Virginia Opioid Addiction ECHO* Clinic

May 17, 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
## VCU Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Clinical Director</td>
<td>Mishka Terplan, MD, MPH, FACOG, FASAM</td>
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<tr>
<td>Administrative Medical Director ECHO Hub and Principal Investigator</td>
<td>Vimal Mishra, MD, MMCi</td>
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<td>Clinical Expert</td>
<td>Lori Keyser-Marcus, PhD</td>
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<td>Didactic Presentation</td>
<td>Joyce Nussbaum</td>
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<td>Melicent Miller, MSPH</td>
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<td>Program Manager</td>
<td>Bhakti Dave, MPH</td>
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<tr>
<td>Practice Administrator</td>
<td>David Collins, MHA</td>
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<tr>
<td>IT Support</td>
<td>Vladimir Lavrentyev, MBA</td>
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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. Chronic Pain Self-Management Program
   II. Joyce Nussbaum
       Melicent Miller, MSPH

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
Virginia Arthritis Program: 
Reducing Arthritis Burden and Improving Walkability in Virginia

Melicent R. Miller, MSPH
Healthy Communities Supervisor
Virginia Department of Health

Funded through CDC Cooperative Agreement #NU58DP006451-01-00
Outline

• Introductions
• Arthritis burden in Virginia
• Overview of Virginia Arthritis Program
  – Award Details
  – Purpose
  – Target Population
  – Strategies/Workplan
  – Outcomes
  – Approach
• Partners and Opportunities
• Questions
Arthritis Burden

1
Program Overview

• Purpose

- Expand AAEBIs
  - Improved self-management
  - Increased physical activity
  - Increased program sustainability

Reduce arthritis burden
Program Overview

• Target Population
  – Aged 18+ years

• Subpopulation
  – Aged 45 to 74 years
  – Low income
  – Regions with low health opportunity index scores
Program Overview

• Outcomes
  – Reduced, or no increase, in physical inactivity;
  – Increased percent counseled by a physician or other health professional to be physically active or exercise;
  – Reduced, or no increased, report fair or poor health status;
  – Increased percent report ever taking an AAEBI; and
  – Increased percent report walking for exercise
Program Overview

• Strategies/Workplan

1. Disseminate Approved Arthritis Evidence Based Interventions (AAEBIs) and leverage other Self-Management Interventions;
2. Promote walking;
3. Counsel and refer patients to increase physical activity, including participation in AAEBIs and walking; and
4. Raise awareness about arthritis burden and management
Program Overview

Disseminate Approved Arthritis Evidence Based Interventions (AAEBIs) and leverage other Self-Management Interventions
Program Overview

• Strategies/Workplan
  Counsel and refer patients to increase physical activity, including participation in AAEBIs and walking;
  • Activities:
    – Develop Arthritis Advisory Council (AAC)
    – Implement counseling and referral systems using No Wrong Door Virginia, Arthritis Foundation’s Resource Finder, and Project ECHO
      » Develop and disseminate project information and referral tools
      » Identify physician “champions”
      » Utilize EHRs to identify patients with arthritis
      » Develop and disseminate Project ECHO training modules
      » Establish a no-cost incentive program for providers
Partners and Opportunities

• Increase capacity for dissemination of AAEBIs
  – Promoting and referring community to AAEBIs and walking
    • Counsel for low-impact physical activities
    • Urge 150 minutes per week
    • Promote physical activity classes
    • Suggest self-management education
Partners and Opportunities

• Increase capacity for dissemination of AAEBIs
  – Promoting and referring community to AAEBIs and walking
    • VirginiaNavigator: virginianavigator.org
Partners and Opportunities

• Increase capacity for dissemination of AAEBIs
  – Promoting and referring community to AAEBIs and walking
    • No Wrong Door Virginia: nowrongdoorvirginia.org
Partners and Opportunities: Referral Process
How VDH Can Support Its Partners

Referral Contact:

Karen Day
*Arthritis Program Coalition Coordinator*
804-864-7774
*karen.day@vdh.virginia.gov*
References

Contact

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*Health Improvement Supervisor/Program Manager*
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c: 804-921-8420
melicent.miller@vdh.virginia.gov
Chronic Pain Self-Management Program

Researched and developed at Stanford University and currently housed with the Self-Management Resource Center.

Joyce Nussbaum
The Place for Evidence Based Programs

• Provide a critical component to pain management solutions
• Prepare people for pain management following surgery
• Reduce falls
• Reduce depression
• Provide group support
• Empower participants with the ability to take control of their health
Format of the Chronic Pain Self-Management Program

• Led by 2 trained peer leaders
• 6 sessions are held once a week for 2.5 hours each
• Workshop size is from 8 – 16 participants
• For individuals with chronic pain and their care partners
• Each session includes 5-8 activities
• Participants receive the book *Living a Healthy Life with Chronic pain* that includes the Moving Easy Program CD
• Workshops can be held in any accessible community settings such as senior centers, churches, libraries and hospitals
Topics Covered During Workshops

• Participants make weekly Action Plans, share experiences, and help each other solve problems they encounter in carrying out their Action Plans
• Techniques to deal with problems such as frustration, fatigue, isolation, and poor sleep
• Appropriate exercise for maintaining and improving strength, flexibility and endurance
• Appropriate use of medications
• Communicating effectively with family, friends and health professionals
• Nutrition
Participant Stories

Anne has chronic pain but felt she was not getting the help she needed from her health care provider. In session 1 she decided that her Action Plan would be to journal her activities, rest and pain levels. In session 2 she stated that she was so pleased with what she learned that she was going to journal again and include stress and nutrition information.

