VCU Virginia Opioid Addiction ECHO

To Learn More

www.vcuhealth.org/echo

Contact us

projectecho@vcuhealth.org

We want to hear from you – please complete our Survey

www.vcuhealth.org/echo
Virginia Opioid Addiction ECHO*

Project ECHO:
November 2\textsuperscript{nd}
## Agenda

| Didactic Topic & Presenter(s) | Fentanyl Derivatives: The Elephant Tranquilizer in the Room  
Kirk Cumpston, DO - Medical Director of the Virginia Poison Center, Associate Professor VCU Health System |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Participants</td>
<td>Practicing/Licensed MDs/DOs, NPs, PAs, Pharmacist, and local governing prescribers, dispensers and substance abuse professionals, and all clinicians</td>
</tr>
</tbody>
</table>
| Clinic Objectives             | - Compare and contrast the clinical effects of opioid overdose with fentanyl derivatives to that of heroin  
- Describe the changes in management of an opioid overdose with fentanyl derivatives  
- Understand the opioid epidemic  
- Learn about harm from opioids  
- Know criteria for opioid use disorder (OUD)  
- Understand role of primary care teams in addressing OUD  
- Confront stigma |
| Video Connection              | ZOOM link: [ProjectECHOVCU ZOOM](https://example.com)  
Meeting ID: 777 463 6675 |
| Audio Connection              | Dial: +1 669 900 6833 (US Toll)  
+1 646 558 8656 (US Toll)  
Meeting ID: 777 463 6675 |
| Contact Information           | Website: [vcuhealth.org/echo](https://example.com)  
Email: projectecho@vcuhealth.org |
<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Presenter(s)</th>
<th>Connection Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00-12:05pm</td>
<td>Introductions &amp; Announcements</td>
<td>David Collins</td>
<td>In-person/ Video</td>
</tr>
<tr>
<td>12:05-12:10pm</td>
<td>Overview</td>
<td>Dr. Mishra</td>
<td>In-Person</td>
</tr>
<tr>
<td>12:10pm-12:35pm</td>
<td>Didactic: Fentanyl Derivatives</td>
<td>Dr. Cumpston</td>
<td>In-Person</td>
</tr>
<tr>
<td>12:35pm-12:55pm</td>
<td>Case Presentation #1 Active Spoke 1</td>
<td>Patient Case Presenter</td>
<td>Video</td>
</tr>
<tr>
<td>12:55pm-1:25pm</td>
<td>Case Presentation #2 Active Spoke 2</td>
<td>Patient Case Presenter</td>
<td>Video</td>
</tr>
<tr>
<td>1:25-1:30pm</td>
<td>Spoke feedback discussion</td>
<td>David Collins Wendi Martin David Collins</td>
<td>Video In-Person In-Person</td>
</tr>
<tr>
<td></td>
<td>CME Overview</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ending Announcements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HIPAA:**
All patient information will be de-identified during clinic. All doors to the conference room must be closed.

**Pagers/cell phones:**
All pagers and cell phones must be muted during clinic. Please leave the room to answer a phone call/pager/please mute.

**Accreditation statements:**
VCU Health Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

VCU Health Continuing Medical Education designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure information:**
Dr. Kirk Cumpston, Dr. Mishka Terplan, Dr. Vimal Mishra, Dr. Lori Keyser-Marcus have nothing to disclose.
# Introductions

## VCU Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Director</td>
<td>Mishka Terplan, MD, MPH, FACOG, FASAM</td>
</tr>
<tr>
<td>Administrative Medical Director ECHO Hub and Principal Investigator</td>
<td>Vimal Mishra, MD, MMCi</td>
</tr>
<tr>
<td>Clinical Expert</td>
<td>Kirk Cumpston, DO</td>
</tr>
<tr>
<td></td>
<td>Lori Keyser-Marcus, PhD</td>
</tr>
<tr>
<td>Program Manager</td>
<td>Bhakti Dave, MPH</td>
</tr>
<tr>
<td>Practice Administrator</td>
<td>David Collins, MHA</td>
</tr>
<tr>
<td>IT Support</td>
<td>Vladimir Lavrentyev, MBA</td>
</tr>
</tbody>
</table>
Opioid Epidemic and Virginia

