Project ECHO®
Virginia Commonwealth University

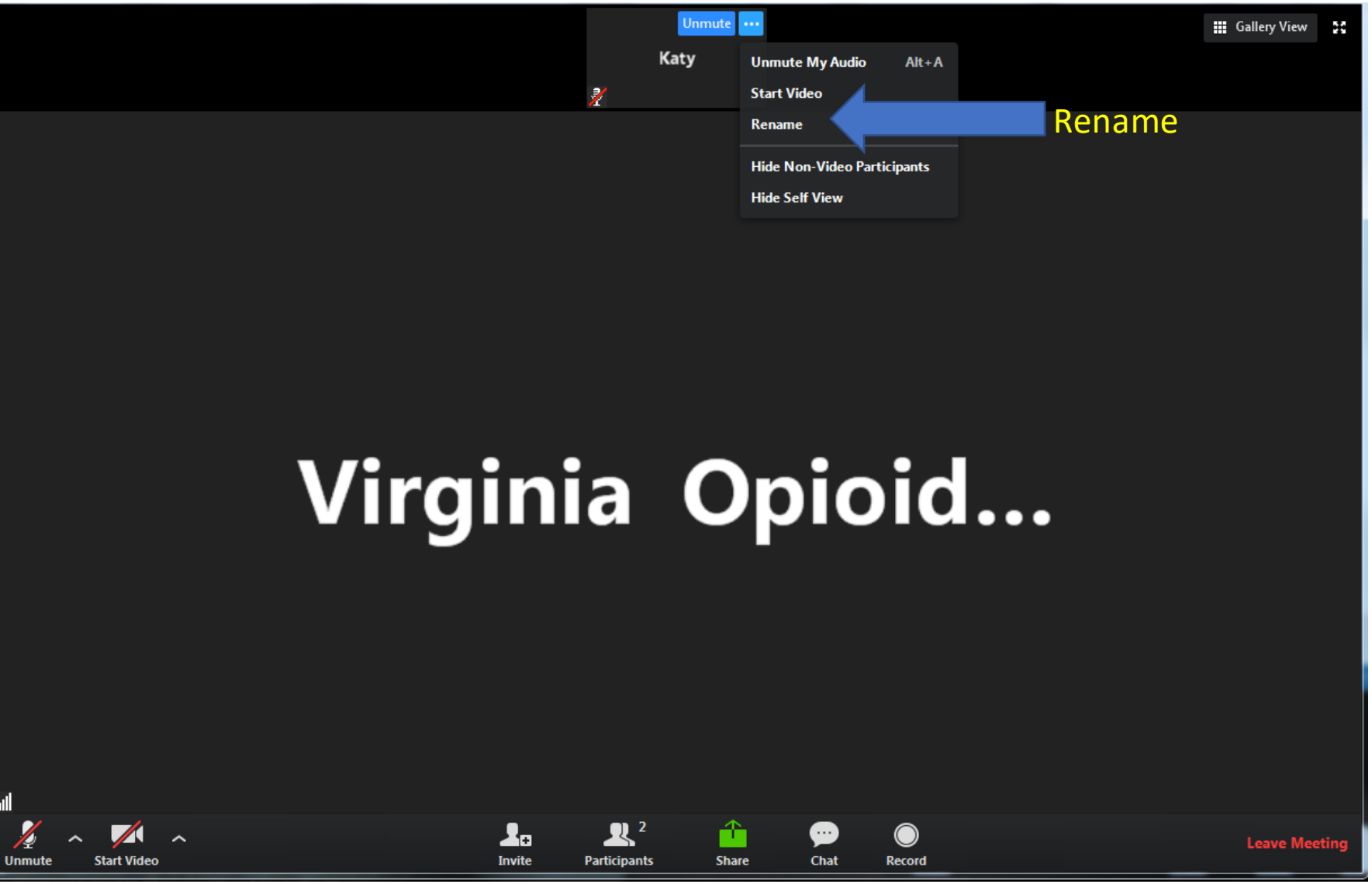
Virginia Opioid Addiction ECHO* Clinic

