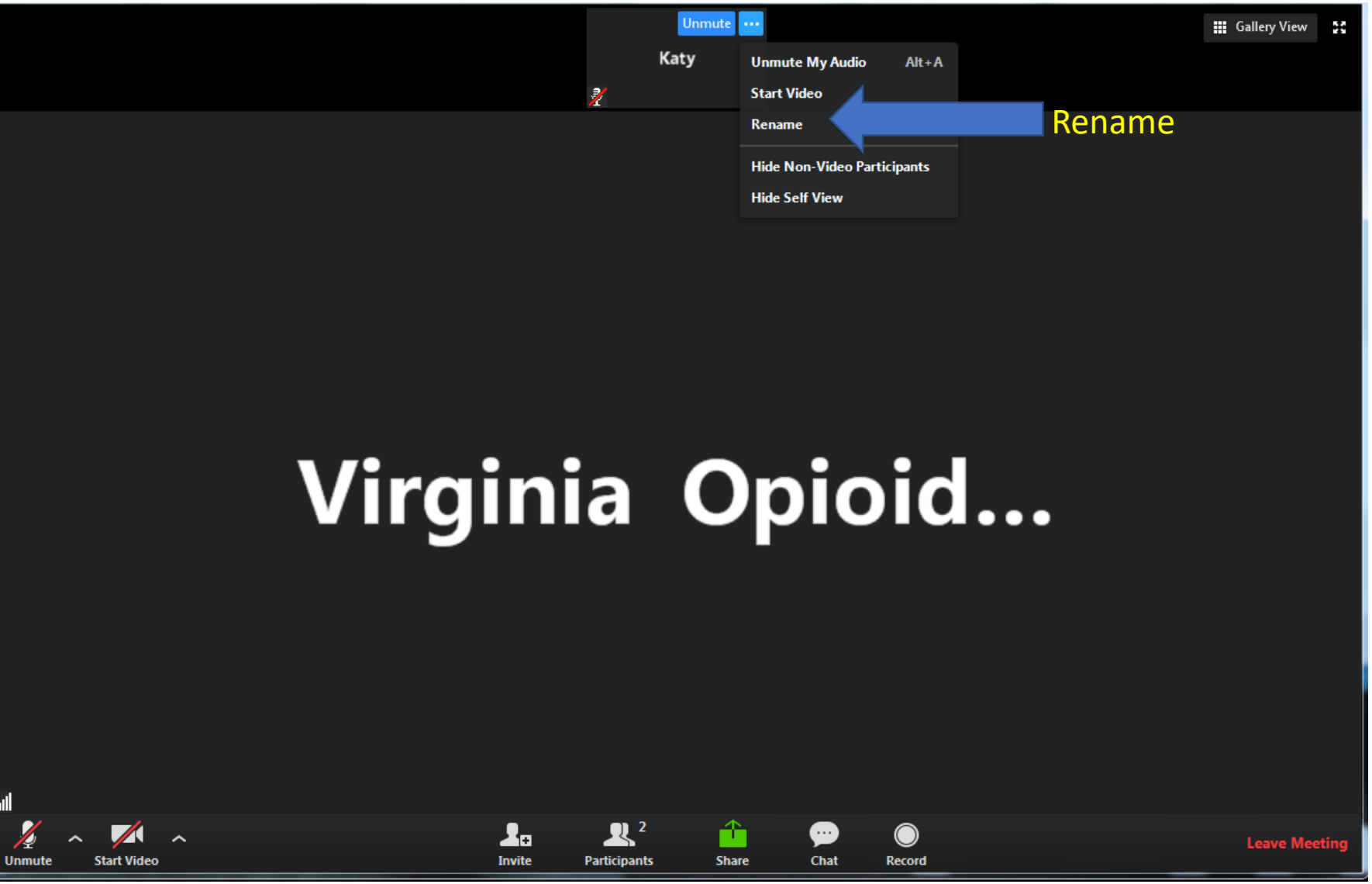
Virginia Opioid Addiction ECHO* Clinic

August 2, 2019

