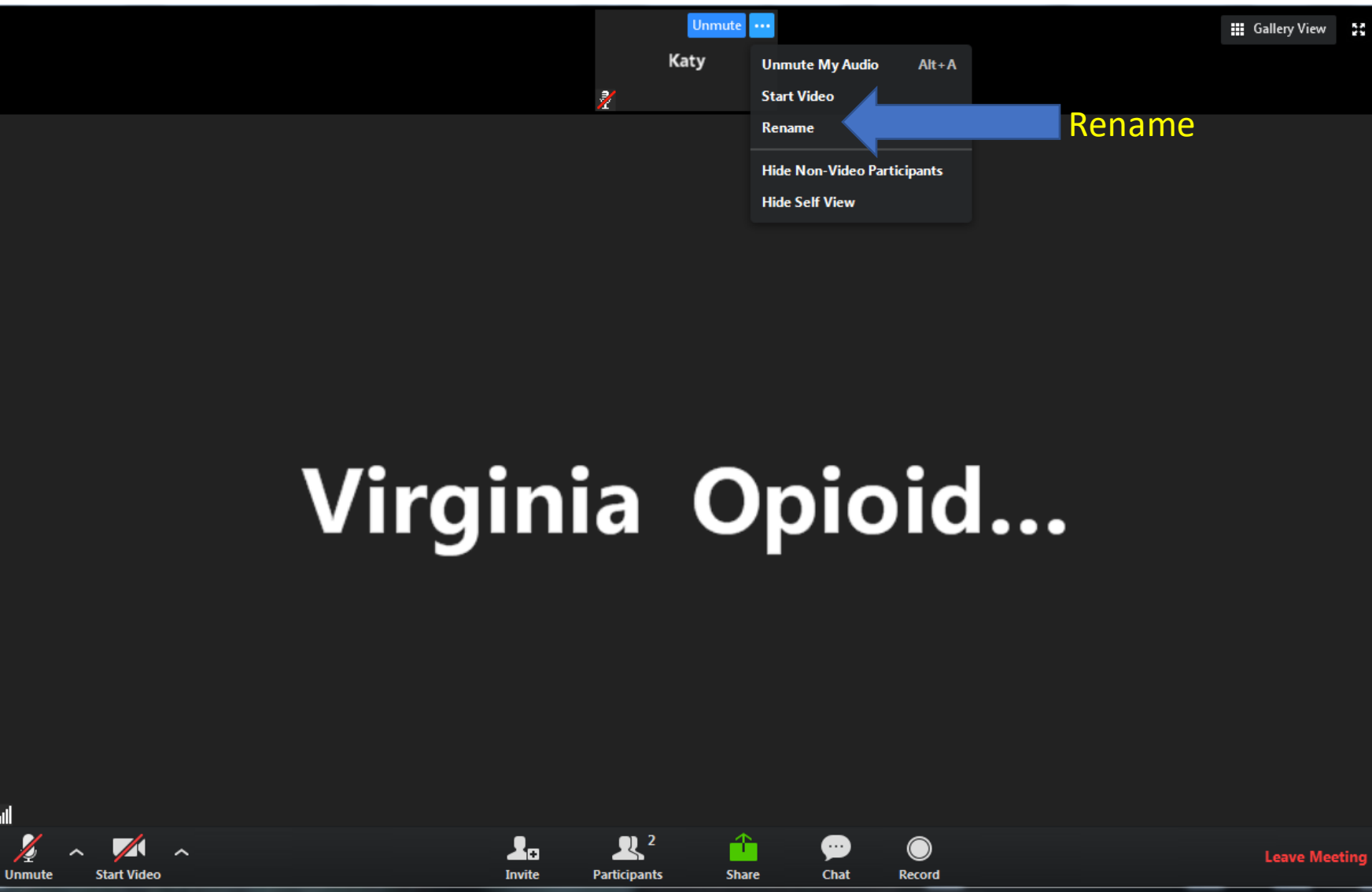


Virginia Opioid Addiction ECHO* Clinic

April 29, 2022

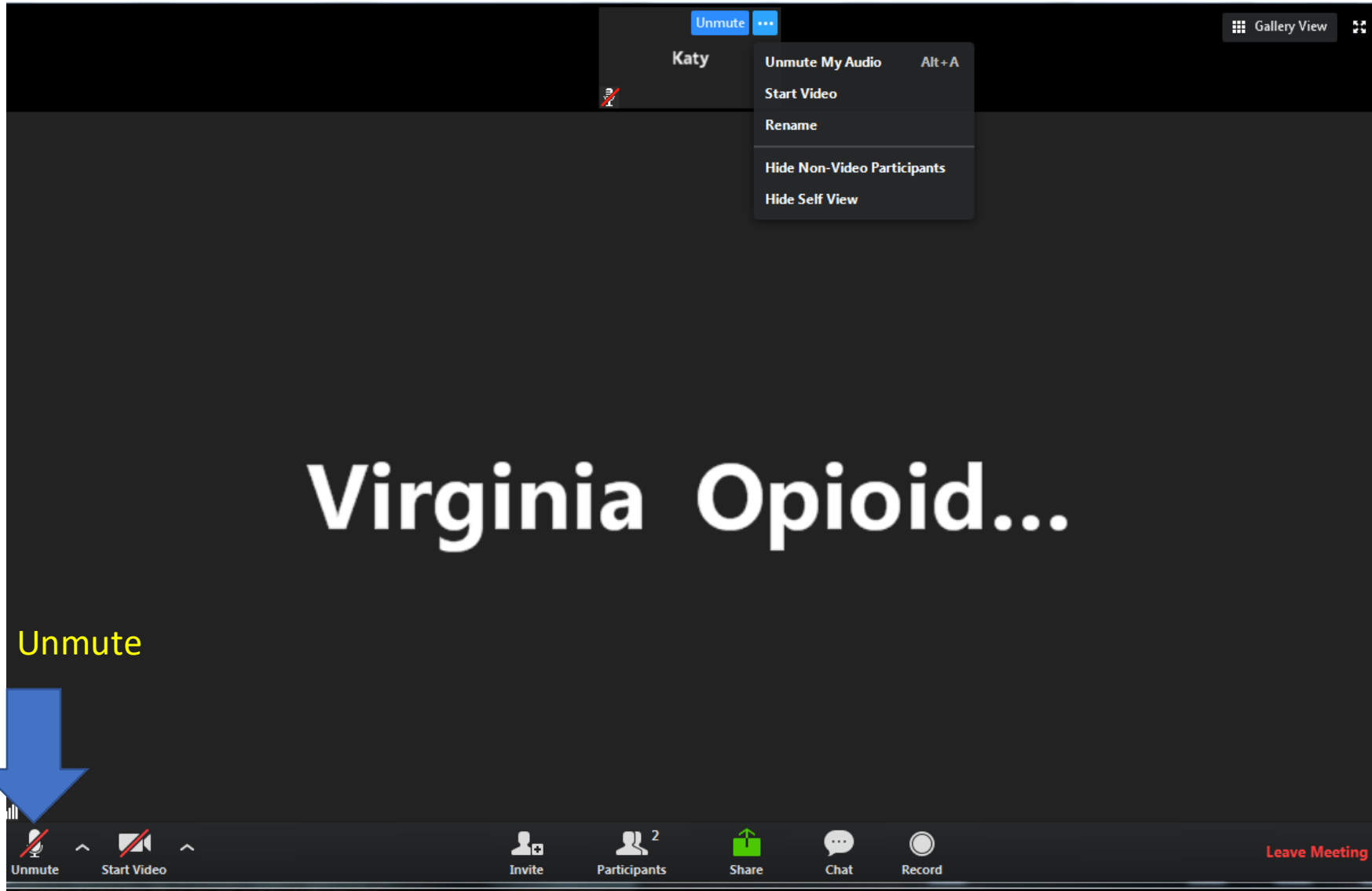
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



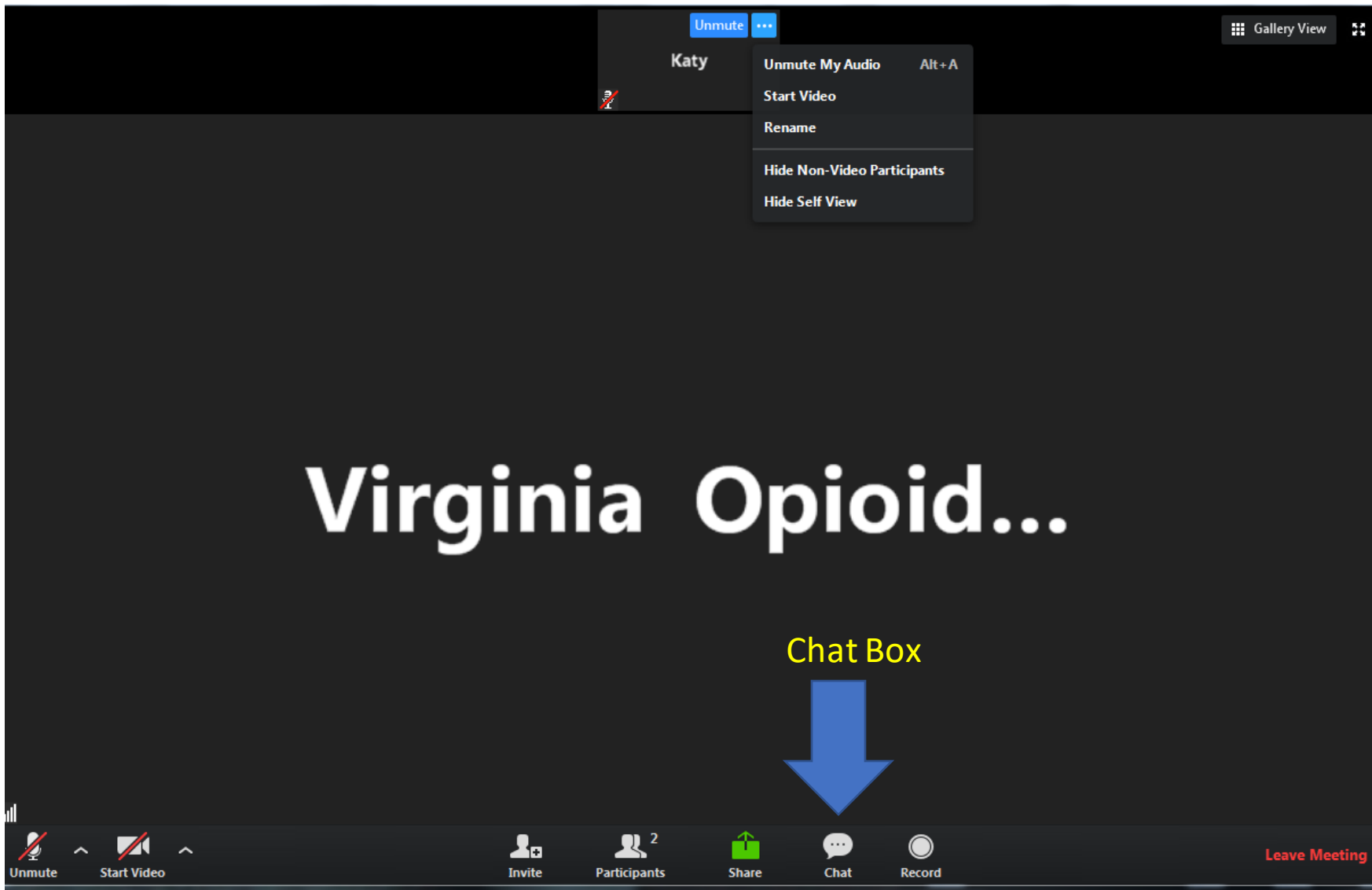
- Rename your Zoom screen, with your name and organization