April 15, 2022

*ECHO: Extension of Community Healthcare Outcomes

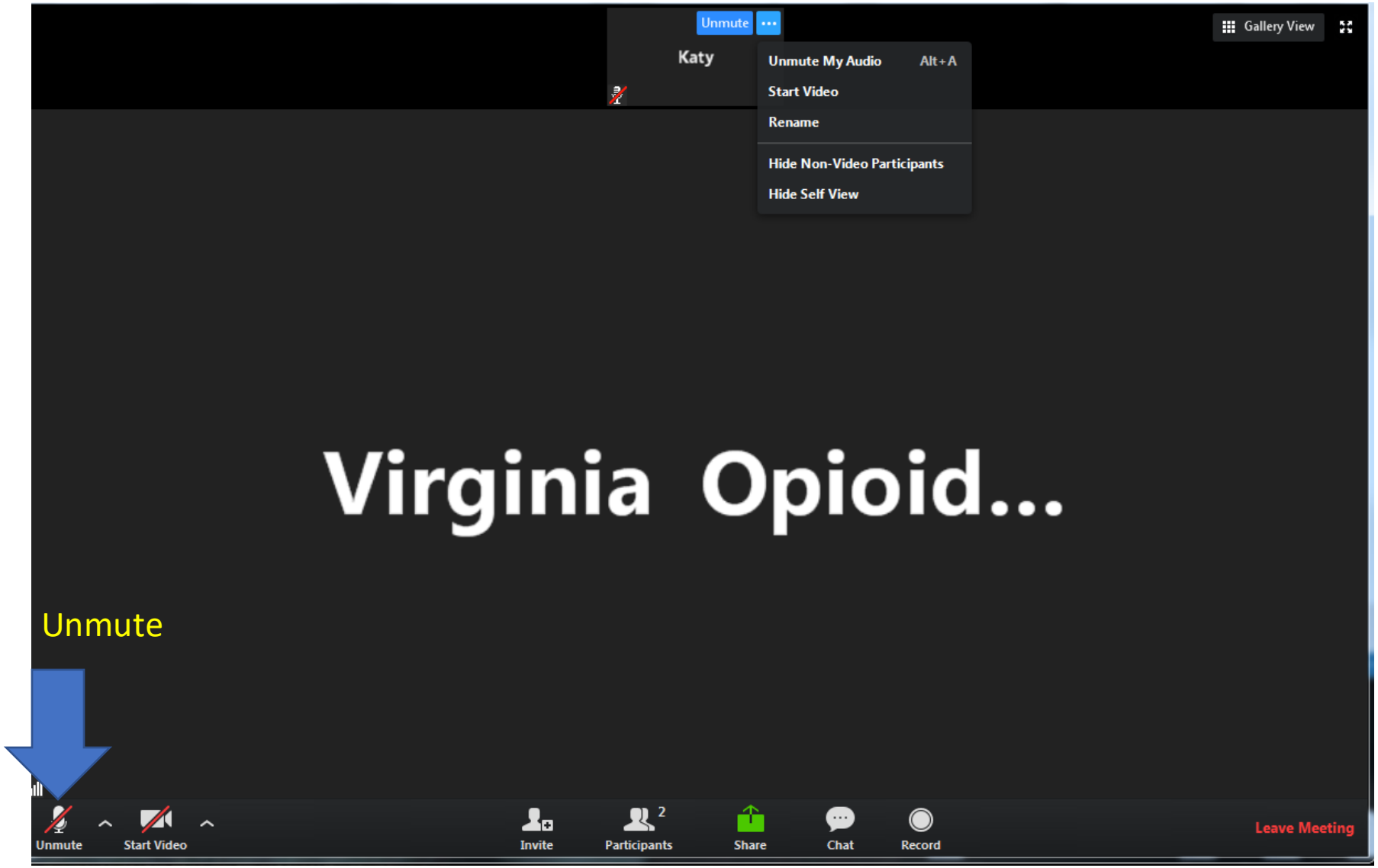
VCU

