Virginia Opioid Addiction ECHO* Clinic

April 19, 2019

*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 in substance use disorder
- Website Link: www.vcuhealth.org/echo
# Hub Introductions

<table>
<thead>
<tr>
<th>Role</th>
<th>Team Members</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>Lori Keyser-Marcus, PhD</td>
</tr>
<tr>
<td></td>
<td>Courtney Holmes, PhD</td>
</tr>
<tr>
<td>Didactic Presentation</td>
<td>Rebecca Farthing, MS, CRC</td>
</tr>
<tr>
<td></td>
<td>Elizabeth Phillips, MS, CRC</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>
Introductions:

• Name
• Organization

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for Introduction
What to Expect

I. Didactic Presentation
   I. Vocational Rehabilitation Services
   II. Rebecca Farthing MS, CRC and Elizabeth Phillips MS, CRC

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

Let's get started!
Didactic Presentation
VOCATIONAL REHABILITATION SERVICES for Individuals with Substance Use and/or Mental Health Disorders
DARS Division of Rehabilitative Services

Our division offers vocational rehabilitation programs and services to assist people with disabilities to prepare for, secure, retain or regain employment.
Main Goal of DRS

- Provides quality programs and services to maximize the employment and independence of persons with disabilities
- Empowers and enables persons to make informed career choices and decisions
- Promotes diversity in the workplace
General Services

- **Guidance and Counseling**
  - Informed Choice for appropriate placement
  - Vocational Evaluation/Career Exploration

- **Other programs available:**
  - Wilson Workforce and Rehabilitation Center
  - Work Readiness Training
  - Assistive Technology

- **Job Coach Training Services & Supported Employment**
  - Long Term Follow Along
Substance Use Disorders and Vocational Rehabilitation

- Substance use is considered a barrier for an individual to obtain/maintain employment therefore collaboration with Vocational Rehabilitation (VR) services during substance abuse treatment is important.

- An effective Vocational Rehabilitation (VR) approach is holistic, individualized and comprehensive.

- By having a strong Supportive team (which may include family members, mental health and/or substance Abuse counselors or providers), throughout the process of VR services can improve the success outcomes of employment for individuals with substance use disorders.
Impact of Substance Use and Work

- Frequent absences/tardiness
- Irregular performance
- Irritability/Agitation, low frustration tolerance on the job
- Using on the job
- Drowsiness/Sleeping on the job
- High levels of sick time use
- Susceptibility to accidents and injuries
- Difficulty learning new tasks
- Deficits in gross motor functioning
- Attention Deficits
- Unable to pass random drug screens
Job Placement Strategies for Individuals with Substance Use Disorders

- Help identify employers with drug free workplace policies
- Identify work environments that are conducive to abstinence
- Identity jobs with minimal exposure to drinking/using coworkers
- Avoid jobs with highly stressful expectations and negativity.
- Check for adequate level of employee valuing by the employer
- Ensure constructive employer interactions/problem solving
Job Retention Strategies

- Developing good Job Placement for the individual.
- Identifying any additional challenges: personal, social, environmental) that may arise- ensuring that person has the tools to be able to overcome.
- Continuation of any medical, mental health, and substance abuse counseling services while they work.
- Long term employment services through Supported Employment.
Individuals with Serious Mental Illness

Starting Services

- Referrals from case management, walk ins, family, Psychosocial Day Support, residential treatment programs, psychiatric facilities
- Establish who the individual considers to be their team
- Evaluate readiness for Rapid Placement: is the individual stable to the point where a job would help instead of hurt?

After Placement

- Ensure access to medications and continued therapeutic supports
- Work with individual and team (family, job coach, residential, case management, therapist, psychiatrist, etc.) to monitor symptoms and possible stressors
- If permitted, follow up with employer to assess job performance
Considering VR Services for individuals with SUD

- Staff cases with VR Counselors if you have a potential referral.
- Consider having the VR Counselor come in during the meetings so that clients can ask questions prior to applying.
- The role of Vocational Rehabilitation Counselor is to determine Employment readiness and identify barriers that an individual may experience based upon their disability towards employment.
Helpful Pre-Intake

Questions to consider:
- Med-Compliant?
- Motivation
- Why?
- Transportation
- Known Goal?
- Talked about changes?
- Previous DARS case?
- Who is Case Manager?