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 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	Jason Lowe, MSW
Program Manager	Bhakti Dave, MPH
Senior Program Coordinator	Laura Porter
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. Tom Bannard, MBA**
- II. Case presentations
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Lets get started!

Didactic Presentation



Disclosures

Tom Bannard has no financial conflicts of interest to disclose.

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

Peer Based Recovery Pathways and MOUD



Challenges and Opportunities

Tom Bannard, CADDC, MBA
VIRGINIA COMMONWEALTH UNIVERSITY



My Lens and
the Moments I would
have missed







VCU

A way to conceptualize recovery work: Three Pillars



Growth

An individual's personal development through their recovery journey



Service

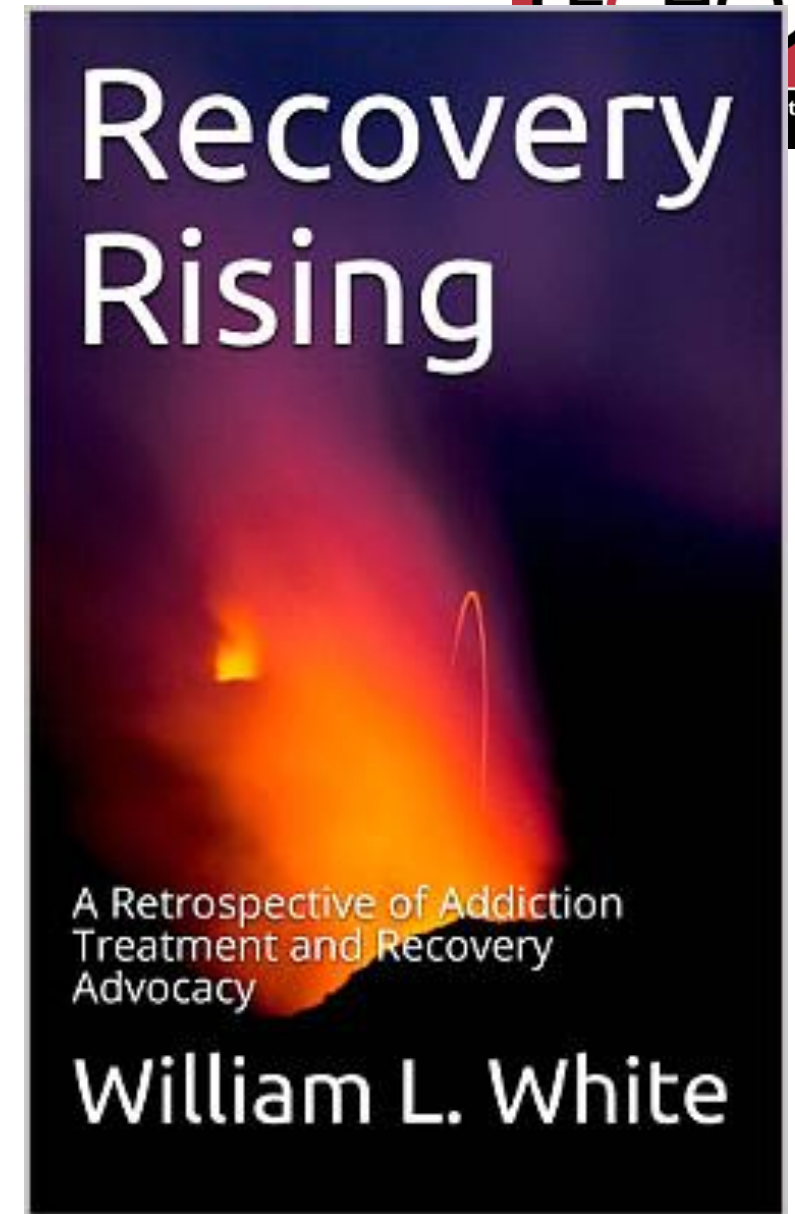
Helping others unconditionally is an essential concept of recovery



Community

Sharing similar difficulties with people provides a foundation for individuals to recover alongside supportive friends

Community recovery is a voluntary process through which a community uses the assertive resolution of alcohol and other drug (AOD)-related problems as a vehicle for collective healing, community renewal, and enhanced intergenerational resilience.
—William White



Recovery Rising

A Retrospective of Addiction
Treatment and Recovery
Advocacy

William L. White

- 1) Recovery priming (experiencing—suddenly or incrementally—a catalyst change)
- 2) Initiating a process of healing and renewal
- 3) Achieving sustained changes in community relationships, roles, rules, and rituals
- 4) Enhancing the long-term health and quality of life within major community institutions and the community as a whole.

Stage 1

Recovery Priming



Challenges

- Overwhelming Stigma
- Mistrust of Professionals and Systems
- Lack of Hope
- Contaminated Drug Supply

Opportunities

- Comprehensive Harm Reduction Programs
- Meeting other real medical needs
- Integration of Peers in ED and Harm Reduction Programs
- Supervised Consumption Sites*

Lambdin, B. H., Davidson, P. J., Browne, E. N., Suen, L. W., Wenger, L. D., & Kral, A. H. (2022). [Reduced Emergency Department Visits and Hospitalisation with Use of an Unsanctioned Safe Consumption Site for Injection Drug Use in the United States](#). *Journal of general internal medicine*, 1-8. doi: 10.1007/s11606-021-07312-4

Things I wish my HC Provider

Knew #1

I only care about 2 things in my relationship with you. Do you care about me and can you fix me?

(You have much more control over the first one.)



health brigade

Harm Reduction

Harm Reduction Programs, also referred to as Needle Exchanges or Syringe Access Programs are part of a public health strategy. 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
- Prevents the spread of HIV/AIDS, and hepatitis C among persons that inject drugs, their families, and the larger community

Video Clip – Mistrust of systems

- 43:38

Comparison of Key Emergency Service Metrics by Supervised Consumption Site (SCS) Usage



Compared to individuals who DID NOT use
the SCS, individuals who DID...



were 27% less likely to visit the ER at all



had 54% fewer emergency room visits



were 32% less likely to be hospitalized



had 50% fewer nights in the hospital

Things I wish my HC Provider Knew #2

I'm not bad, I'm sick.

(But I sure feel like I'm bad.)

Things I wish my HC Provider Knew #3

I'm probably concerned
about my use.

**(But I'll only tell you
about it if I trust and
you ask.)**

Stage 2

Initiating a process of
healing and renewal

Challenges

- On Demand Access and Ambivalence
- Lack of Choice and Agency in Healing
- Lack of Hope
- Internalized Stigma within the Recovery Community toward MOUD & other medications