Helpful Reminders



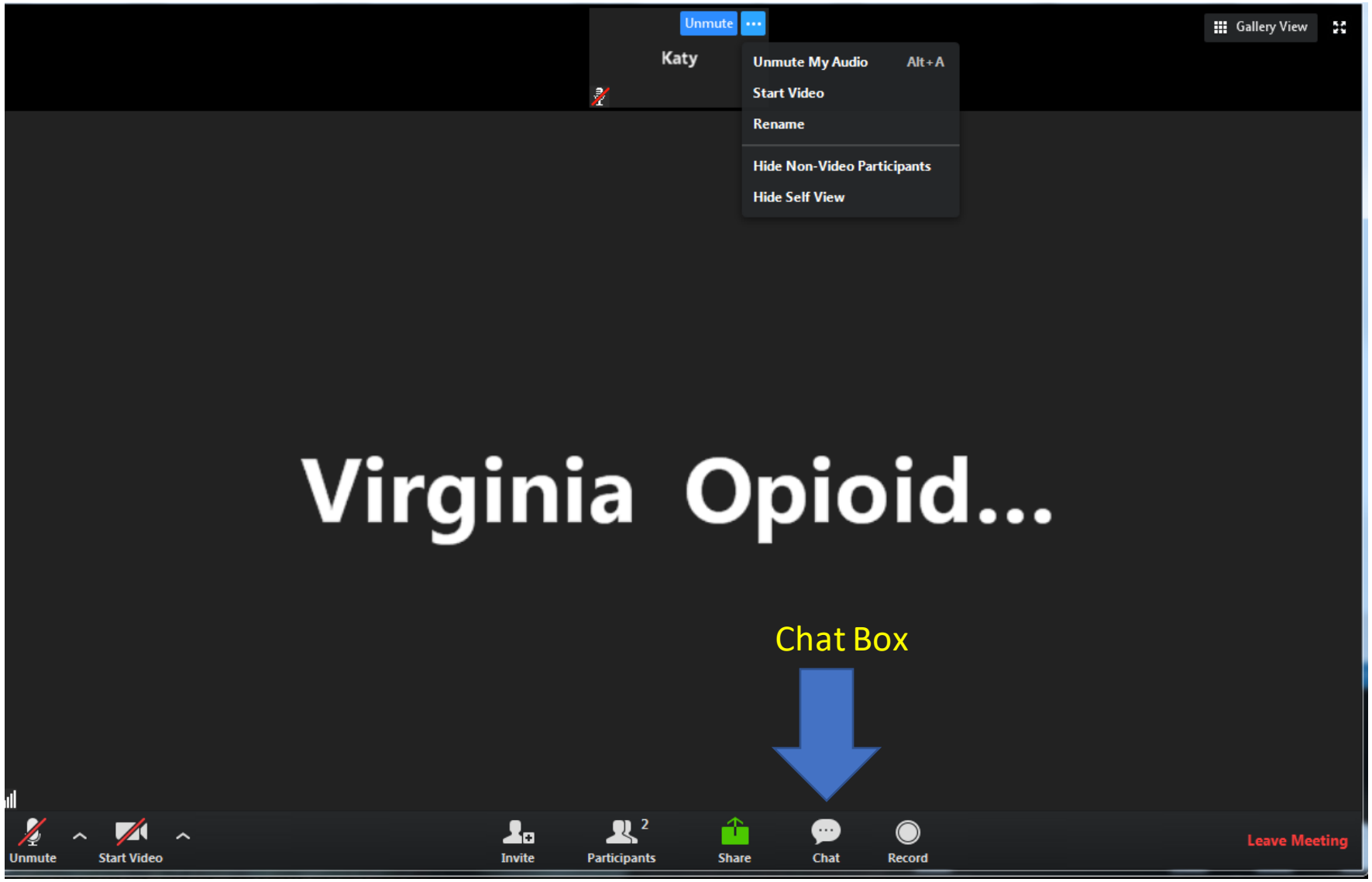
- Rename your Zoom screen, with your name and organization