At least 1,420 people died last year due to drug overdose

Fatal drug overdose has been the leading cause of unnatural death in Virginia since 2013
Opioid Epidemic and Virginia

Communities Impacted by Addiction

SAMHSA Buprenorphine Treatment Practitioner Locator Data

Source: Department of Medical Assistance Services – claims/encounter data (November 3, 2016) and 2010 U.S. Census Bureau Population.
Circles % of Medicaid recipients whose claims/encounter data included an addiction related diagnosis respective to the total population in that zip code.

Project ECHO will likely build capacity and create access to high-quality addiction care at local communities
• Bi-Weekly 1.5 hour tele-ECHO Clinics
• Every tele-ECHO clinic includes a 30 minute talk followed by case discussions
• Talks will be developed and delivered by inter-professional experts in substance use disorder
• Website Link: www.vcuhealth.org/echo
Benefits to Participating Clinicians

- Free continuing education credit
- Opportunity to present actual patient cases, in a de-identified format, and receive specialty input
- Addiction treatment training, including management of naloxone/ buprenorphine (e.g. Suboxone)
- Access to a virtual learning community for access to treatment guidelines, tools, and patient resources
- Professional interaction with colleagues with similar interest
Helpful Reminders

• Recording: By participating in this clinic you are consenting to be recorded. If you do not wish to be recorded, please email ProjectECHO@vcuhealth.org

• Protect Patient Privacy

• Participation and discussion is welcomed and encouraged!
Helpful Reminders

• Rename your ZOOM screen: Please rename your screen with your full name

• All participants are Muted during the call, Please Unmute yourself before speaking. If you have a question, use the ‘hand-raised’ future in ZOOM or type your question in the Chat box.

• Speak to the Camera, avoid distractions and for ZOOM issues (such as echoing, audio level etc.), use the chat function to speak with the clinic IT team (Vlad)
I. Overview

II. Introductions

III. Didactic Presentation

IV. Case presentations
   I. Case 1
      I. Case summary
      II. Clarifying questions
      III. Recommendations
   II. Case 2
      I. Case summary
      II. Clarifying questions
      III. Recommendations

V. Closing and questions

What to Expect

Lets get started!
Didactic Presentation
Virginia Opioid Addiction ECHO: Didactic Presentation

Open to all practicing and licensed M.D.s, D.O.s, and Community-based clinicians
Dr. Kirk Cumpston has no financial conflicts of interest to disclose

There is no commercial or in-kind support for this activity.
FENTANYL DERIVATIVES: THE ELEPHANT TRANQUILIZER IN THE ROOM

Kirk Cumpston, DO
Medical Director of the Virginia Poison Center
Associate Professor
VCU Health System
Objectives

• Compare and contrast the clinical effects of opioid overdose with fentanyl derivatives to that of heroin.

• Describe the changes in management of an opioid overdose with fentanyl derivatives
Prince died after taking fake Vicodin laced with fentanyl, prosecutor says

"In all likelihood, Prince had no idea he was taking a counterfeit pill that could kill him," the Minnesota prosecutor said.
Fentanyl
Despropionyl fentanyl
Acetyl fentanyl
Oxycodone
Temazepam
Alprazolam
Citalopram

How did that get there?
(U) Illicit Fentanyl and Fentanyl Precursor Flow Originating in China

1. Fentanyl in powder form and pill presses are shipped via mail services.
2. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the Canadian drug market.
3. Some fentanyl products are smuggled from Canada into the United States for sale, on a smaller scale.
4. The powder fentanyl is processed and mixed with heroin, or sold as heroin, or pressed into pills and sold in the United States drug market.
5. The powder fentanyl are cut and diluted for further smuggling, or pressed into counterfeit prescription pills.
6. Diluted powder fentanyl and counterfeit prescription pills containing fentanyl are smuggled from Mexico into the United States.
7. Precursors for manufacturing fentanyl are shipped via mail services.
8. Precursors are used to manufacture fentanyl in clandestine laboratories.
9. Precursors are likely smuggled across the Southwest border into Mexico to manufacture fentanyl.
10. Precursors are likely used to manufacture fentanyl in clandestine laboratories.