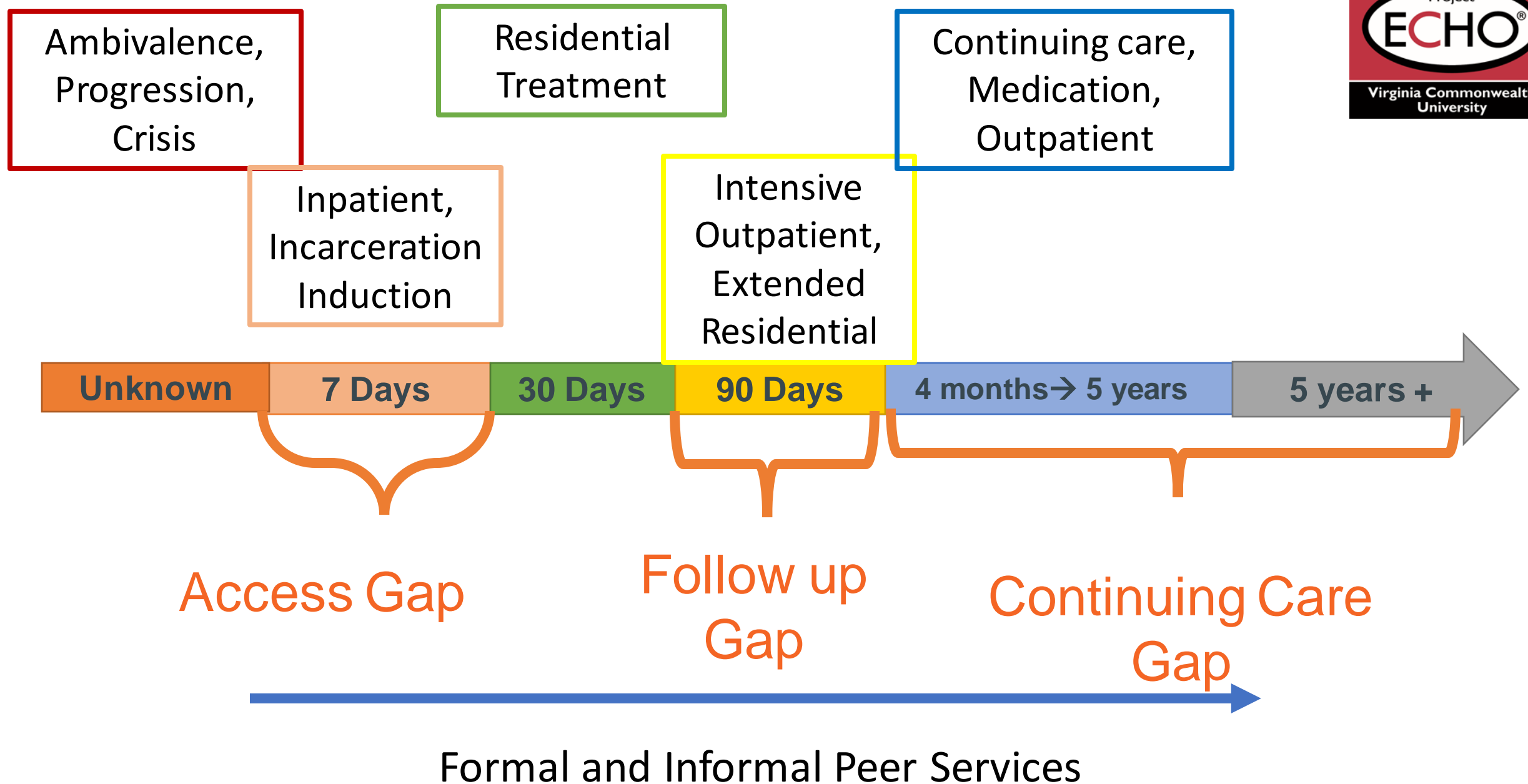
Opportunities

- Increasing access points in EDs and Primary care settings
- Home based MAR services and flexible peer services
- Initiation of Buprenorphine-Suboxone in ED
- Integration of peers in outpatient settings, follow up programs, coordinated referrals
- Virtual Peer Based Supports

Things I wish my HC Provider Knew #4

Often, I actually do want to pursue
additional supports.

**(but I can't navigate a broken
system with my broken brain.)**



Stage 3

Achieving sustained changes
in community relationships,
roles, rules, and rituals



RECOVERYANSWERS.ORG

RECOVERY RESEARCH INSTITUTE



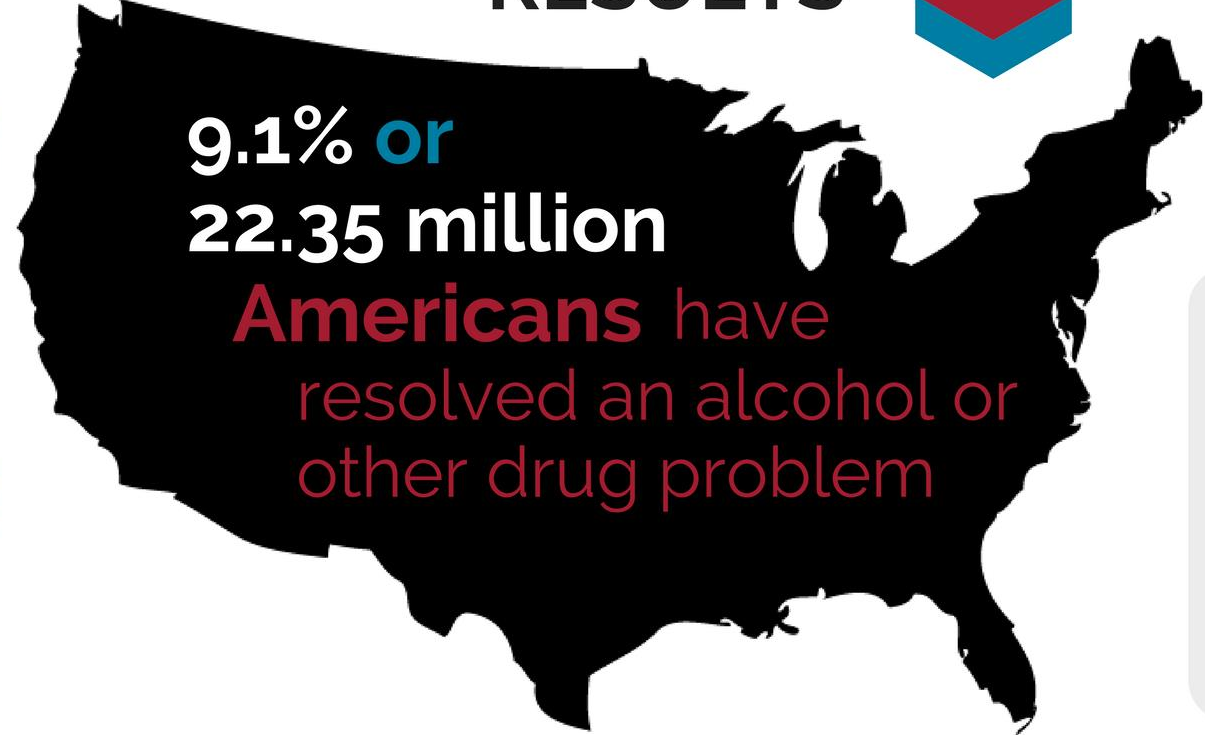
VISIT OUR WEBSITE TO SIGN UP FOR OUR FREE
RECOVERY RESEARCH REVIEW MONTHLY
NEWSLETTER



@RECOVERYANSWERS



RESULTS



PRIMARY SUBSTANCE

- 51% alcohol
- 11% cannabis
- 10% cocaine
- 7% methamphetamine
- 5% opioid



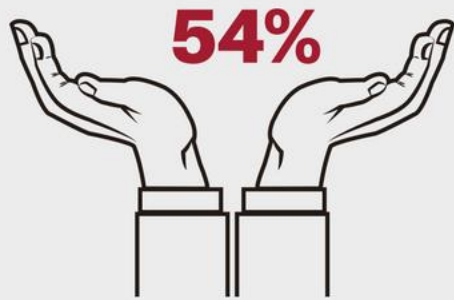
SAMPLE

60% male, 45% aged 25-49 years of age,
61% non-Hispanic White, 14% Black, 17% Hispanic
48% employed, 46% living with family or relatives