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 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	Colin King, MSW Dziko Singleton
Senior Program Coordinator	Laura Porter
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. **Colin King, MSW**
      Dziko Singleton
II. Case presentations
   I. Case 1
      I. Case summary
      II. Clarifying questions
      III. Recommendations

III. Closing and questions

Lets get started!
Didactic Presentation

Disclosures

Colin King, MSW and Dziko Singleton have no financial conflicts of interest to disclose.

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

Health Brigade Comprehensive Harm Reduction

History of Harm Reduction

"WE WANT COMPLETELY FREE HEALTH CARE FOR ALL BLACK AND OPPRESSED PEOPLE. We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventive medical programs to guarantee our future survival. We believe that mass health education and research programs must be developed to give all Black and oppressed people access to advanced scientific and medical information, so we may provide our selves with proper medical attention and care."

-The Black Panthers 10 Point Program

Late 60s/Early 70s

Black Panther party started breakfast programs in 19 cities around the U.S.

1971

Members of Young Lords and Black Panther Party formed a detox center using acupuncture in South Bronx at Lincoln Hospital

1972

In 1972, Elaine Brown updated the Black Panther Party Manifesto to include healthcare for all Black and oppressed people.

1980s

As the HIV/AIDS epidemic grew, drug users and HIV/AIDS activists formed harm reduction programs focusing on distributrion unused needles to Housing to advocacy- Junkiebond, VANDU, and ACT UP

Health Brigade Harm Reduction Principles

- Applies evidence-based interventions to reduce negative consequences of drug use and sex.
  Ex: syringe access, naloxone, condoms, PrEP, testing, referral to treatment for HIV, HEP-C, and STIs
- Incorporates a spectrum of strategies including access to material safer use items, *safer techniques, change in use,* and *paths to treatment and recovery however someone defines that.*
- Works to support any change based on the individual's needs, circumstances, readiness to change.
- Understands that humans are dynamic and that **substance use is one part of a person's life but does not define their entirety**. Tries to address underlying issues not only drug use- access to housing, medical services, food, emotional support, etc.
- Acknowledges that the harm as it relates to drug use operates as a direct result of prohibition, War on Drugs, criminalization and stigma not as inherently personal choice.
- Recognizes that the conditions set by white supremacy create disparate impacts on communities and individuals based on race, class, gender, sexuality, and ability.
- Within the above framework, understands that substance use is neither inherently good nor bad.
- Works to redirect funds from systems of harm to systems of care.
- **Harm reduction should not be boutique.**

Evidence Base

Harm Reduction

- Harm Reduction Programs, also referred to as Needle Exchanges or Syringe Access Programs are part of a public health strategy. They are evidence-based and prevents the spread of HIV/AIDS, and hepatitis C among persons that inject drugs, their families, and the larger community. Harm Reduction is a comprehensive approach to working with people at higher risk in relation to HIV, substance use, and sexual behaviors. Harm Reduction Programs see the following successes:

- Program participants are 5 times more likely to enter treatment for substance use disorder
- Reduces the risk of needle-stick injuries to first responders
- Reduces overdose deaths
- There is no evidence that harm reduction programs increase drug use or criminalized activity

Health Brigade's Harm Reduction Program

- Offers safer using education, syringes, cookers, filters, alcohol swabs, sterile water, tourniquets, clean straws, fentanyl test strips, education on safer smoking, SHARPS containers, and wound care kits
- HIV and Hep C testing
- Referrals/navigation to insurance, MAT, substance use treatment, medical care, MH care, PREP, and other requested services
- Naloxone (Narcan) training and dispensing
- Food, clothing, hygiene when possible
- Court support
- Peer workers
- Community Advisory Board
- ***All services are free and confidential***