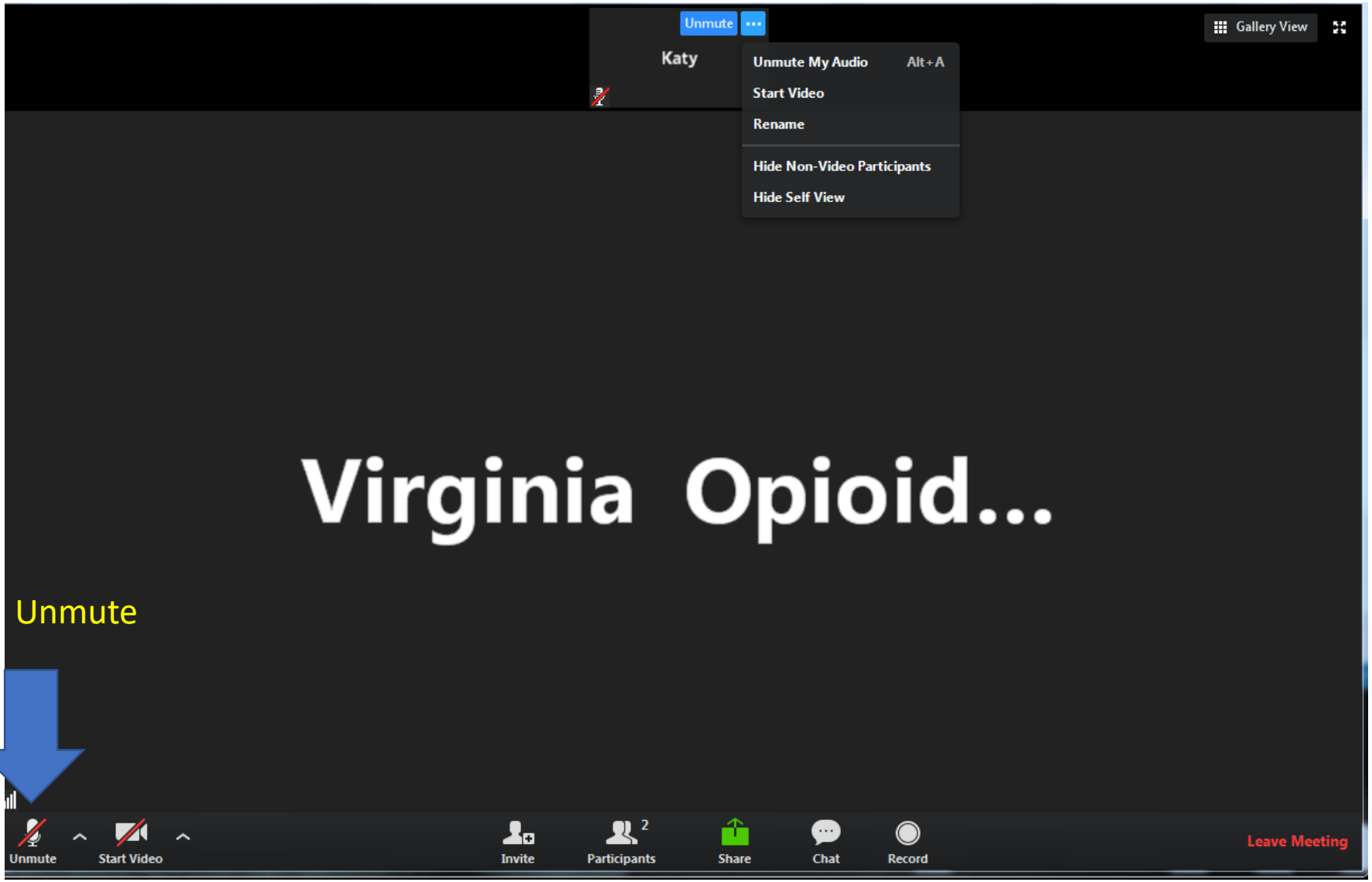
*ECHO: Extension of Community Healthcare Outcomes

