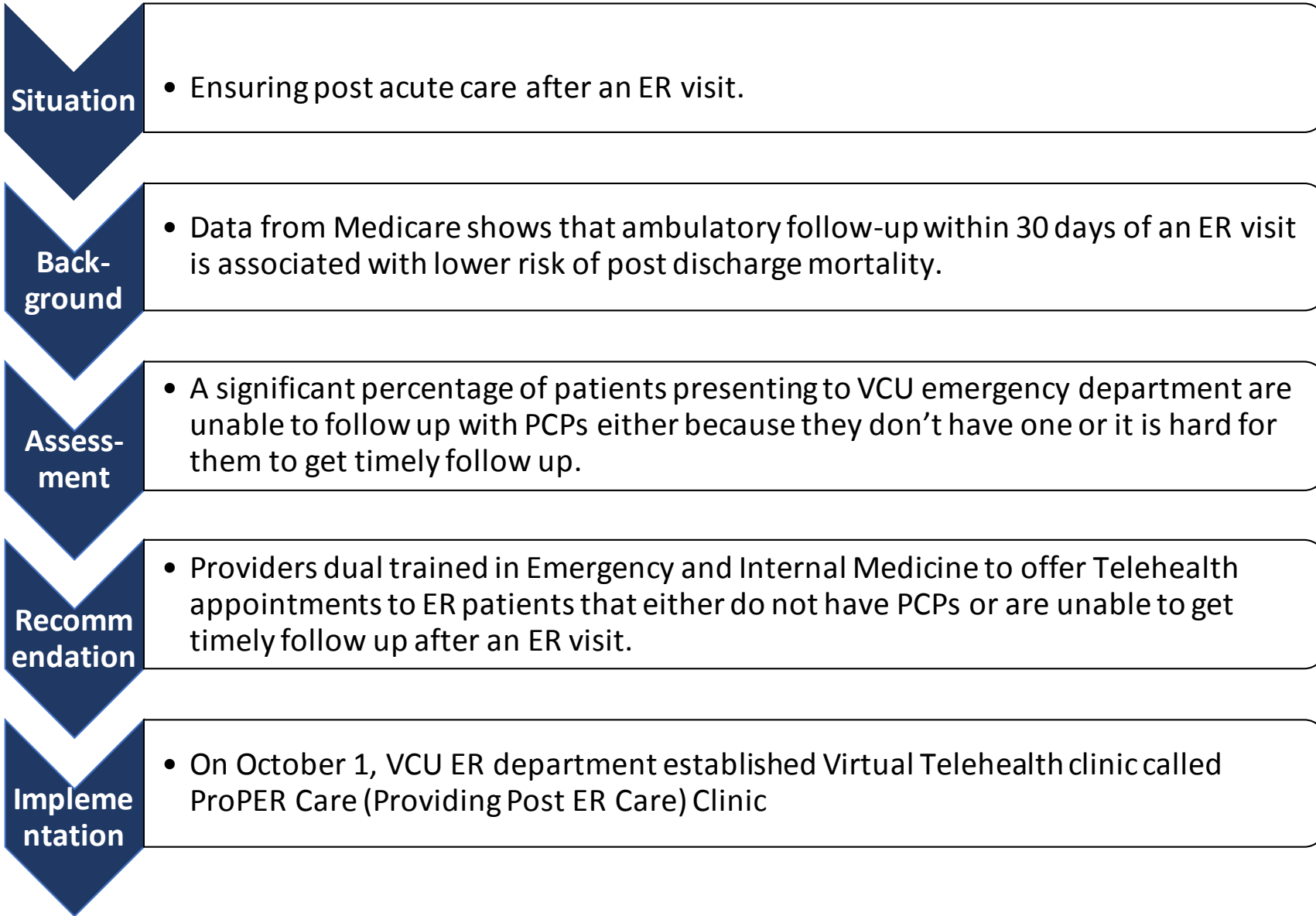
Department of Emergency Medicine

ProPER Care

Taruna Aurora, MD

Assistant Professor, Departments of Emergency & Internal Medicine
Director, Clinical Decision Unit, Emergency Department
Medical Director, Department of Care Coordination and Utilization Management
Virginia Commonwealth University Health Systems
Taruna.aurora@vcuhealth.org

ProPER Care



Mechanics of ProPER care clinic

The patients are given an appointment at the time of ER discharge

Clinic days are Monday, Wednesday and Fridays from 9A-5P, 14 patients are scheduled in 30-minute intervals starting at 9 AM

On the day of the appointment, the clinic provider calls the patient on their phone and sends them a doximity video link to complete the virtual visit.