Source: DEA
*Arrows do not represent specific transportation routes.
Drug OD Deaths due to Synthetic Opioids other than Methadone

MMWR 2016; 65(33):840.
Furanyl Fentanyl

5x less potent than fentanyl

Acrylfentanyl

Slightly more potent than fentanyl
“Gray Death”

- Combination
- Heroin
- Fentanyl
- U-47700
- $10-20 on street
Deadly fentanyl changes the rules for those who abuse opioids

By Martha Bebinger, WBUR

Updated 9:22 AM ET, Tue April 11, 2017
Can you distinguish the real from the fake?

Image of counterfeit and authentic Norco tablets, side by side.

Image courtesy of California Poison Control.
Self-identification of nonpharmaceutical fentanyl exposure following heroin overdose

Matthew K. Griswold, Peter R. Chai, Alex J. Krotulski, Melissa Frisca, Brittany Chapman, Edward W. Boyer, Barry K. Logan and Kavita M. Babu

Division of Medical Toxicology, Department of Emergency Medicine, University of Massachusetts Medical School, Worcester, MA, USA; Division of Medical Toxicology, Department of Emergency Medicine, Brigham and Women’s Hospital, Harvard Medical School, Boston, MA, USA; The Center for Forensic Science Research and Education (CFSRE), Willow Grove, PA, USA; NMS Labs, Willow Grove, PA, USA

Table 4. Self-identification of nonpharmaceutical fentanyl exposure versus urine drug testing results.

<table>
<thead>
<tr>
<th>Self-Report of Fentanyl Exposure</th>
<th>Urine drug testing for fentanyl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
</tr>
</tbody>
</table>

Sensitivity 55%, Cohen’s kappa index value 0.76.
Vancouver Testimonials

• “It tastes like vinegar.”
• “Always do test shots of small doses.”
• “With heroin you feel it coming, you feel the intensity.”
• “Fentanyl, you’re sitting there waiting for something and, the next thing you know, there is an ambulance attendant there. It hits you like a Mack truck.”
• Rigidity
• Multiple doses of naloxone
Baltimore Nonfatal OD Fentanyl Contaminated

- 45-54 year olds
- Non-Hispanic Black
- 12 grade or GED
- Own or rent/homeless
- 53% perceived fentanyl
- 93% used heroin last 6 months
- 90% witnessed OD
- 44% used naloxone – 99% successful
OPIOID POTENCY

Carfentanil: 10,000x
Fentanyl: 100x
Heroin: 2x
Morphine: 1x

Image: https://nanaimonewsnow.com/article/373756/highly-toxic-opioid-found-scene-fatal-overdose-vancouver
The Elephant In The Emergency Room: Heroin & “Standard” Treatment

By Terry Gotham

I know that sometimes I can seem all doom & gloom about the state of the drug-consuming universe, but once and a while I happen upon something that justifies my concern. This letter by Dr. Leon Gussow, published in the Emergency Medicine News (March 2017) journal is one of those things.

The filtration of fentanyl & fentanyl analogs into the recreational opiate supply has pushed us into a
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Substance 1</th>
<th>Substance 2</th>
<th>Substance 3</th>
<th>Total Number Submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline County</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Cocaine</td>
<td>Buprenorphine</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Cocaine</td>
<td>Fentanyl</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Furanyl fentanyl</td>
<td>Heroin</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Furanyl fentanyl</td>
<td>Heroin</td>
<td>Cocaine</td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Furanyl fentanyl</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Heroin</td>
<td>Cocaine</td>
<td>Fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Heroin</td>
<td>Fentanyl</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chesterfield County</td>
<td>Methadone</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Colonial Heights</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Hopewell</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Hopewell</td>
<td>Heroin</td>
<td>Fentanyl</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Furanyl fentanyl</td>
<td>Heroin</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Furanyl fentanyl</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Heroin</td>
<td>Fentanyl</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Goochland County</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hanover County</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Hanover County</td>
<td>Furanyl fentanyl</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hanover County</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Furanyl fentanyl</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Heroin</td>
<td>Fentanyl</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Heroin</td>
<td>Furanyl fentanyl</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Henrico County</td>
<td>Methadone</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>King George County</td>
<td>Heroin</td>
<td>Cocaine</td>
<td>Furanyl fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Nottoway County</td>
<td>Furanyl fentanyl</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Powhatan County</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Prince George County</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Westmoreland County</td>
<td>Fentanyl</td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
Eastern Shore Information Center
Police Information Bulletin
Law Enforcement Sensitive
Phone: 877-917-9191 • esic@leo.gov • Fax: 410-548-5579