PATHWAYS TO RECOVERY

THREE BROAD RESOLUTION PATHWAYS WERE EXAMINED

NRS



ASSISTED
RECOVERY



52%

ABSTINENCE FROM
ALCOHOL &
ALL OTHER DRUGS



SELF-IDENTIFY
AS BEING
IN RECOVERY



46%

UNASSISTED
RECOVERY



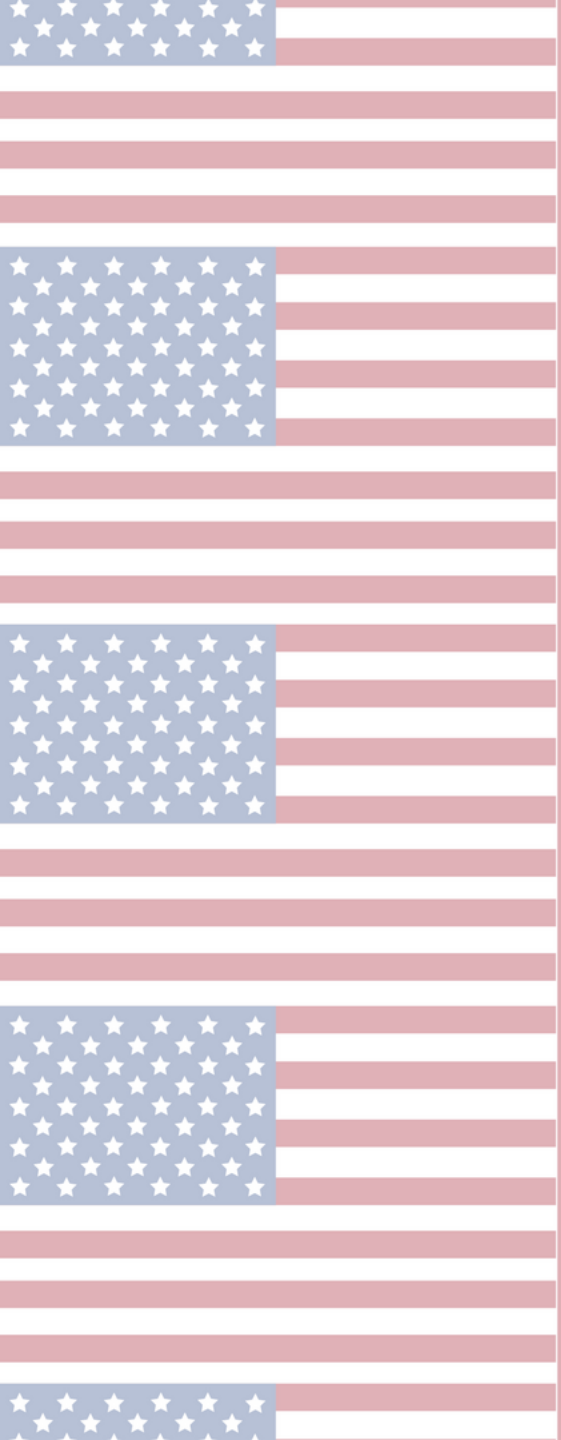
73%

ABSTINENCE FROM
ALCOHOL OR OTHER DRUGS
IDENTIFIED AS PROBLEMATIC



DO NOT IDENTIFY
AS BEING IN
RECOVERY





30%
FORMAL
TREATMENT



17% OUTPATIENT
TREATMENT



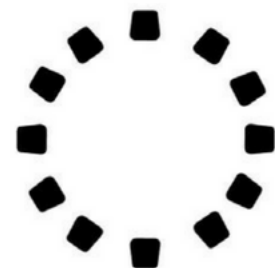
9%
MEDICATION



17%
RECOVERY
SUPPORT
SERVICES



9% FAITH-BASED
6% RECOVERY COMMUNITY CENTERS



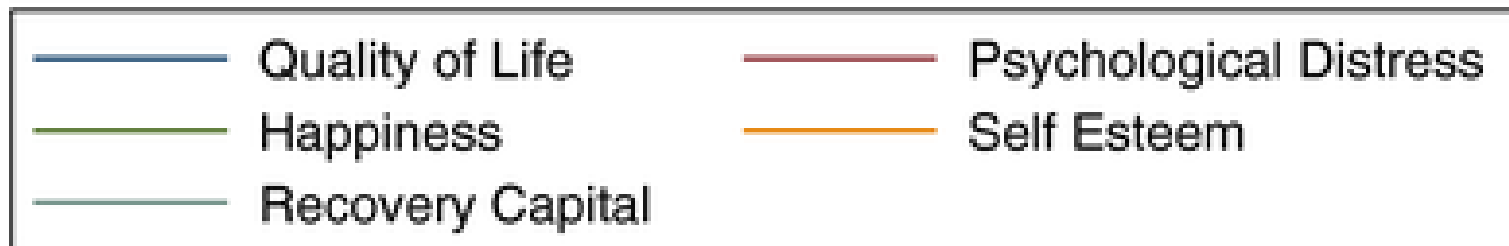
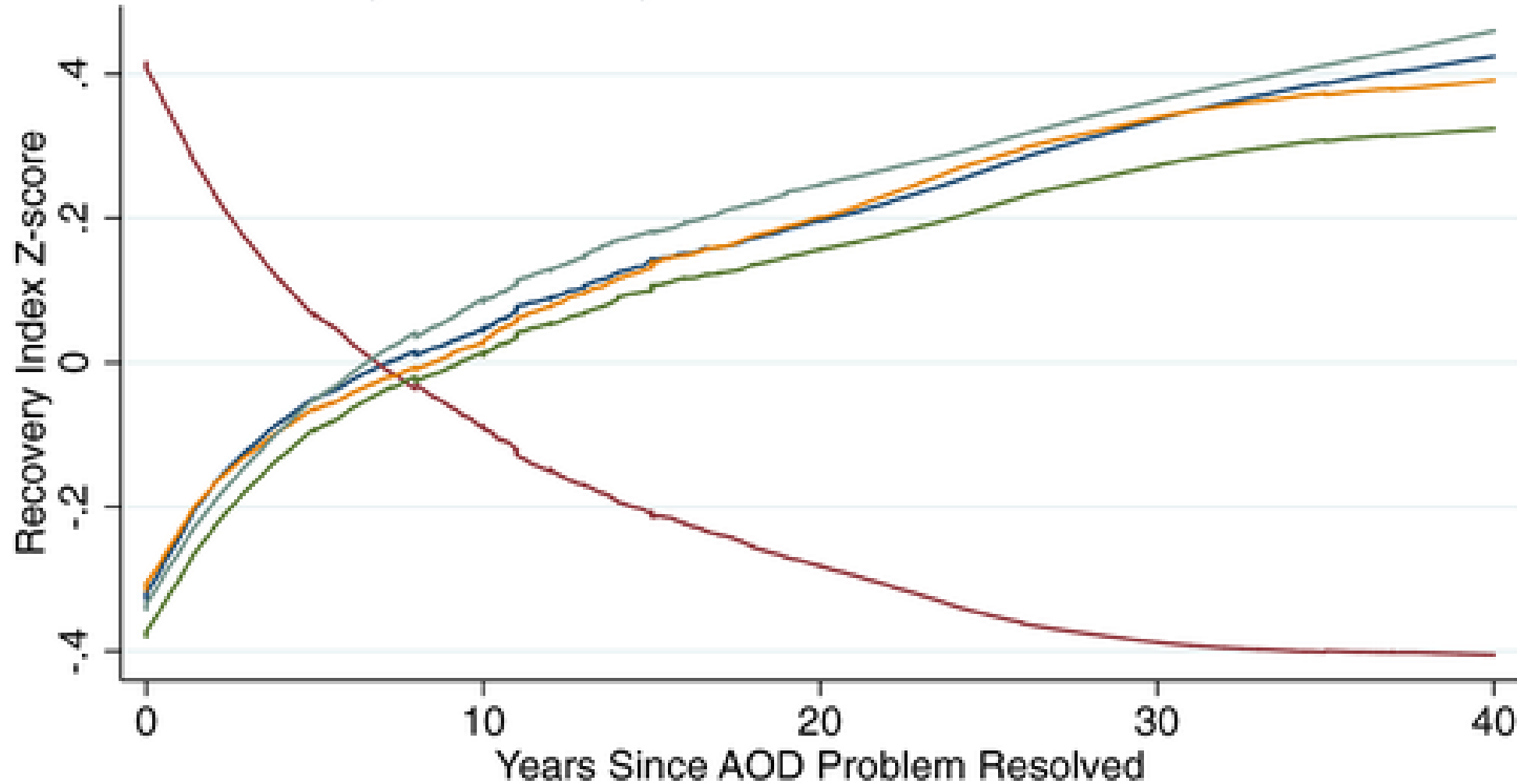
45%
SELF-HELP
GROUPS



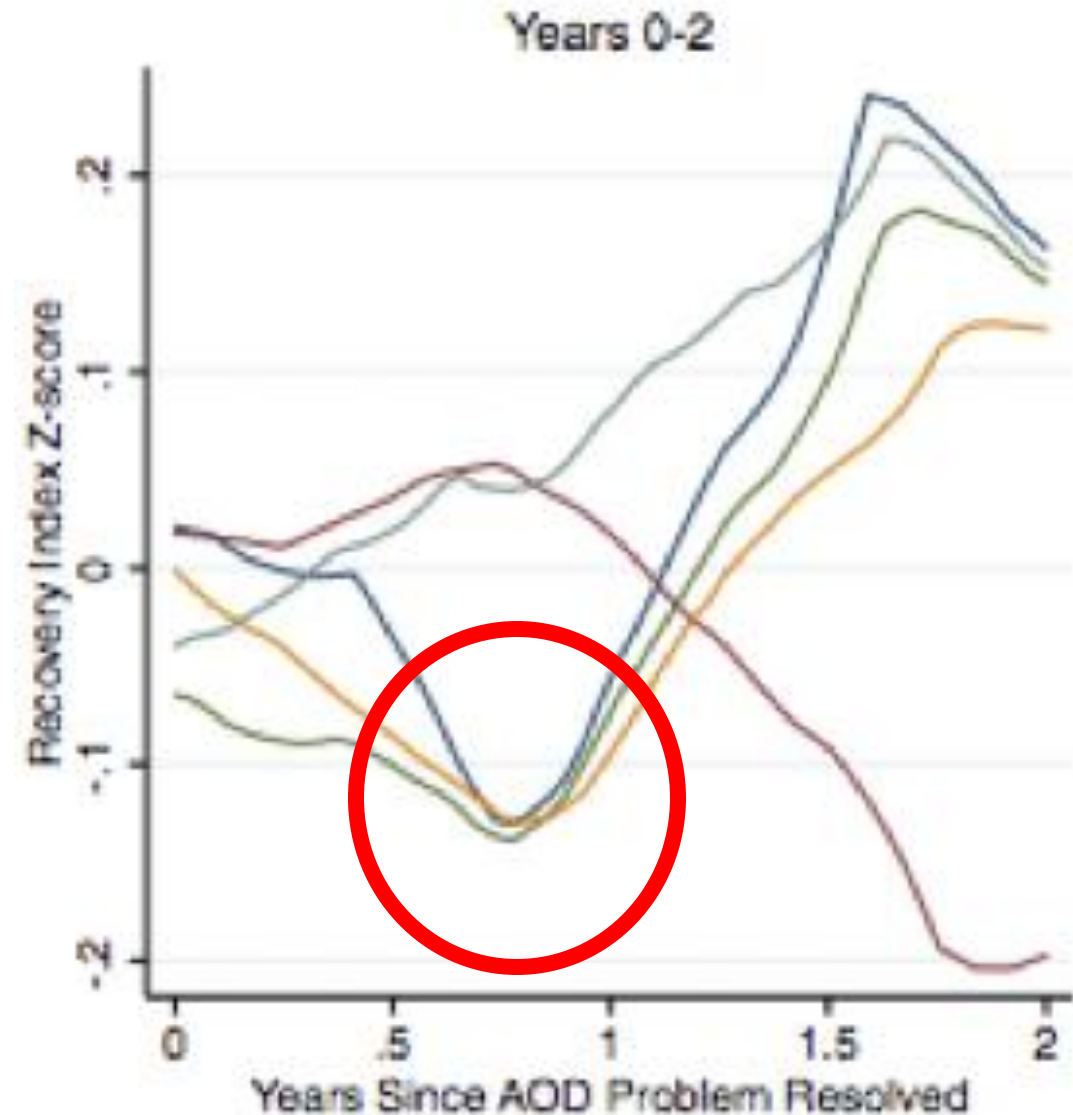
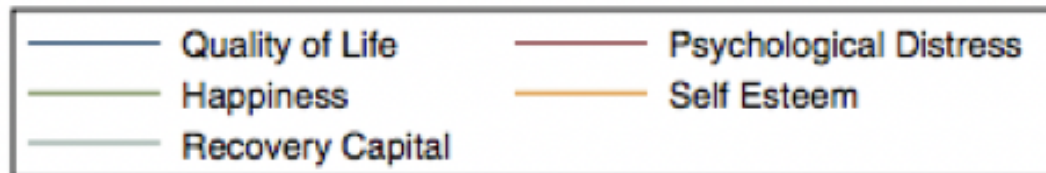
35% AA
18% NA



Recovery Indices by Years Since Problem Resolution



Recovery is not
always smooth.
Things often get
worse before they get
better.