Applicable Documentation
- 2 forms of ID
- Assessment/Evaluations
- Consent Forms
- Discharge Summaries
- Education History
- Certifications/Diplomas/Degrees
- Financial Info, SSA Verification
PROCESS

- Referral
- Application
- Eligibility
- Service
- Employed
ELIGIBILITY

- The applicant is eligible to work in the U.S.
- The applicant has a physical, mental or emotional impairment
- The disability results in a substantial impediment to employment
- The individual requires VR services to prepare for, enter, engage in or retain employment
- The individual lives, works or goes to school in Virginia.
ELIGIBILITY cont.

- Limits Communication for an employment outcome
- Limits interpersonal skills
- Limits mobility for employment outcome
- Limits self care for an employment outcome
- Limits self direction for employment outcome
- Limits work skills
- Limits work tolerance

*Requires extended period of time for VR Services
*Requires multiple vocational rehab services
Individual Plan for Employment

- Written Plan/Agreement between Counselor and Client as to what services will be provided, and the responsibilities of each party.

- Progress Measures

- Employment Goal
Developing Individualized Plan for Employment Strategies

- Empower Clients to make informed decisions towards their services and employment goals.
  - **Comprehensive Career Planning: Career Exploration and Vocational Assessments**
  - **Job Readiness Training** (resume building, interview skills)
  - **Training Opportunities** (if applicable)
  - **Benefits Counseling**
  - **Supported Employment Services**
  - **Work Place Accommodations**
Employment & Closure

■ Success!
  - Case is not closed until client has both reached stability and been employed for at least 90 days

■ Closed Other
  - Not interested in services
  - Unable to locate/moved
  - Transferred to another agency
Any Questions?

Serious Mental Illness Counselor
Rebecca Farthing
804-714-2025
Rebecca.farthing@dars.virginia.gov

Substance Abuse Counselor
Elizabeth Phillips
804-714-2023
Elizabeth.phillips@dars.virginia.gov

Looking for your Local Office? Call our toll free number: (800) 552-5019
Case Presentation #1
James Gardner, 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
Please state your main question(s) or what feedback/suggestions you would like from the group today?

How do I best address concomitant prescribing of high risk medications by other providers that impact MAT tx?

**Case History**

**Attention: Please DO NOT provide any patient specific information nor include any Protected Health Information!**

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

35 yo Caucasian female, HS graduate, unemployed, on Medicaid, was living with mother and father in NC due to father diagnosed with lung cancer. Has 1 child living with her, parents supportive. Food secure, stable housing when with parents, has been non compliant with attempts to evaluate Hep C status, no legal issues pending, keeps scheduled appointments.

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

Social anxiety disorder, chronic low back pain, hepatitis C, nicotine dependence, cigarettes. Has been in MAT clinic on Suboxone 16mg daily for over a year. Seeing another provider for medications for anxiety and back pain. Has tried SSRI and SNRI in past and not had good response and is currently on Gabapentin 1200mg tid per PMP. Recently left child with family in NC due to stress of father’s illness and was prescribed Clonazepam 0.5 mg bid per PMP last month. Showed up for monthly visit in an impaired state, sleepy, nodding off during intake. Arousable but requiring stimulation to keep awake. BP 128/70 P 72 R 12. Pupils small, skin warm and dry, Lungs CTA, Heart RRR. Denies taking additional meds or intentional OD. Quick cup UDS pos for buprenorphine, benzodiazepines, methamphetamine and amphetamine. Reports worsening stress and anxiety that prompted addition of clonazepam. Has seen counselor at each visit to our clinic and worked on coping skills and anxiety management with limited success. Typically has to travel 1 1/2 to 2 hours to our clinic. Has been a monthly patient. Has never presented impaired in past. Drug screens are usually negative for other opioids and on occasion negative for gabapentin. Rare instance of UDS positive for alprazolam or clonazepam. Sees counselor 1:1 and has not participated in group meetings due to her anxiety condition.
Case Presentation #1
James Gardner, MD

What interventions have you tried up to this point?
Additional case history (e.g. treatments, medications, referrals, etc.)