June 26, 2017

(U)//LES
IB 2017-0107

Police Information- Carfentanil in Tablets

![Carfentanil Tablets](image1)

![Carfentanil Tablet](image2)
Fatal fentanyl and/or heroin overdoses in Virginia

In 2016
Heroin and fentanyl 151
Heroin 229
Fentanyl 224

Data for 2016 is a predicted total for the entire year

Source: Virginia Department of Health
Treatment of OD

An increase in per-patient naloxone requirements in an opioid epidemic

Lauren E. Birmingham, PhDc, MA, a,b,1, Jeffrey A. Nelson, MD, a,b,1

a Spectrum Health System - Alverno Campus, Department of Emergency Medicine, Alverno, OH, United States
b Case Western Reserve University, College of Public Health, CWRU, OH, United States
c Northwestern Illinois Medical University, Rockford, IL, United States

Fig. 2. Prehospital and ED naloxone given per patient.
Elephant tranquilizer is the latest lethal addition to the heroin epidemic

Members of the Royal Canadian Mounted Police go through a decontamination procedure in Vancouver, British Columbia, in June 2016 after intercepting a package containing approximately one kilogram (2.2 pounds) of the opioid carfentanil imported from China. (Royal Canadian Mounted Police via AP/IA)
PPE for Occupational Fentanyl Exposure
Commentary: The Opioid Overdose Epidemic: Evidence-Based Interventions

Peter Barglow, MD ¹,²

¹Former Professor of Psychiatry, Northwestern Medical School, Chicago, Illinois
²Former Professor in Residence and Chief of Addiction Medicine, UC Davis Medical School, Sacramento, California

• Demand reduction
• Supply reduction
• Harm reduction
<table>
<thead>
<tr>
<th>Naloxone Product</th>
<th>Manufacturer</th>
<th>Previous Available Price (yr)</th>
<th>Current Price (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectable or intranasal, 1 mg-per-milliliter vial (2 ml) (mucosal atomizer device separate)</td>
<td>Amphastar</td>
<td>$20.34 (2009)</td>
<td>$39.60</td>
</tr>
<tr>
<td>Injectable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.4 mg-per-milliliter vial (10 ml)</td>
<td>Hospira</td>
<td>$62.29 (2012)</td>
<td>$142.49</td>
</tr>
<tr>
<td>0.4 mg-per-milliliter vial (1 ml)</td>
<td>Mylan</td>
<td>$23.72 (2014)</td>
<td>$23.72</td>
</tr>
<tr>
<td>0.4 mg-per-milliliter vial (1 ml)</td>
<td>West-Ward</td>
<td>$20.40 (2015)</td>
<td>$20.40</td>
</tr>
<tr>
<td>Auto-injector, two-pack of single-use prefilled auto-injectors (Evzio)</td>
<td>Kaleo (approved 2014)</td>
<td>$690.00 (2014)</td>
<td>$4,500.00</td>
</tr>
<tr>
<td>Nasal spray, two-pack of single-use intranasal devices (Narcan)</td>
<td>Adapt (approved 2015)</td>
<td>$150.00 (2015)</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

* Price information was obtained from Medi-Span Price Rx (Wolters Kluwer Clinical Drug Information).
Interim Buprenorphine vs. Waiting List for Opioid Dependence
Table 4. Treatment for Symptoms of Opioid Withdrawal with the Use of a Taper with Long-Acting Opioid Agonists or Partial Agonists.