Ensure patient has understanding of diagnosis and treatment related to the acute ER visit and assess if patient is getting better

Address medication reconciliation and if any refills are needed for chronic disease management

Place outreach consult to assist patient with their insurance application and PCP establishment; also can assist with other social needs ie. clothing, financial needs, housing needs

Coordinate specialty care if indicated

Address health maintenance and primary prevention

- smoking, alcohol and drug use
- cancer surveillance if indicated- (mammogram, colonoscopy, CT chest)
- Immunizations

Ensure transition to Primary Care Provider

Goals of ProPER care clinic visit

Anecdotes

24 year old followed up for STDs, ProPER care provider tested for HIV and transitioned to ID clinic, helped with insurance application, patient now has medicaid

77 year old recent stroke with resultant dense hemiparesis, moved from New Jersey, no PCP here, referred to ProPER care for Covid-19 infection, transitioned to Geriatrics House Calls program

75 year old female lost to follow-up with prior PCP, followed up in ProPER care for palpitations, provider was able to obtain follow-up with her prior PCP and provided warm hand-off

60 year old male following up for dyspnea, long term smoker, no insurance or PCP, provider obtained lung cancer screening and had result concerning for malignancy, established follow-up with Pulmonary and assisted with insurance application

40 year old female followed in ProPER care for untreated, uncontrolled hypertension. In addition to providing medical care, provider finds that patient is recently jobless, provider arranged contact with outreach worker to assess social needs and outreach worker was able to obtain clothing for patient

22 year old lady followed up in ProPER care for abdominal pain, provider concerned for recurrent h.pylori, patient has TriCare, works for VCU but no PCP, GI visit not available for 3 months. Provider able to order and get Endoscopy done that shows h.pylori, patient now on treatment, transitioning to PCP with family practice

VCU Emergency Department

Addiction Bridge Clinic (ABC)

Brandon Wills, DO, FACEP, FACMT

Fellowship Director

Division of Clinical Toxicology

VCU Medical Center

Virginia Poison Center



The Team

- Gerry Moeller, MD
- Tracy Davis, NP
- Katy Wells, RN
- Brandon Wills, DO
- Vimal Mishra, MD
- DMAS, IT, EM...

Opioid Use Disorder is a life-threatening disease

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

**Corresponding Author. E-mail: sweiner@bwh.harvard.edu, Twitter: [@scottweinermd](https://twitter.com/scottweinermd).*

N=11,000 opioid overdoses

Subsequent death

5% dead within 1 year

1% dead within 1 month

0.25% dead within 2 days

Letters

RESEARCH LETTER

Nonfatal Opioid Overdoses at an Urban Emergency Department During the COVID-19 Pandemic

JAMA October 27, 2020 Volume 324, Number 16

Taylor A. Ochalek, PhD
Kirk L. Cumpston, DO
Brandon K. Wills, DO
Tamas S. Gal, PhD
F. Gerard Moeller, MD

Nonfatal opioid overdose presenting VCU ED

Pre-pandemic March-June = 102

Early pandemic March-June = 227

Bottom line: ED visits for opioid overdose are increasing during the pandemic

VCU ABC Clinic Aims

- Engage patients as early as possible
- Leverage telehealth platform to increase capacity
- Utilize ABC to engage patients with OUD

VCU ABC Clinic Workflow

- Start buprenorphine in the ED if medically indicated
- Cerner Addiction medicine consult
- ED clerk to schedules an appointment for the ABC, next business day
- Provide ABC discharge instructions
- Provide prescription for intranasal naloxone
- ABC clinician contacts patient the following day for telehealth visit
- Bridge visit(s) until in-person MOTIVATE appointment

VCU ABC Future Directions

- Smartphone loaners in the ED
- Peer recovery specialists
- Community referrals

Questions?

Case Presentation #1

Faisal Mohsin, MD

- 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

How do we re-engage this patient to work on his recovery?

How long should Gabapentin be used in the treatment of his Alcohol Use Disorder? Should the dose be increased? OR, should it continue indefinitely? OR, should it be weaned off?

Demographic Information

35 yr. single unemployed white male living in town home owned by his father. Lives alone.

Unable to maintain any meaningful employment due to his heavy alcohol use. Last worked as a cook at a local restaurant but lasted a week or less.

Has been in treatment her at the CSB for over 5 years. Diagnosed with Alcohol Use Disorder and Unspecified Anxiety Disorder.

Likes to drink a malt beverage Steel Reserved (aka 2-11). 16-24 oz. cans. Exact number of cans consumed unknown but considered to be easily beyond a 6 pack daily. Drinks more on weekends, football nights, holidays, esp. St. Patrick's Day, but enjoys all holidays. Drinks alone and with friends. Recently started Poker nights.

Background Information

Was incarcerated for several months at a federal prison, after he was caught passed out in his car that was parked at a military base. Was charged with DUI. A repeat incarceration for a few months for violating the terms of his probation. Currently not on papers.

