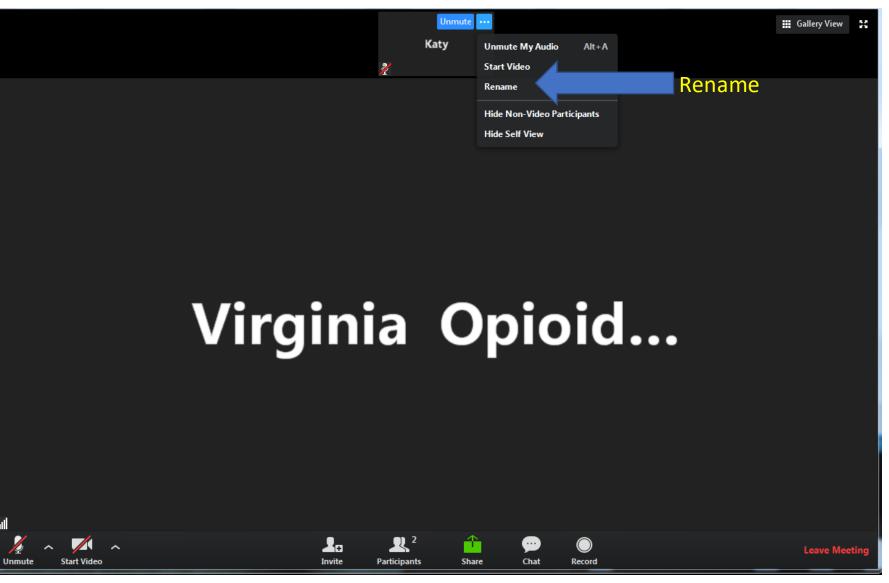


Virginia Opioid Addiction ECHO* Clinic January 29, 2021

*ECHO: Extension of Community Healthcare Outcomes



Helpful Reminders

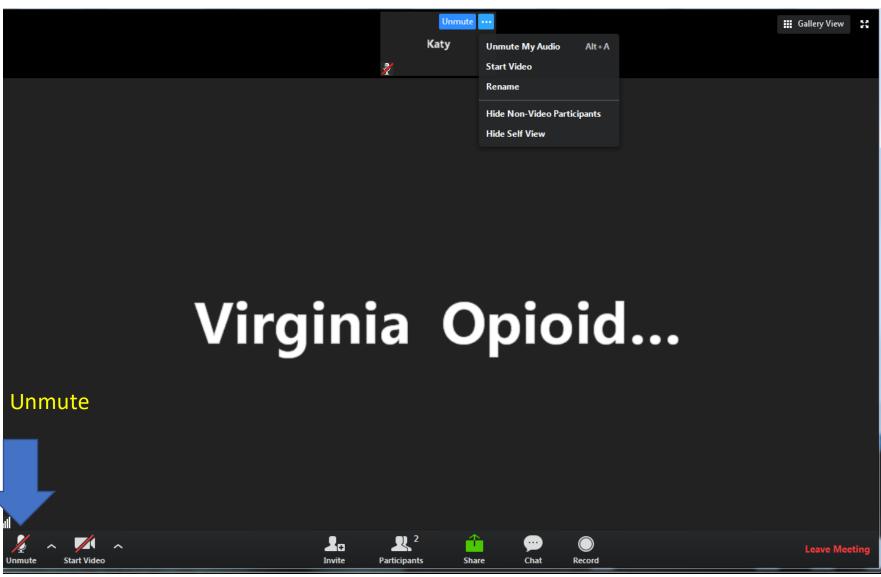




 Rename your Zoom screen, with your name and organization



Helpful Reminders

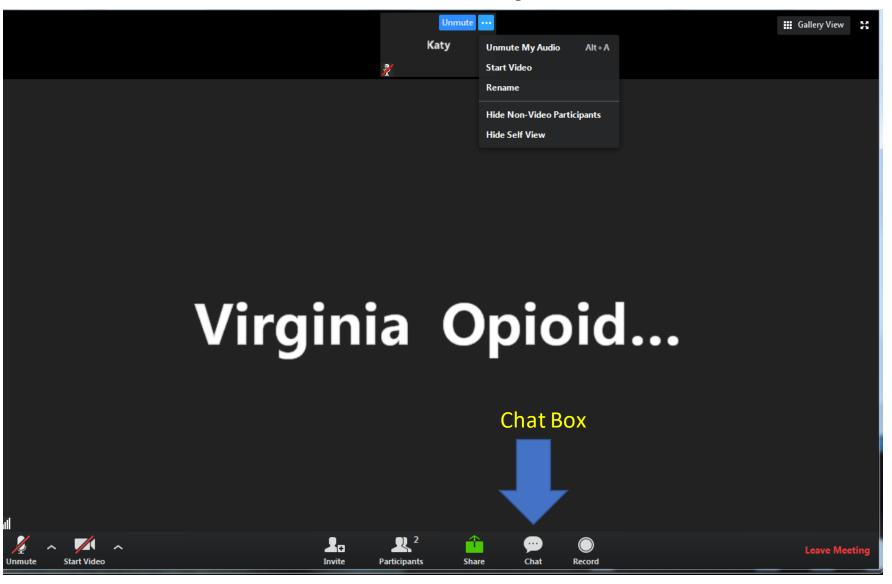




- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute



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
- Website Link: <u>www.vcuhealth.org/echo</u>