This case actually occurred this past week. Have spoken to her in past about talking with her PCP about weaning the gabapentin down to lower dose but this has not happened. Have tried Buspirone, Cymbalta and offered Effexor. Have discussed low back pain exercises and stretches and given handouts to help with pain management. Have written for Ibuprofen and recommended taking NSAID with acetaminophen for pain control. Have discussed mindfulness meditation and breathing exercises but do not feel patient has shown interest or motivation to try on her own. Very limited access to psychiatry in our area.

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

Calling PCP to discuss medication prescribing issues in relation to MAT. (Which I have never done)
Consider taking over prescribing of gabapentin and initiating taper myself if patient willing.
Consider reducing dose of Suboxone for safety issues while patient on high doses of gabapentin (to avoid risk of CNS/respiratory depression)
Plan on seeing patient more often, ideally every week but distance from clinic and transportation issues make that a burden and potential barrier to treatment.
Unsure of when to reinitiate Suboxone after episode like this.

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

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions
Case Presentation #2
Bill Trost, MD

• 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
Case Follow-Up #2
Bill Trost, MD

Original Question: How to address chronic pain in patients enrolled in MAT?

• 50 year old, Female
• Supportive daughter
• High pain tolerance
  • Able to navigate medical system
• In MAT program
• Ongoing group therapy with individual therapy (Nov-Jan)
  • PTSD
  • Major Depressive disorder, recurrent, severe
Case Studies

• Case studies
  • Submit:  [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
  • Receive feedback from participants and content experts
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:

- Diane Boyer, DNP from Region Ten CSB
- Michael Fox, DO from VCU Health
- Shannon Garrett, FNP from West Grace Health Center
- Sharron Harcy, BSW, CSAC from Hampton-Newport News CSB
- Sunny Kim, NP from VCU Health
- Thokozeni Lipato, MD from VCU Health
- Faisal Mohsin, MD from Hampton-Newport News CSB
- Jennifer Phelps, BSN, LPN from Horizons Behavioral Health
- Tierra Ruffin, LPC from Hampton-Newport News CSB
- Jenny Sear-Cocks, NP from Chesterfield County Mental Health Support Services
- Cynthia Straub, FNP-C, ACHPN from Memorial Regional Medical Center
- Barbara Trendel, MD from Colonial Behavioral Health
- Bill Trost, MD from Danville-Pittsylvania Community Service
- Art Van Zee, MD from Stone Mountain Health Services
- Sarah Woodhouse, MD from Chesterfield Mental Health
Submit Feedback

Opportunity to formally submit feedback

- Survey: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
- Overall feedback related to session content and flow?
- Ideas for guest speakers?
Claim Your CME and Provide Feedback

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

• To claim CME credit for today's session
• Feedback
  • Overall feedback related to session content and flow?
  • Ideas for guest speakers?
Access Your Evaluation and Claim Your CME

Virginia Opioid Addiction ECHO

Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. Register now for a TeleECHO Clinic!

Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to submit your de-identified study for feedback from a team of addiction specialists.
- 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™.
- 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.
Access Your Evaluation and Claim Your CME
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
Access Your Evaluation and Claim Your CME

### Previous Clinics (2019)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Informed Care and Treating Those Experiencing Opioid Addiction</td>
<td>01/04/19</td>
<td>Video of Clinic, Slide Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringe Exchange</td>
<td>05/15/19</td>
<td>Video of Clinic, Slide Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Needle Exchange Program, Flyer, Bill to Remove Cooperation Law</td>
</tr>
</tbody>
</table>

**Learning Objectives:**

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.
4. Understand current legislative landscape in regards to syringe exchange in VA.
5. List benefits to clients and community of syringe exchange.
6. Define harm reduction.
VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

May 3: Peer Recovery from OUDs
Peer Recovery from OUDs
Tom Bannard, MBA

May 17: Chronic Pain Self Management Program
Chronic Pain Self Management Program
Joyce Nussbaum

June 01: Relationship Centered Care and Shared Decision Making
Relationship Centered Care and Shared Decision Making
Lori Cathers, PhD

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