Kelly, J. F., Greene, M. C. and Bergman, B. G. (2018), Beyond Abstinence: Changes in Indices of Quality of Life with Time in Recovery in a Nationally Representative Sample of U.S. Adults. *Alcohol Clin Exp Res*, 42: 770-780. doi:[10.1111/acer.13604](https://doi.org/10.1111/acer.13604)

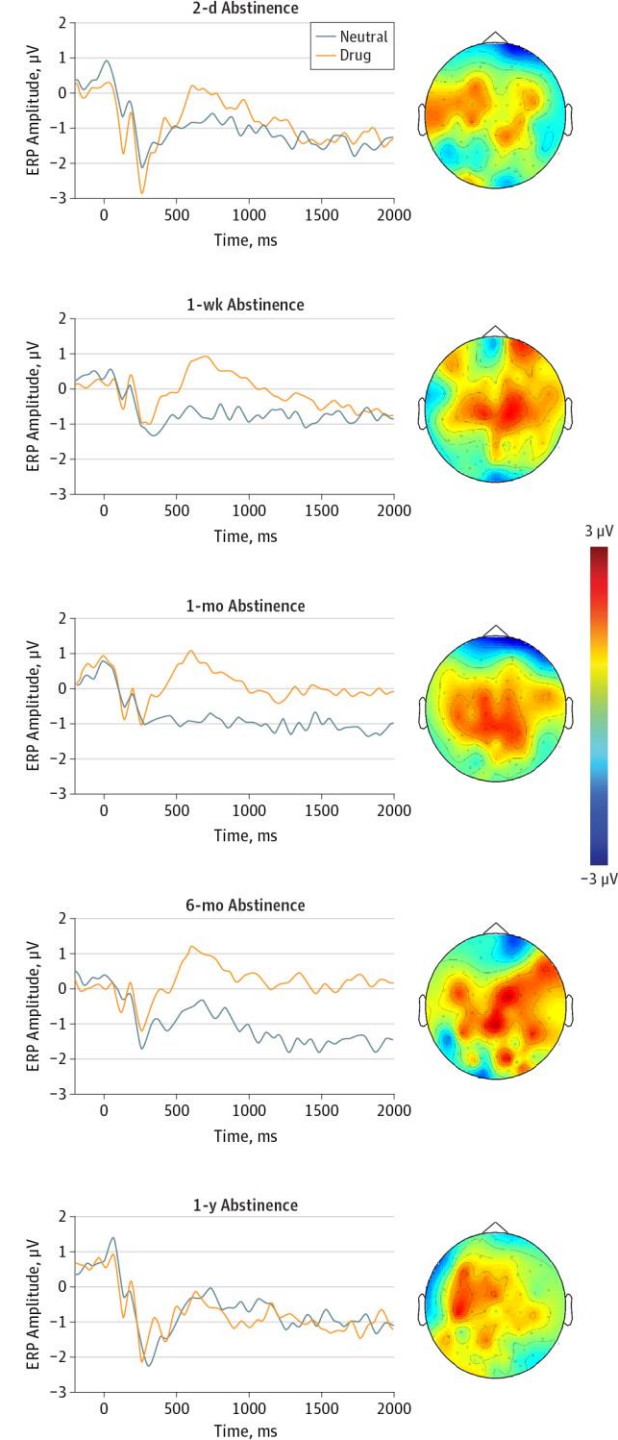
Incubation of Cue-Induced Craving in Adults Addicted to Cocaine Measured by Electroencephalography

Muhammad A. Parvaz, PhD^{1,2}; Scott J. Moeller, PhD^{1,2}; Rita Z. Goldstein, PhD^{1,2}

[Author Affiliations](#) | [Article Information](#)

JAMA Psychiatry. 2016;73(11):1127-1134. doi:10.1001/jamapsychiatry.2016.2181

Conclusions and Relevance The late positive potential responses to drug cues, indicative of motivated attention, showed a trajectory similar to that reported in animal models. In contrast, we did not detect incubation of subjective cue-induced craving. Thus, the objective electroencephalographic measure may possibly be a better indicator of vulnerability to cue-induced relapse than subjective reports of craving, although this hypothesis must be empirically tested. These results suggest the importance of deploying intervention between 1 month and 6 months of abstinence, when addicted individuals may be most vulnerable to, and perhaps least cognizant of, risk of relapse.



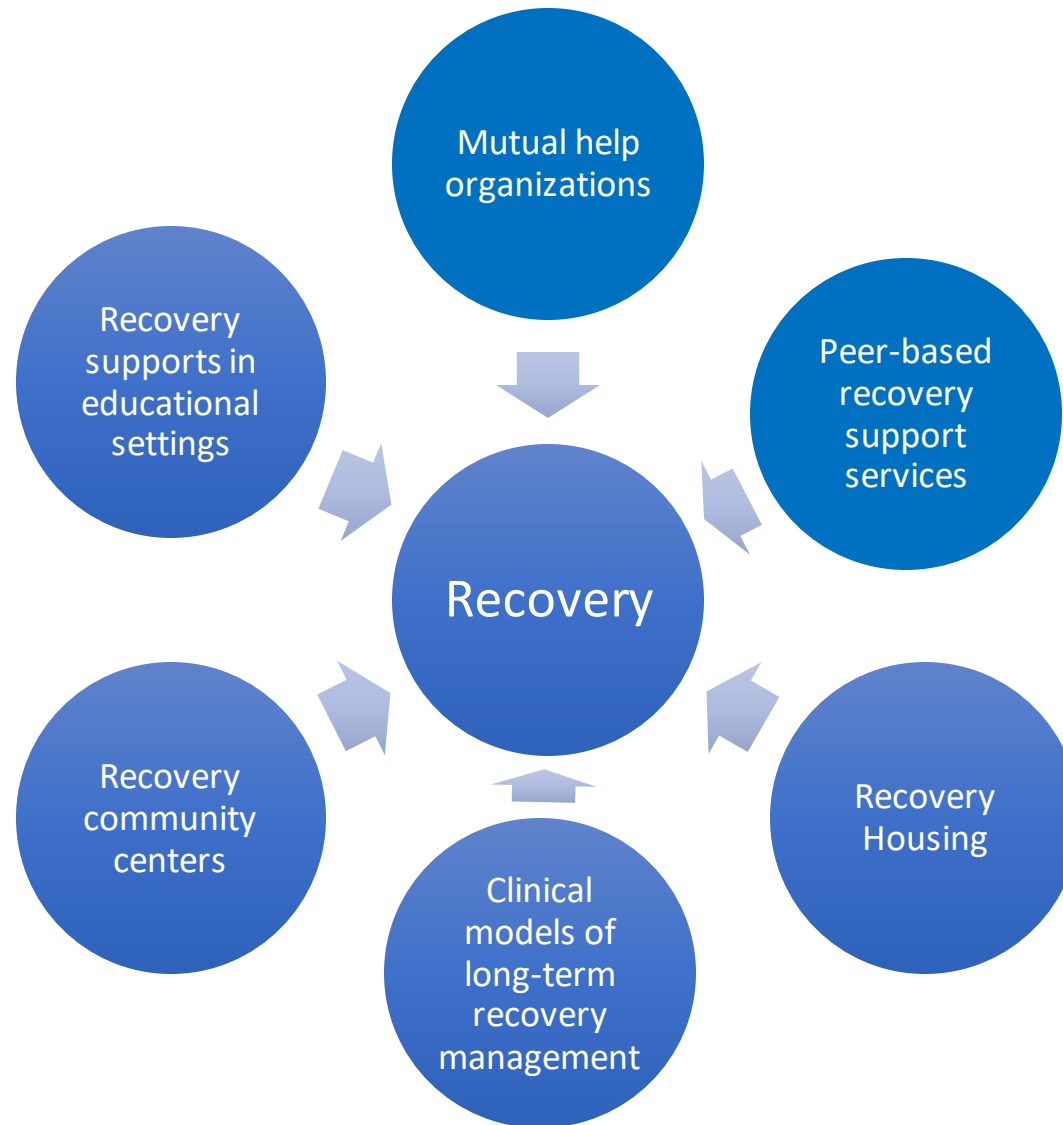
Challenges

- Intensity and duration of care maybe more based on ability to pay and provider availability than need
- Limited resources/options in some places
- Gaps in provider knowledge and relationship with recover community

Opportunities

- Funding and proliferation of peer-based and peer run recovery support services
- Misaligned incentives
- Providers engaging with the recovery community as a part of their own healing or to develop cultural humility.