Helpful Reminders



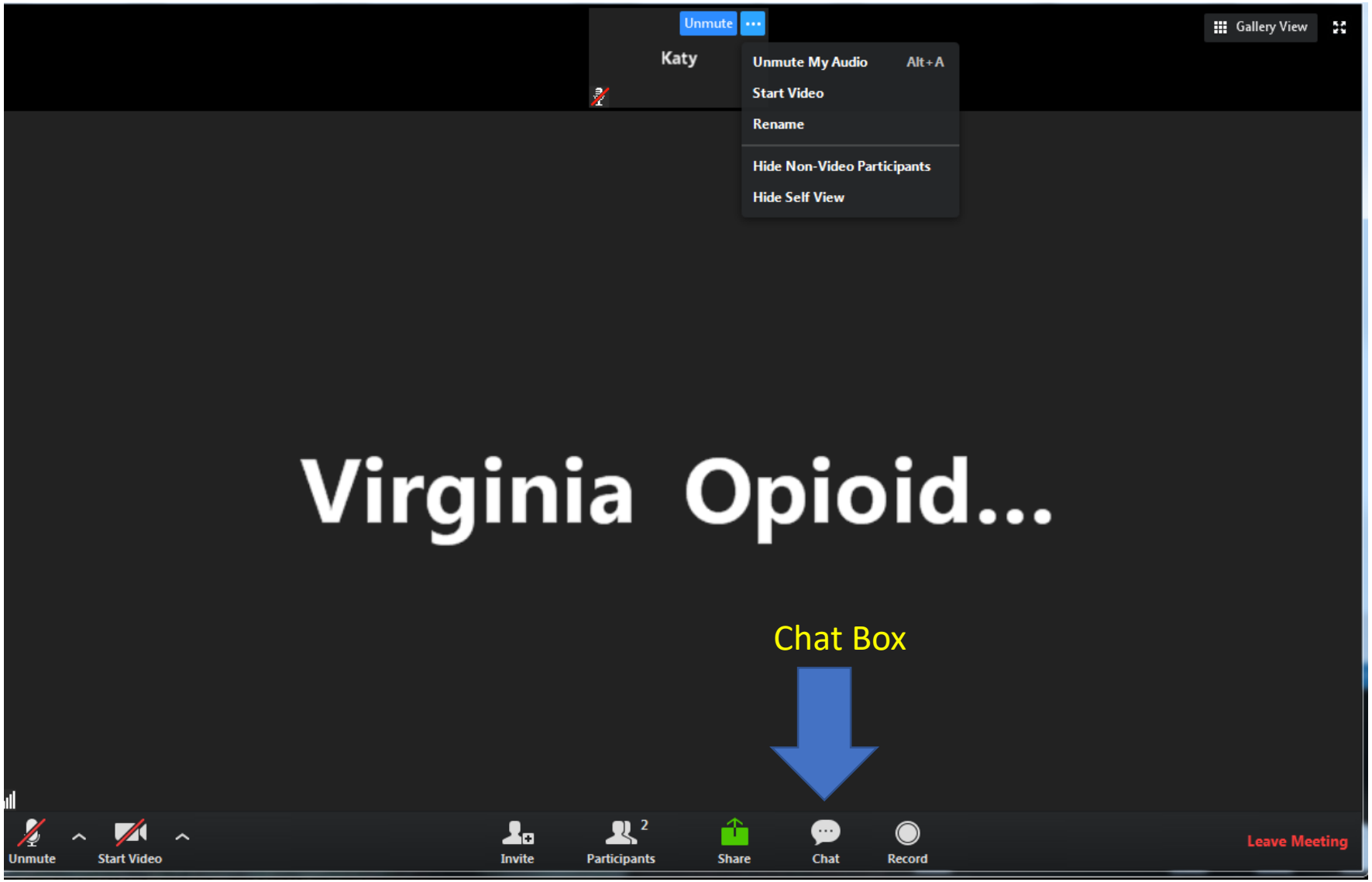
- Rename your Zoom screen, with your name and organization

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

VCU Health
VCU School of Medicine
VDH Virginia Department of Health
VDHLiveWell.com
Virginia Department of Behavioral Health & Developmental Services
Project ECHO
Virginia Commonwealth University

- 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

Disclosures

There are no financial conflicts of interest to disclose for today's session.