<table>
<thead>
<tr>
<th>Step</th>
<th>Oral Methadone</th>
<th>Sublingual Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Perform physical examination</td>
<td>Perform physical examination. Administer buprenorphine approximately 12–48 hr after most recent opioid use and while patient is having early withdrawal symptoms (e.g., score &gt;10 on the Clinical Opiate Withdrawal Scale)</td>
</tr>
<tr>
<td>Initial dose</td>
<td>If patient is participating in a methadone program, verify dose; start taper 10 mg below that level; if patient is not participating in a methadone program, start at 10–30 mg administered in divided doses</td>
<td>4–8 mg</td>
</tr>
<tr>
<td>Stabilization at effective dose</td>
<td>7–14 days</td>
<td>2–5 days</td>
</tr>
<tr>
<td>Taper</td>
<td>Administer 10–20% of initial dose every 1–2 days over 2–3 wk or more</td>
<td>Decrease dose to 0 by reducing dose 10–20% every 1–2 days over 2 wk or more</td>
</tr>
</tbody>
</table>

Thank you
Questions?
Case Presentation #1

• 12:35pm-12:55pm [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
Case Presentation #1

Virginia Opioid Addiction Project ECHO Case Presentation Form

*Please do not attach any patient-specific files or include any Protected Health Information.

Fax this form to: 804 828-5566 Attention to: Bhakti Dave in Telemedicine

Date: ____________________________  Presenter: ____________________________  ECHOID: ____________________________

Have you presented this patient during this teleECHO clinic before?  ☐ Yes  ☐ No

PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE:

☐ Refill buprenorphine?
☐ 28 yo, just relocated from TN where status had been receiving buprenorphine 24mg/day (mono-product) – presents to urgent care clinic out of medication wanting refill

☐ Requesting help with diagnosis  ☐ Help with medications  ☐ Help with non-medication treatment

Demographic Information:

Age: 28  
Current living situation: Staying w. Friends

Gender: ☐ Male  ☐ Female  ☐ Transgender  
Education/Literacy: Not obtained

Employed: ☐ Yes  ☐ No

Social History and Social Support:  Not obtained
### Case Presentation #1

<table>
<thead>
<tr>
<th>Patient Strengths/protective factors</th>
<th>Potential Barriers to Treatment (psych/social/legal, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>? in treatment</td>
<td>Unstable address, no employment, no health insurance</td>
</tr>
</tbody>
</table>

Describe any cultural factors that may have an impact on this patient’s situation (e.g., beliefs about indigenous healing practices, cultural prohibitions of discussing illness, etc.):

Current Substance Use (including route of admin) | Substance Use History

- Buprenorphine mono-product 24mg/day
  - Hypos prescription opioid misuse starting age 18, transitioned to heroin at age 22
  - Cannabis – several times a week since age 17
  - Half pack/day cigarettes since age 16

Behavioral Health Interventions that have been tried:

- none

<table>
<thead>
<tr>
<th>Medication History</th>
<th>Comorbidities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV+ gay at</td>
</tr>
</tbody>
</table>
Case Presentation #1

Labs (as indicated): include last urine drug screen result

+THC

Prescription Monitoring Program Pertinent Findings:

Nothing in the system

Proposed Diagnosis:

Opioid use disorder

Substance Abuse Treatment History:

N/A detox and 1 residential treatment admission, history of methadone for 6 months, client in cash taper practice for past 6 months

Patient Goals for Treatment:

“stay clean”
Case Presentation #1

Proposed Treatment Plan:

[Blank]

*Please do not attach any patient-specific files or include any Protected Health Information.

By initialing here ______ you have acknowledged that project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Please Fax this form to 804 828-5566 and Attention to Bhakti Dave in Telemedicine.
Case Presentation #2

• 12:55pm-1:25pm [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
# Case Presentation #2

## TeleECHO Case Presentation Information

<table>
<thead>
<tr>
<th>Date</th>
<th>11-01-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter name</td>
<td>Michael Fox</td>
</tr>
<tr>
<td>Presenter Email</td>
<td><a href="mailto:michael.fox@vcuhealth.org">michael.fox@vcuhealth.org</a></td>
</tr>
</tbody>
</table>

(Note: A PDF of this Case Presentation Form will be sent to this address)

ECHO ID: 8
NOTE: The ECHO ID will be auto-generated and will be emailed to the above address upon submission.