Recovery Support Services



Things I wish my HC Provider Knew #5

I probably don't know what
level of care I need

**(And frankly a lot of
professionals disagree
about this as well.)**

Recovery Management Checkups

- Participants randomized to RMC were significantly more likely than control participants to:
 - Return to treatment at all (70 vs. 51%)
 - Return to treatment sooner (by 13 months vs. 45 months)
 - Receive more treatment (1.9 vs. 1.0 admissions and 112 vs. 79 total days of treatment)
- RMC participants also:
 - Needed treatment for significantly fewer quarters (7.6 versus 8.9 quarters)
 - Had more total days of abstinence (1026 versus 932 of 1350 days)
- Outcome Monitoring plus RMC generates less in societal costs than OM alone

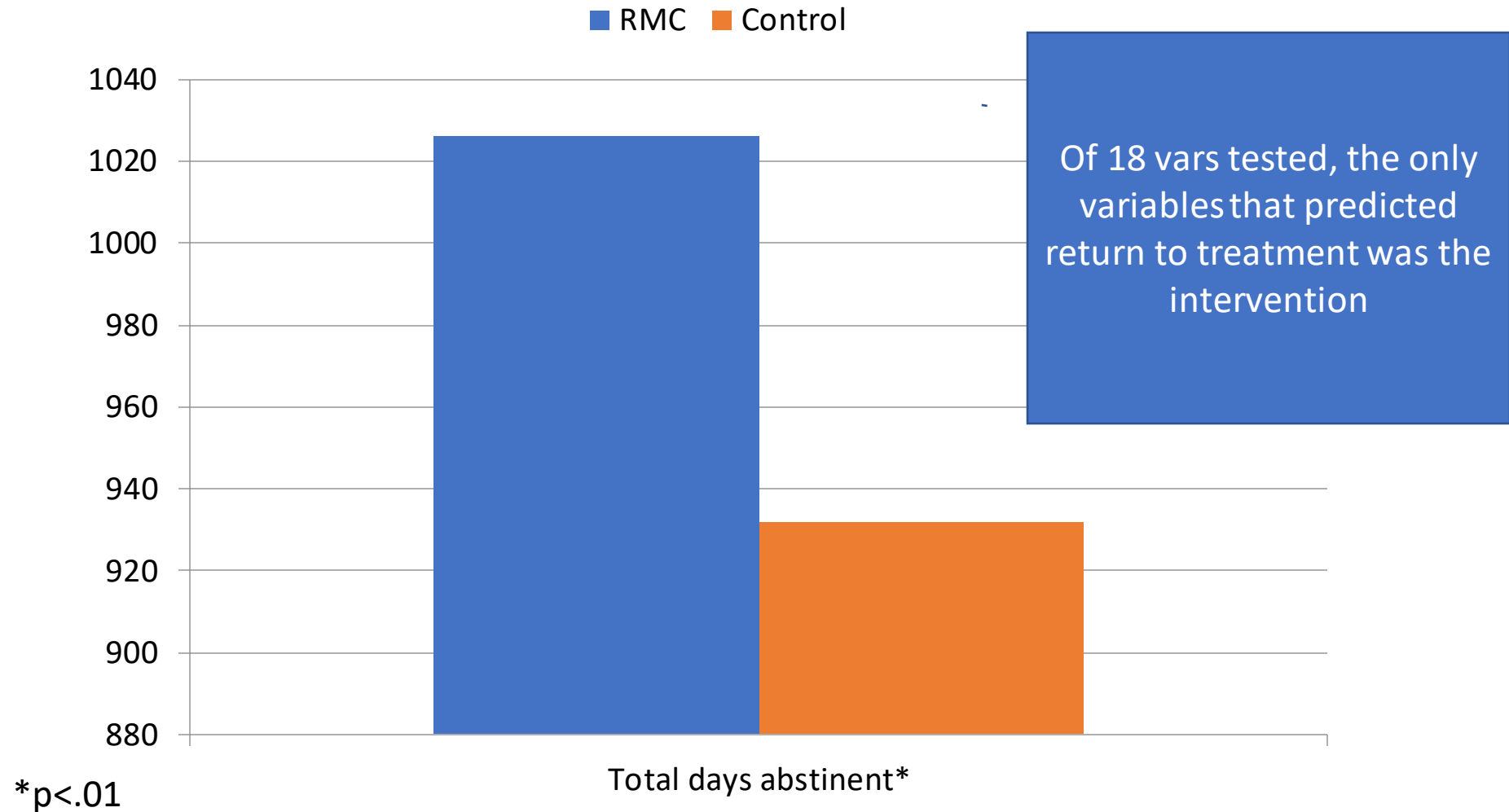


Dennis & Scott, 2012

McCollister et al., 2013

Results 4

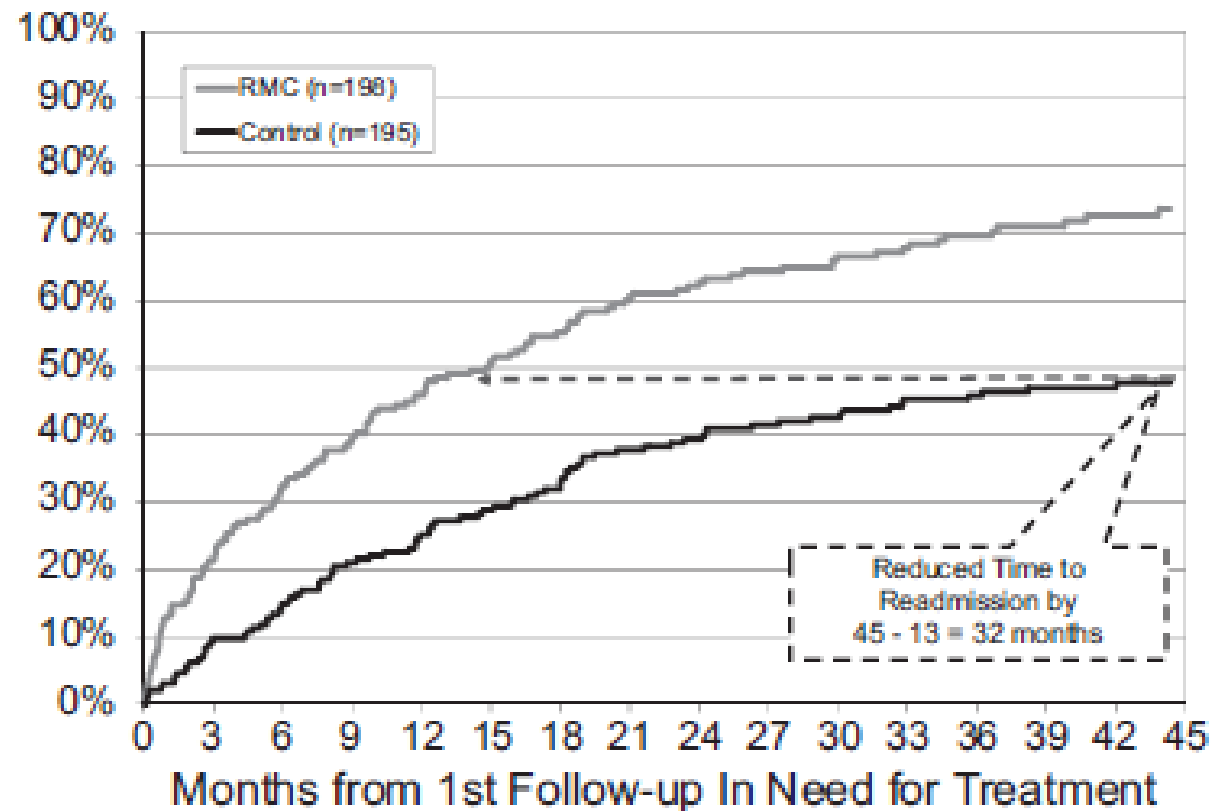
Days abstinent (0-1350)



Results 1

Return to treatment

- Participants in RMC condition sig. more likely to return to treatment sooner



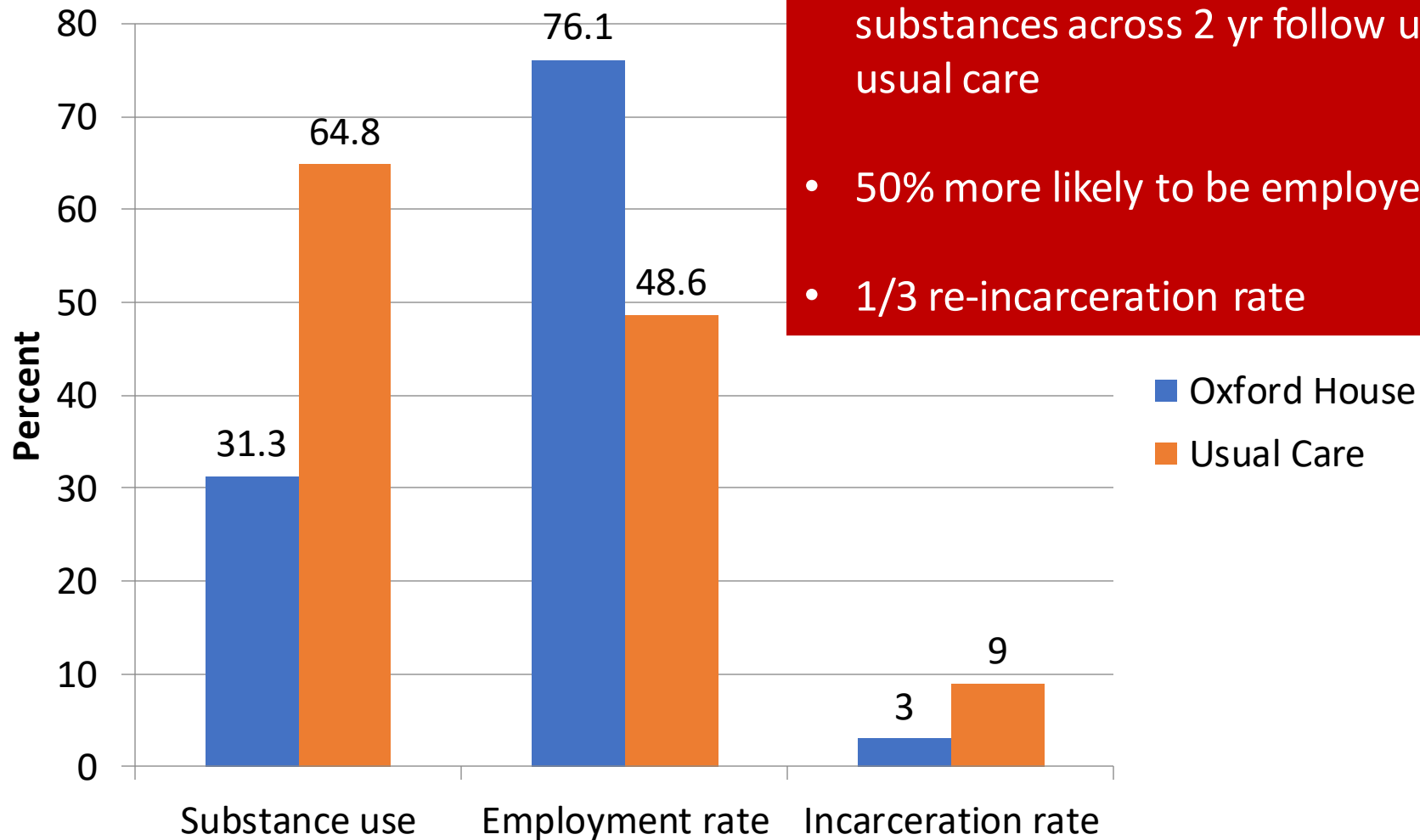
Source: Dennis & Scott (2012). Drug and Alcohol Dependence, 121, 10-17