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					
Didactic Presentation	Katherine Rose, MD Alex Krist, MD Albert Arias, MD					
Program Manager	Bhakti Dave, MPH					
Practice Administrator	David Collins, MHA					
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. Panel Discussion
 - I. COVID and Chronic Conditions
- II. Case presentations
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Lets get started!
Didactic Presentation







Disclosures

Alex Krist, MD, and Katherine Rose, MD and Albert Arias, MD have no financial conflicts of interest to disclose.

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



COVID-19 as the Leading Cause of Death in the United States

*Age specific mortality rates (per million) for COVID 19 (March-October 2020) and other leading causes of death (March-October 2018)



Ages	COVID 19	Heart Disease	Chronic Lower Respiratory Disease	Transport Accidents	Accidental Drug Overdoses	Suicide	Homicide
15-24	9.9	13.8	20.9	2.8	108.3	97.0	72.1
25-34	38.6	52.1	53.7	4.2	113.2	120.9	78.8
35-44	109.9	169.1	172.0	10.1	93.8	128.1	54.7
45-54	294.8	509.7	597.5	56.1	100.7	140.3	33.9
55-64	683.3	1239.8	1802.4	285.8	105.0	139.8	23.7
65-74	1574.6	2516.9	3702.0	809.9	99.2	114.1	15.7
75-84	3832.4	6478.5	685.7	2117.3	129.9	129.6	13.2
>85	10699.7	24530.2	10442.4	4278.4	139.1	133.4	13.3

- -Ages <45, leading cause of death continues to be drug overdose, suicide, transport accidents, cancer, homicide
- Ages 45-85, COVID 19 is 3rd leading cause of death than lower respiratory disease, transport accidents, drug overdose or suicide

Threat greater for older populations

- -lethality increases as transmission increases
- -excess deaths 50% higher than daily reported average
- -COVID 19 is communicable

Woolf SH, Chapman DA, Lee JH. COVID-19 as the Leading Cause of Death in the United States. *JAMA*. 2021;325(2):123–124. doi:10.1001/jama.2020.24865

-Ages >85, COVID 19 is 2nd leading cause of death



Questions?









- 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





Main Question



Please state your main question(s) or what feedback/suggestions you would like from the group today?

Any further suggestions of what can be put into place for this client

Demographics

63 year old AA gentleman who has a history of schizophrenia, intellectual disabilities and somewhere along his history there is a diagnosis of dementia (unable to find). He has been stable on a regimen of Depakote ER 250 mg (3) nightly and Seroquel 300 mg nightly since 2003. He has been with Chesapeake Integrated Behavioral Health since 1997. Recently he mixed up his medications and, it is uncertain, if taking more than prescribed or has not been taking his medications. 2 months ago, he was at his neighbor's "L" home cutting the grass when he started destroying L's home, yelling and attempting to punch him, going through neighborhood and opening doors and entering into other persons home, getting into cars, and jumping in large trash containers. The police were called, and he was taken to ER and TDO. He spent 2 months in ESH and recently discharged and returned to the clinic for follow up. No changes to his medications were done.

Reminder: Mute and Unmute to talk

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Interventions Already Tried

Discussed a transfer to PACT team but since he takes all medication at night, the PACT team does not work in the evening time.

Discussed PILL PACK so that it would decrease the risk of taking more and has a date on the packs.

Referred him for Mental Health Skill builder to assist him during the day.

Refer to PCP for referral to Neurology for cognitive testing.

Reinforce safety plan



Attempted to contact L, who we found out is enrolled in the PACT team himself. No one knows who M is or if she exists.

Starting to discuss ALF, but he would have to agree as he has no POA.

Have left message for his CCC case manager

Possible referral to PACE program during day.