Using this information and the list of adjectives to better describe her pain, she completed the pain profile and shared them with her doctor.

“For the first time I felt like she (the doctor) heard and understood what I was feeling. It was a powerful feeling to realize that I had empowered my doctor to help me.”
Bibliography and Resources

• Self-Management Resource Center

• Webinar: Ask Dr. Kate Lorig About the Role of Chronic Disease Self-Management Education in the Opioid Epidemic!

• Articles About the Chronic Pain Self-Management Program
  https://www.selfmanagementresource.com/resources/bibliography/chronic-pain
Questions?
Case Presentation #1
Crystal Phillips, PharmD

• 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 Presentation #1
Crystal Phillips, PharmD

Please state your main question(s) or what feedback/suggestions you would like from the group today?
How to proceed in an elderly patient with dementia and chronic worsening pain with questionable compliance?

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.)

The patient is a 75 year old white female. She is widowed and lives at home with her sister. She has a high school education but is currently unemployed and has not worked for some time.

Her sister is her primary caretaker and she is employed outside of the home. Her sister has recently began seeing a gentleman who is in the home frequently.

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Case Presentation #1
Crystal Phillips, PharmD

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

She is a very well kept and social woman. There is no known history of addiction or abuse. She does drink wine “upon occasion with meals.” She has multiple medical conditions including diabetes, a-fib, kidney disease, hypertension, depression, heart failure, Alzheimer’s Dementia, frequent falls, low back pain, hip pain, and bouts of shoulder pain. Her MMSE is 28 and MSQ is 2/10. GDS is 10/30 and GAD is 3/21.

Her treatment with opioids began in 2016 for low back pain. She was originally prescribed tylenol, and pain relieving gels. She did not get adequate relief for her worsening pain and was ultimately prescribed oxycodone/APAP 7.5/325 bid prn for pain. Over the years her pain has increased due to potential osteoarthritis as well as multiple falls and injuries.

Her current prescription is for oxycodone/APAP 7.5/325 to be used up to 5 times daily prn. She also receives gabapentin 600 mg tid for neuropathy.

Due to prescribing regulations, she has been scheduled for UDS every 6 months and PMP reports are ran monthly. Prescriptions are picked up from the pharmacy sometimes approximately 3 days early - but nothing looks terribly out of place. There are no concerns of polypharmacy and her prescriptions all originate from providers in our office.

In April her UDS returned negative. It was repeated and returned negative a second time.

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Use chat function for questions
Case Presentation #1
Crystal Phillips, PharmD

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

She has been referred to numerous providers for her pain including orthopedics and most recently spinal specialists. She receives PT/OT twice weekly. She has failed therapy with APAP to treat her pain. A serum level was drawn in April and her prescriptions are currently being written for 14d supplies. She is brought in for random pill counts, currently.

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

The patient states she wants to decrease her pain and be able to "get herself together." She wants to be able to decrease her falls and be able to "do more for herself"

REMINDER: 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
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Use chat function for questions
Case Presentation #2  
Melissa Bradner, 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  
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Use chat function for questions
Please state your main question(s) or what feedback/suggestions you would like from the group today?

we have long term patients who in the past, following recommended guidelines, are on very high doses of narcotics. We have been unable to wean them. This pt is 650 mme

VCU pain management clinic pt must be < 250 mme

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.)

60ish white male, divorced, blue collar, low health literacy seen at Hayes E Willis, Virginia Coordinated Care clinic setting, morbid obesity; has disability; initially evaluated in 2008; back to SC 2011; return to HEW '12 caring for his mother in South Carolina

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

DDD MRI '08 lumbar and cervical
PT NSAIIDs, with escalation to hydrocodone, diazepam (for spasm) and gabapentin
saw neuro sx--non operative; spinal injections
referred to pain management specialist- fentanyl patch
returned back to HEW primary care '09--due to irritation c fentanyl patch; up titrated oxycodone due inc pain; also TCA, gaba, lyrica tried no effect
by 2011 mme 495; moved SC stayed on same meds
back '12 tried PT again no benefit
'13 worsening symptoms MRI progressive changes DDD; re referred neuro sx; non operative
Case Presentation #2
Melissa Bradner, MD

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

current dose:
oxymorphone sr 80 bid
oxycodone 15mg q 4hr
mme 615

UDS, pmp, pain contract

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

HEW now has scheduled pain visits only conducted with behavioral specialists-team visit
catastrophic pain scale
self efficacy scale
MYMOP

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

• Case studies
  • Submit: 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
- Sharon Hardy, 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, BS, LPN from Horizons Behavioral Health
- Jenny Sear-Cockram, NP from Chesterfield County Mental Health Support Services
- 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
• 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. 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™.
- Virtual networking opportunities using two-way video conferencing.
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>Syringe Exchange</td>
<td>05/15/19</td>
<td>Video of Clinic, Slide Presentation, Needles/Withdrawal Law, Needle Exchange Program Flyer, Bill to Remove Cooperation Law</td>
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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.

Learning Objectives:

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.
VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

June 7  Relationship Centered Care and Shared Decision Making  Lori Cathers, PhD

June 21  Primary Care Bootcamp: Common Medical Conditions and SUDs  Megan Lemay, MD

July 19  ARTS Program: CSACs  Ke’Shawn Harper, MIS

Please refer and register at vcuhealth.org/echo
THANK YOU!

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