- Recovery Oriented Services engage people in long term support and can engage people across treatment attempts

Recovery Housing – Oxford Houses Vs. Usual Care

Sober living had –

- half as many individuals using substances across 2 yr follow up as usual care
- 50% more likely to be employed
- 1/3 re-incarceration rate



Cost-benefit analysis of the Oxford House Model

- **Sample:** 129 adults leaving substance use treatment between 2002 and 2005
- **Design:** Cost-benefit analysis using RCT data
- **Intervention:** Oxford House vs. usual continuing care
- **Follow-up:** 2 years
- **Outcome:** Substance use, monthly income, incarceration rates

Evaluation and Program Planning 35 (2012) 47–53



Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalprogplan



Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model

Anthony T. Lo Sasso^{a,*}, Erik Byro^b, Leonard A. Jason^c, Joseph R. Ferrari^d, Bradley Olson^e

^a Health Policy and Administration, School of Public Health, University of Illinois at Chicago, 1603 W Taylor, Chicago, IL 60660, United States

^b Economics Department, University of Illinois at Chicago, 601 South Morgan UH725, Chicago, IL 60607, United States

^c DePaul University, Center for Community Research, 990 W. Fullerton Ave., Suite 3100, Chicago, IL 60614, United States

^d DePaul University, Department of Psychology, 2219 North Kenmore Avenue, Chicago, IL 60614, United States

^e National-Louis University, Psychology Department, 122 S. Michigan Ave., Suite 300, Chicago, IL 60603, United States

ARTICLE INFO

Article history:

Received 20 May 2010

Received in revised form 10 June 2011

Accepted 29 June 2011

Available online 22 July 2011

Keywords:

Cost-benefit analysis

Substance abuse treatment

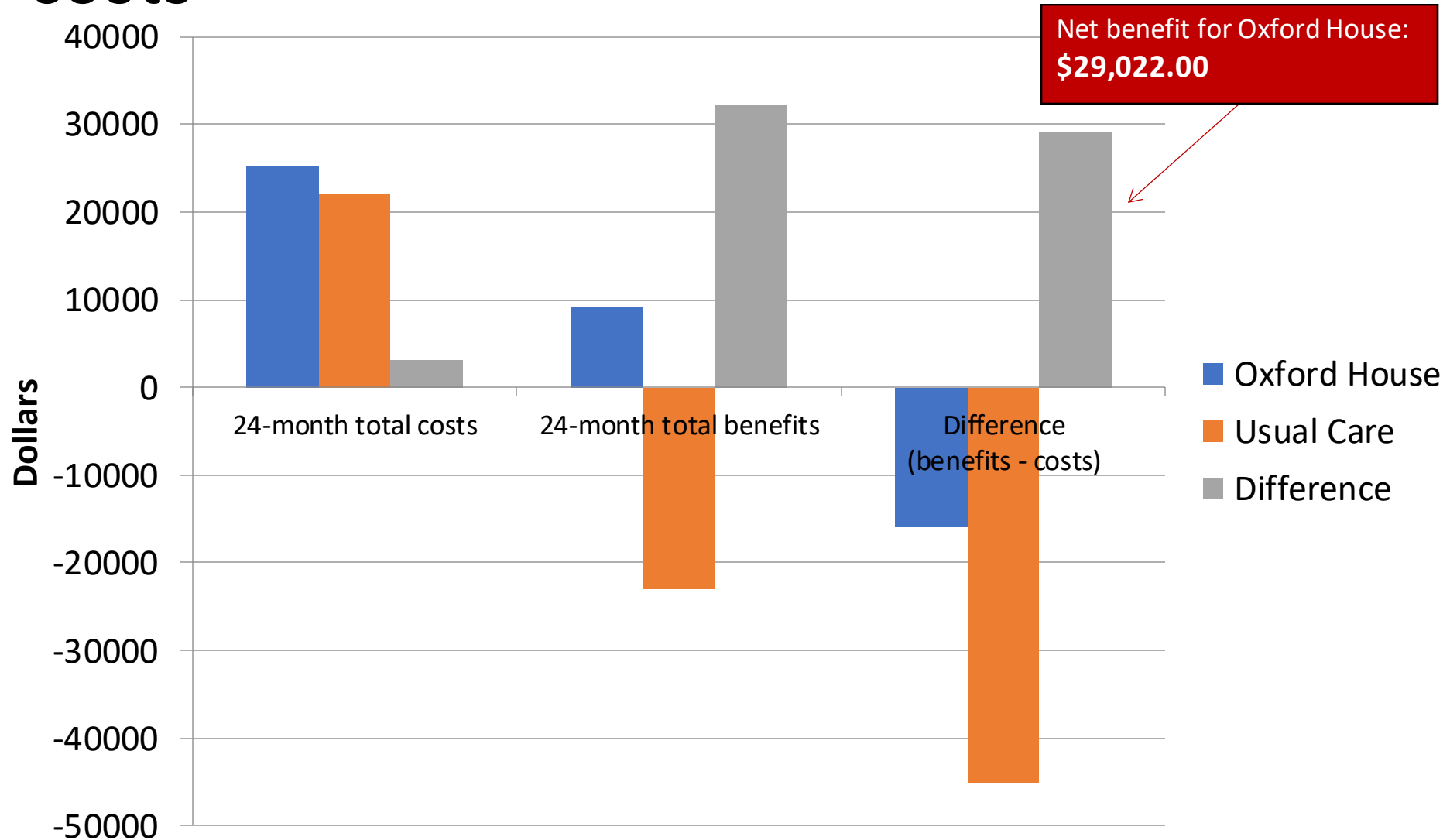
Residential treatment

ABSTRACT

We used data from a randomized controlled study of *Oxford House* (OH), a self-run, self-supporting recovery home, to conduct a cost-benefit analysis of the program. Following substance abuse treatment, individuals that were assigned to an OH condition ($n = 68$) were compared to individuals assigned to a usual care condition ($n = 61$). Economic cost measures were derived from length of stay at an Oxford House residence, and derived from self-reported measures of inpatient and outpatient treatment utilization. Economic benefit measures were derived from self-reported information on monthly income, days participating in illegal activities, binary responses of alcohol and drug use, and incarceration. Results suggest that OH compared quite favorably to usual care: the net benefit of an OH stay was estimated to be roughly \$29,000 per person on average. Bootstrapped standard errors suggested that the net benefit was statistically significant. Costs were incrementally higher under OH, but the benefits in terms of reduced illegal activity, incarceration and substance use substantially outweighed the costs. The positive net benefit for Oxford House is primarily driven by a large difference in illegal activity between OH and usual care participants. Using sensitivity analyses, under more conservative assumptions we still arrived at a net benefit favorable to OH of \$17,830 per person.

© 2011 Elsevier Ltd. All rights reserved.

Mean per-person societal benefits and costs





Our Accredited Residences

RECOVERY IS GOOD BUSINESS

WE KNOW RECOVERY IS GOOD BUSINESS

When a lot of employers think about people in recovery from addiction they see risk and trouble.

We know better. People in recovery make some of the best workers a business could hope for.

We want to tell you about a few businesses that have figured this out.

New Hampshire pushes employers to be “recovery-friendly”

By JESS ALOE May 31, 2019



Click to copy

RELATED TOPICS

LITTLETON, N.H. (AP) — A green-and-purple sticker on the door of the Genfoot America factory proclaims the business to be “recovery friendly.”

The factory’s manager, Mark Bonta, is a strong believer in a recovery-friendly workplace. Nearly 100 people work for Bonta, running the injection molding machine that turn little rubber pellets into rain boots or stitching the upper pieces of the footwear.

Dawn Farm 2018

Stage 4

Enhancing the long-term health and quality of life within major community institutions and the community as a whole.

Challenges

- Major societal barriers exist to full reintegration (Barrier Crimes, Discrimination, etc)
- Lack of widespread chronic disease management model (aftercare?)
- Lack of provider knowledge in other health care settings