Discussion about calling APS for wellness check

He will be returning for follow up in 2 weeks

Reminder: Main Question

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Any further suggestions of what can be put into place for this client



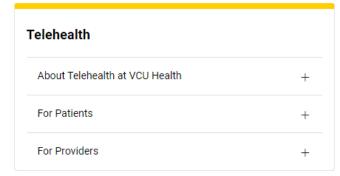






- Case studies
 - Submit: www.vcuhealth.org/echo
 - Receive feedback from participants and content experts
 - Earn \$100 for presenting





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
- Michael Bohan, MD from Meridian Psychotherapy
- . Diane Boyer, DNP from Region Ten CSB
- · Melissa Bradner, MD from VCU Health
- Kayla Brandt, B.S. from Crossroads Community Service Board
- . Susan Cecere, LPN from Hampton Newport News
- 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
- · Caitlin Martin, MD from VCU Health
- · Maureen Murphy-Ryan, MD from AppleGate Recovery
- . Faisal Mohsin, MD from Hampton-Newport News CSB
- Stephanie Osler, LCSW from Children's Hospital of the King's Daughters
- Jennifer Phelps, BS, LPN from Horizons Behavioral Health
- · Crystal Phillips, PharmD from Appalachian College of Pharmacy
- . 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
- . Daniel Spencer, MD from Children's Hospital of the King's Daughters
- · Cynthia Straub, FNP-C, ACHPN from Memorial Regional Medical Center
- · Saba Suhail, MD from Ballad Health
- 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



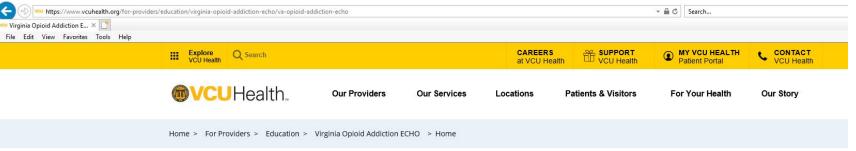


Claim Your CME and Provide Feedback



- 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?







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





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 <u>submit your de-identified study</u> for feedback from a team of addiction specialists. We appreciate <u>those who have already provided case studies</u> 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™.

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Addict	tion ECHO by VCU to colleagues?	Very Likely			
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		Very Unlikely			
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What o	What opioid-related topics would you like addressed in the future?				
100-4					
What n	non-opioid related topics would you be interested in?				

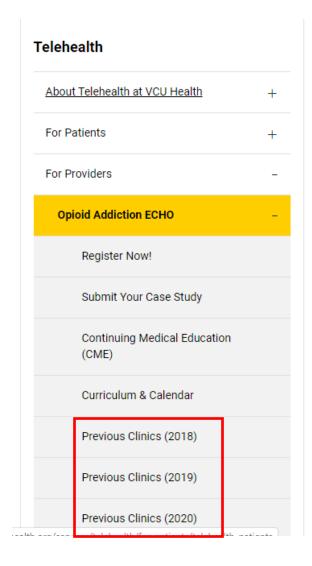




www.vcuhealth.org/echo

To view previously recorded clinics and claim credit





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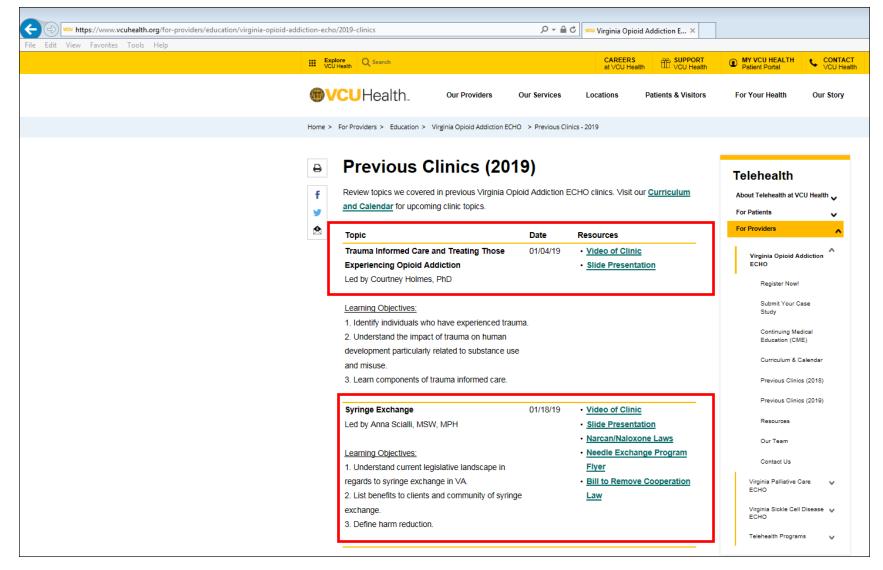
Benefits

- · Improved patient outcomes.
- . Continuing Medical Education Credits: This activity has been approved for AMA PRA Category 1















VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

Feb. 12 Grief Impacting Recovery

Courtney Holmes, PhD

Feb. 26 Drug Court System Court

Melanie Meadows, Chesterfield County

March 12: Peers and Recovery, Panel Discussion Raymond Barnes

Thomas Bannard, Omri Morris,

Please refer and register at vcuhealth.org/echo





THANK YOU!

Reminder: Mute and Unmute to talk

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Use chat function for questions