Health Brigade's Harm Reduction Program- Highlights 2021

- Total # Visits/Encounters- **9826**
- How many people we enrolled- **976**
- How many needles we passed out- **397,000**
- How many needles people returned or disposed of in sharps containers- **44,741**
- How many doses of naloxone we distributed- **9,152**
- How many times people reported reversing an overdose- **515**
- Condoms passed out- **18,000**

Mobile CHR and Outreach

- Targeting communities most impacted by opioid overdose, mobile programing has literally reached our clients where they are providing services in the most needed communities.
- These areas are predominantly black and historically underresourced and overpoliced
- Importance of providing access to communities and folks impacted the most under the war on drugs
- Syringe clean up and backpacking supplies
- Increase participation

Questions?

Case Presentation #1
Annie Sturgeon, NP

- 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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Main Question

- Recommendations for treating psychotic patient with known polysubstance abuse who is poor historian and unable to meaningfully participate in psychiatric evaluations

-Are there any resources for homeless patients that we haven't thought of

Demographic Information

39 yo black female, education level unknown, unemployed, homeless, followed by CSB in city several hours away

Background Information

Psych - History of paranoid schizophrenia

Medical- reported alcohol withdrawal seizures, past treated syphilis infection, hx of multiple STIs, daily smoker

Barriers to care- homelessness, psychosis

Current meds- cholecalciferol, 25 mcg, Oral, Daily
folic acid, 1 mg, Oral, Daily
magnesium oxide, 400 mg, Oral, Daily
naltrexone, 50 mg, Oral, Daily
nicotine, 1 patch, Transdermal, Daily
paliperidone palmitate ER, 234 mg, Intramuscular, q30 days
risperiDONE, 2 mg, Oral, BID
multivitamin, 1 each, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily

PRN medications: acetaminophen, aluminum and magnesium hydroxide-simethicone, diphenhydrAMINE, diphenhydrAMINE, haloperidol (Haldol) injection **OR** haloperidol, hydrOXYzine HCl, ibuprofen, LORazepam

Previous Interventions

Initially started on COWS/CIWA monitoring with PRN lorazepam, loperamide, clonidine, zofran

Started on naltrexone

Plan for future treatment/Patient Goals

Patient appears to be at baseline, DC to CSU then continue to be followed by CSB in the community

Reminder: Main Question

- Recommendations for treating psychotic patient with known polysubstance abuse who is poor historian and unable to meaningfully participate in psychiatric evaluations

-Are there any resources for homeless patients that we haven't thought of

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

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- 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

https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/va-opioid-addiction-echo

Virginia Opioid Addiction E...

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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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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

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

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Education

- Contact Us
- Diabetes and Hypertension Project ECHO +
- Nursing Home ECHO +
- Palliative Care ECHO +
- Virginia Opioid Addiction ECHO –
  - Contact Us
  - Curriculum Calendar and Registration
  - Our Team
  - **Previous Clinics - 2021**
  - Previous Clinics - 2022
  - Resources
  - Thank You
  - Virginia Opioid Addiction ECHO Continuing Medical Education
  - Virginia Opioid Addiction ECHO Evaluation
- Virginia Sickle Cell Disease ECHO +
- Child Abuse Project ECHO +
- Early Intervention Project ECHO +

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

- View Presentation
- View Video

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

- View Presentation
- View Video

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

- View Presentation
- View Video
- 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

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VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:00 pm

Mark Your Calendar --- Upcoming Sessions

April 29:	Family Dynamics and SUD	William Nicoll, LPC
May 13:	Part 1 Panel Discussion: Supporting Pregnant women with OUD/SUD	Dr. David Ryan Dierdre Pearson, MSW
May 27:	Part 2 Panel Discussion: Supporting women and families Post Partum with OUD/SUD	Dr. David Ryan Dr. Tiffany Kimbrough Dierdre Pearson, MSW

Please refer and register at vcuhealth.org/echo

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THANK YOU!

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