Have you presented this patient during this teleECHO clinical before?
- [ ] Yes
- [x] No

Requesting assistance with (check all that apply):
- [ ] Diagnosis
- [x] Medications
- [ ] Non-medication treatments
- [ ] Other

Please state your MAIN QUESTION for this patient case:
Why did he need an increase in his dose?

## Patient Case - Demographic Information

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Male</td>
</tr>
</tbody>
</table>

Current Living Situation
Stable Housing

Employed
- [ ] Yes
- [x] No
Case Presentation #2

Education/Literacy:
- ☐ Less than high school diploma
- ☐ High School Degree/GED
- ☐ Some College
- ☐ Associate Degree
- ☐ Bachelor’s Degree
- ☐ Grad School or Higher

Does patient have social support or any significant social history?
- ☐ Yes
- ☐ No

If Yes please explain:
Lives with wife and is main caretaker for Mother. Has an animal in the home.

Patient Strengths/Protective Factors
- highly motivated.

Potential Barriers to Treatment
- physical illness
- Financial difficulties.

Any cultural factors that may have an impact on this patient’s situation?
- ☐ Yes
- ☐ No

Current Substance Use
- Heroin 1/4 gm daily.

Any Substance Use history?
- ☐ Yes
- ☐ No

If Yes please explain:
- as above.

Have any Behavioral Interventions been tried?
- ☐ Yes
- ☐ No

If Yes please explain:
- AA, NA briefly.
Case Presentation #2

Medication History

Received 8/2 mg x1 in ED after overdose to be enrolled in study. Stabilized on 16 mg daily rapidly and appeared highly motivated for recovery and no sx or cravings until Pneumonia and lapse in care with 1 week period without Suboxone. He was medicated in clinic to get him back on the medication but did not find full relief with 16 mg. he took another strip with relief and there after continued to require 24 mg daily but ran out and relapsed to heroin.

Any comorbidities?

⊗ Yes  ○ No

If Yes please explain:

PTSD. Now receiving Mirtazapine 15 mg with good effect.

Any Medications Tried for Relapse Prevention?

⊗ Yes  ○ No

If Yes please explain (Specify):

As above

Any Labs (including urine)?

⊗ Yes  ○ No

If Yes please explain (as indicated):

consistent with reports only BUP until relapse
Case Presentation #2

Is the patient involved in any Prescription Monitoring Program?
- Yes  No

Proposed Diagnoses
- OUD severe, PTSD

Any Substance Abuse Treatment history?
- Yes  No

Does the patient have goals for treatment?
- Yes  No

If Yes please explain:
- Abstinence

Proposed Treatment Plan
Continue Buprenorphine tx. BH tx with groups at the clinic and AA/NA

REMINDER: Please ensure that NO patient specific identifiable information (PHI) is included in this submission. Please read, sign, and click SUBMIT when completed.

By signing below, you have acknowledged that Project ECHO case consultations DO NOT create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.
Discussion –

Feedback on Topics of Interest
Opportunity to Provide Feedback

- Overall feedback related to session content and flow?
- What topics would you like included in future sessions?
- Ideas for guest speakers?

- Opportunity to formally submit feedback
  - Survey: www.vcuhealth.org/echo
Access Your Evaluation and Claim Your CME

- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)

- To claim CME credit for today's session

- To view older clinics and claim credit
VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

November 2018 – August 2019

Mark Your Calendar --- Upcoming Sessions

11/16 Chronic Pain and OUDs Thokozeni Lipato, MD
11/30 Office Based Opioid Treatment using the DMAS model Ke’Shawn Harper
12/07 Pharmacotherapy for AUD Megan Lemay, MD
01/04 Trauma Informed Care and Treating Those Experiencing Opioid Addiction Courtney Holmes
01/18 Syringe Exchange Mishka Terplan, MD

We want to hear from you! Please complete our survey.
THANK YOU!