Opportunities

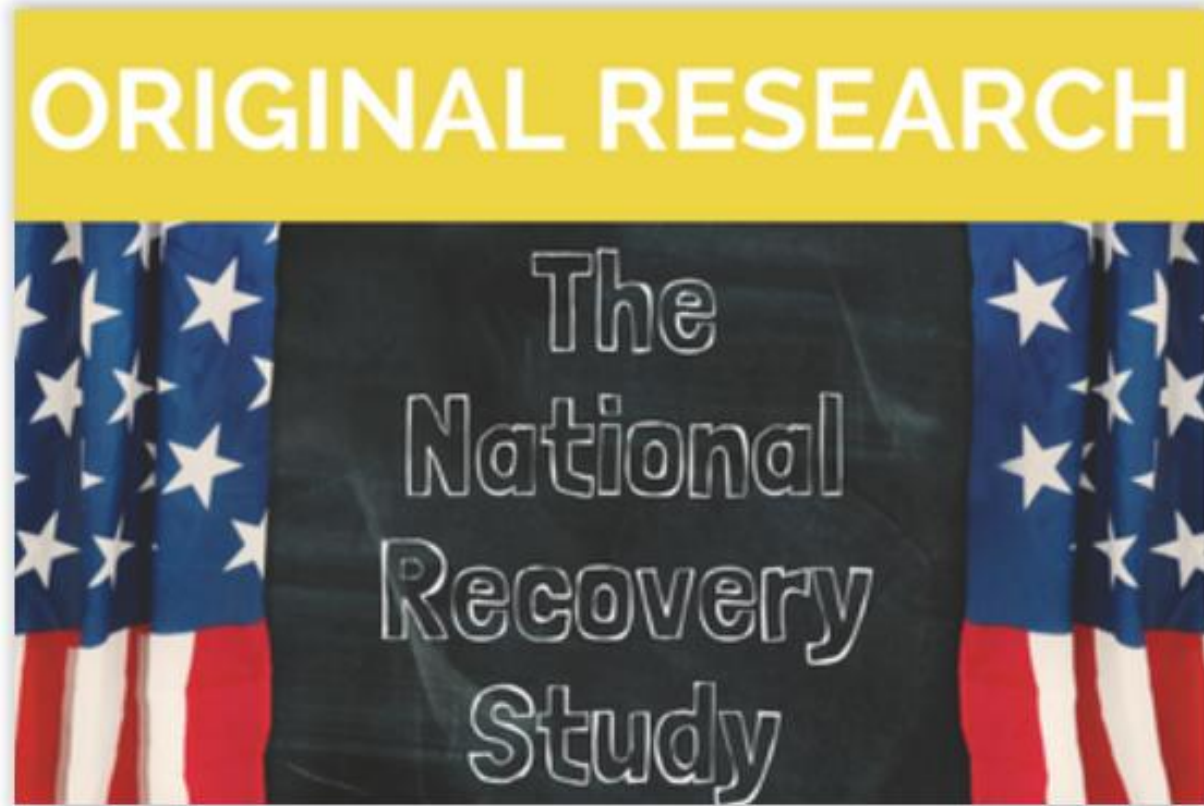
- Changes in legislation and medical education
- Emergence of a recovery profession (PRSS and beyond)
- Collegiate Recovery Programs

‘Catching Up’ Phenomenon



- Early onset of substance use disorders often stunt social, financial, educational, and relationship development
- Many people in early recovery may notice that their peers have achieved common milestones in early adulthood, and the recovering person may feel left behind, that they have lot of “catching up” to others their age

Medical Screening is often imperfect



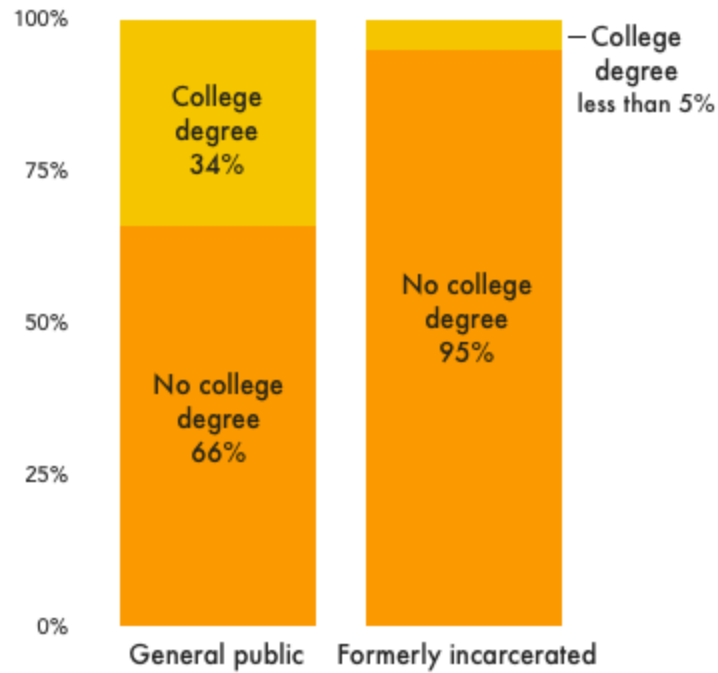
Did you used to have a problem with alcohol or drugs no longer do?

Of those who say yes, only half identify as being in “recovery”

<https://www.recoveryanswers.org/research-post/1-in-10-americans-report-having-resolved-a-significant-substance-use-problem/>

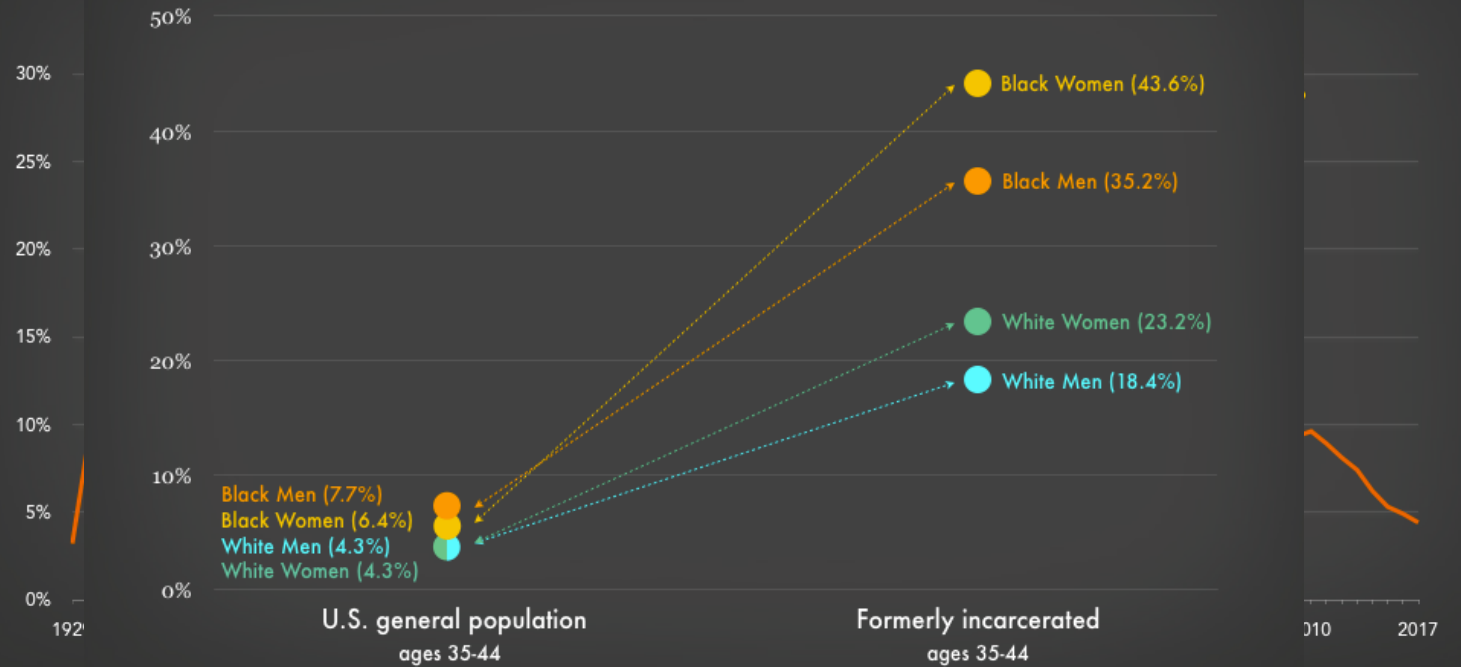
Increased Earnings Important

From high school to college graduate
General public & formerly incarcerated



The "prison penalty" in unemployment

Unemployment among formerly incarcerated people is much higher than among the general public. This disparity is especially dramatic for formerly incarcerated Black people and women.



Sources & data notes: <https://www.prisonpolicy.org/reports/outofwork.html#methodology>

PRISON
POLICY INITIATIVE

PRISON
POLICY INITIATIVE

Contact Me: Tom Bannard
Bannardtn@vcu.edu
8043668027

Questions?

Case Presentation



- 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:

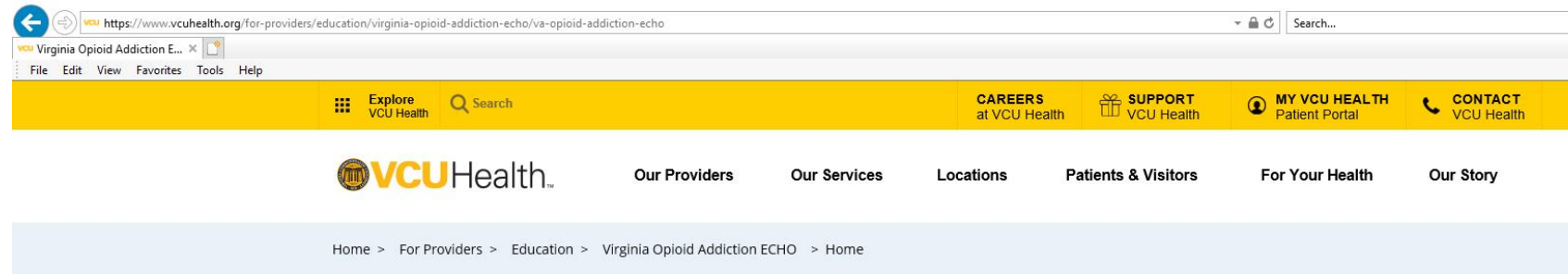
- **Ademola Adetunji, NP** from Fairfax County CSB
- **Tara Belfast-Hurd, MBA-PA** from Department of Behavioral Health and Developmental Services
- **Michael Bohan, MD** from Meridian Psychotherapy
- **Ramona Boyd, NP** from Health Wagon
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, 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 Ballard 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





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.

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

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



https://redcap.vcu.edu/surveys/?s=KNLE8PX4LP Project ECHO Survey

File Edit View Favorites Tools Help

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



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](#)

VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - May sessions will be 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

May 13 (1.5 hr. Session): Part 1 Panel Discussion: Supporting Pregnant women with OUD/SUD
Dr. David Ryan & Dierdre Pearson, MSW

May 27 (1.5 hr. Session): 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

THANK YOU!

Reminder: **Mute** and **Unmute** to talk
*6 for phone audio
Use **chat** function for questions