Refuses any inpatient Residential based treatment. Not engaged in any IOP or self help 12 step programs.

Labs:

	3.2.21	8.20.20	2.7.20	12.9.19	10.28.19
BAC	0.283	0.00	0.056	0.00	0.025

Labs:

7.24.19 Platelets=169 x10^3/ul
AST= 53 IU/L
ALT= 36 IU/L
GGT= 256 IU/L
P Eth=317 ng/ml



Background Information

12.11.19 Platelets 80 x 10E3/ul normal 150-450

AST=104 IU/L

ALT=61 IU/L

GGT=458 IU/L

3.11.20 Platelets= 87

AST= 49 IU/L

ALT= 46 IU/L

GGT=258 IU/L

5.2020 Platelets 147

AST=67 IU/L

ALT=52 IU/L

P Eth=1514 ng/ml

GGT= 620 IU/L

11.16.20 Platelets= 128

AST=86 IU/L

ALT=56 IU/L

GGT=?

Refuses offers from inpatient detox, residential based SUD treatments, AA or office based group behavioral therapies. Was discharged from therapy in our program some years ago for repeated no-shows.



Previous Interventions

Was on Vivitrol injections for approx. 6 months. from 2019-2020. Reports some decrease in drinking (fewer drinking days and fewer drinks on drinking days). However, inconsistent improvement. Platelet counts began to drop precipitously leading to eventual discontinuation of Vivitrol.

This was replaced by Topiramate which was gradually titrated up to 100mg daily. Compliance unknown. Says he takes his meds.

Gabapentin introduced towards the middle of last year in order to decrease his alcohol cravings. Says it helps with his "shakes" and requests this be continued. However, no noticeable change in his drinking behaviors. Possibly drinking more?

Was admitted to our local Crisis Hospitalization Unit for Detox on my recommendation. Family forced him. Detox lasted 7 days and was discharged.

Mother reported he relapsed right after. Missed his appt. last week. No contact since.

Current Medications regimen:

- 1.Seroquel 50 mg bedtime for insomnia
- 2.Zoloft 100 mg daily
- 3.Topiramate 100mg BID for Alcohol reduction.
- 4.Gabapentin 600 mg BID for craving reduction and to address withdrawal related shakes which are noticeable during visits.
5. Folic Acid 1mg daily
6. Thiamine HCTZ 25 mg daily

Plans for Future Treatment/ Patient's Goal

Likely taper off the Gabapentin despite his protests? Gabapentin and ETOH= heightened buzz?

Patient does NOT appear ready for change. Not engaged in any meaningful treatment. Has he hit rock bottom yet?



Reminder: Main Question

How do we re-engage this patient to work on his recovery?

How long should Gabapentin be used in the treatment of his Alcohol Use Disorder? Should the dose be increased?
OR, should it continue indefinitely? OR, should it be weaned off?

Case Presentation #2

Candace Fletcher and 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:

Limitations on suboxone in our area impede the treatment goals of our SUD patients. Especially with the rise of opiate use during COVID-19. What is a good mitigation strategy to alleviate this issue?

Demographics

Lower socioeconomic class with at least a 5th-grade education. The unemployment rate is high.

Previous Interventions

We have called pharmacies to see about increased supply for the increased need for SUD treatment. Pharmacies state that they have a limit, but no law was found to support this. Told that manufacturers are limited. Also, we have contacted the DEA to address the issue and awaiting a callback.

Future Treatment / Patient Goal

Find a way to get an appropriate amount of medication, such as suboxone, in order to achieve goals of sustain from use of drugs and lower risk associated with drugs such as HIV and overdose.

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



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


Navigation bar: Explore VCU Health, Search, CAREERS at VCU Health, SUPPORT VCU Health, MY VCU HEALTH Patient Portal, CONTACT VCU Health

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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=KNLE8PX4LP Project ECHO Survey

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Project 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
- 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	+
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	

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- 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 <https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/2019-clinics>

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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
Trauma Informed Care and Treating Those Experiencing Opioid Addiction Led by Courtney Holmes, PhD	01/04/19	<ul style="list-style-type: none">Video of ClinicSlide Presentation
<u>Learning Objectives:</u> <ol style="list-style-type: none">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.		
Syringe Exchange Led by Anna Scialli, MSW, MPH	01/18/19	<ul style="list-style-type: none">Video of ClinicSlide PresentationNarcan/Naloxone LawsNeedle Exchange Program FlyerBill to Remove Cooperation Law
<u>Learning Objectives:</u> <ol style="list-style-type: none">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

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

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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

April 23: Resources for Pregnant and Parenting SUD Patients

Kalie Owen, MSW Student, VCUHS

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