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

Hub Introductions

VCU Team	
Clinical Director	Gerard Moeller, MD
Administrative Medical Director ECHO Hub and Principal Investigator	Vimal Mishra, MD, MMCi
Clinical Expert	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Albert Arias, MD Kanwar Sidhu, MD
Didactic Presentation	Patricia Kinser, PhD, RN
Program Manager	Bhakti Dave, MPH
Practice Administrator	David Collins, MHA
IT Support	Vladimir Lavrentyev, MBA

Introductions:

- Name
- Organization

Reminder: Mute and Unmute to talk

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Use chat function for Introduction

What to Expect

I. Didactic Presentation
   I. **Mindfulness for Healthcare Professionals**
   II. **Patricia Kinser, PhD**
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

MINDFULNESS FOR HEALTHCARE PROFESSIONALS

Project ECHO

Patricia Kinser, PhD, WHNP-BC, RN, FNAP, FAAN

August 2, 2019

VCU School of Nursing
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Creating collaboration. Advancing science. Impacting lives.

Challenges to Healthcare Professional Well-being

- Burnout
- Secondary trauma
- Moral distress
- Patient demands
- Institutional demands
- Clinical errors
- Feelings of inadequacy

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It can be easy to unravel in the face of suffering…

… or detach completely:

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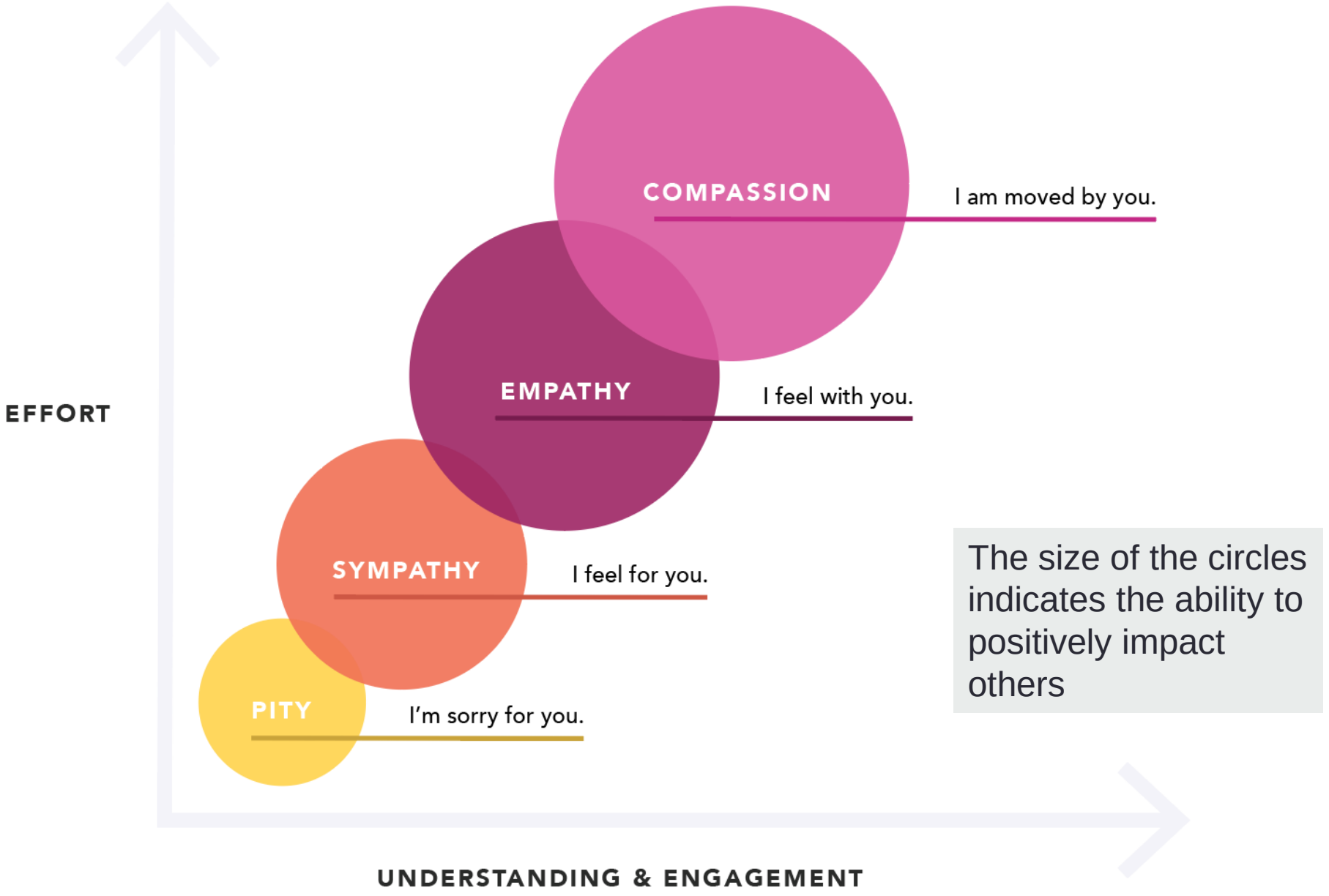
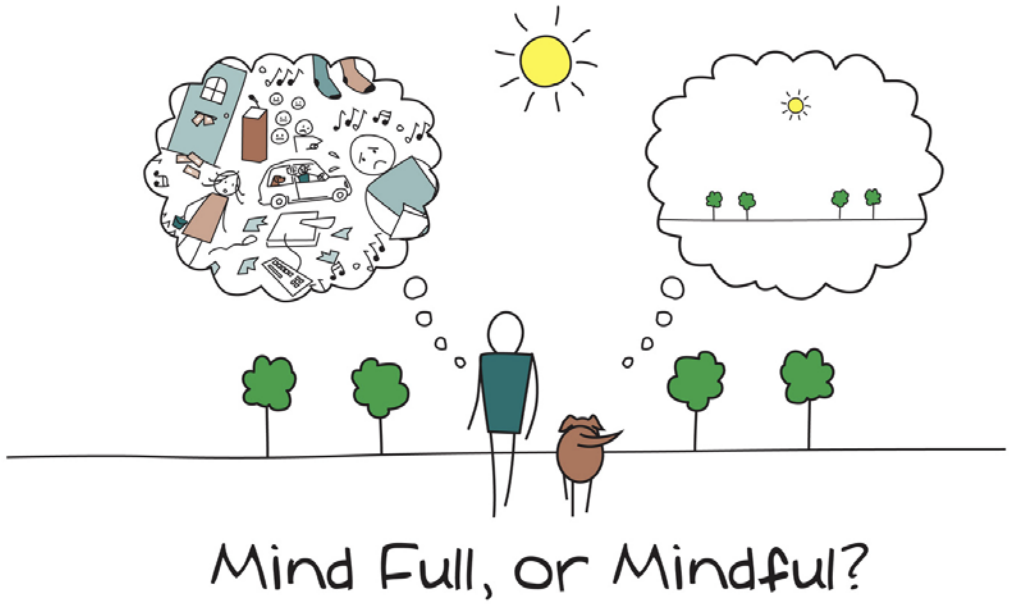
Can We Maintain Compassion in the Face of Suffering?



The size of the circles indicates the ability to positively impact others

Mindfulness

- **Definition**
- Practice
- Way of life



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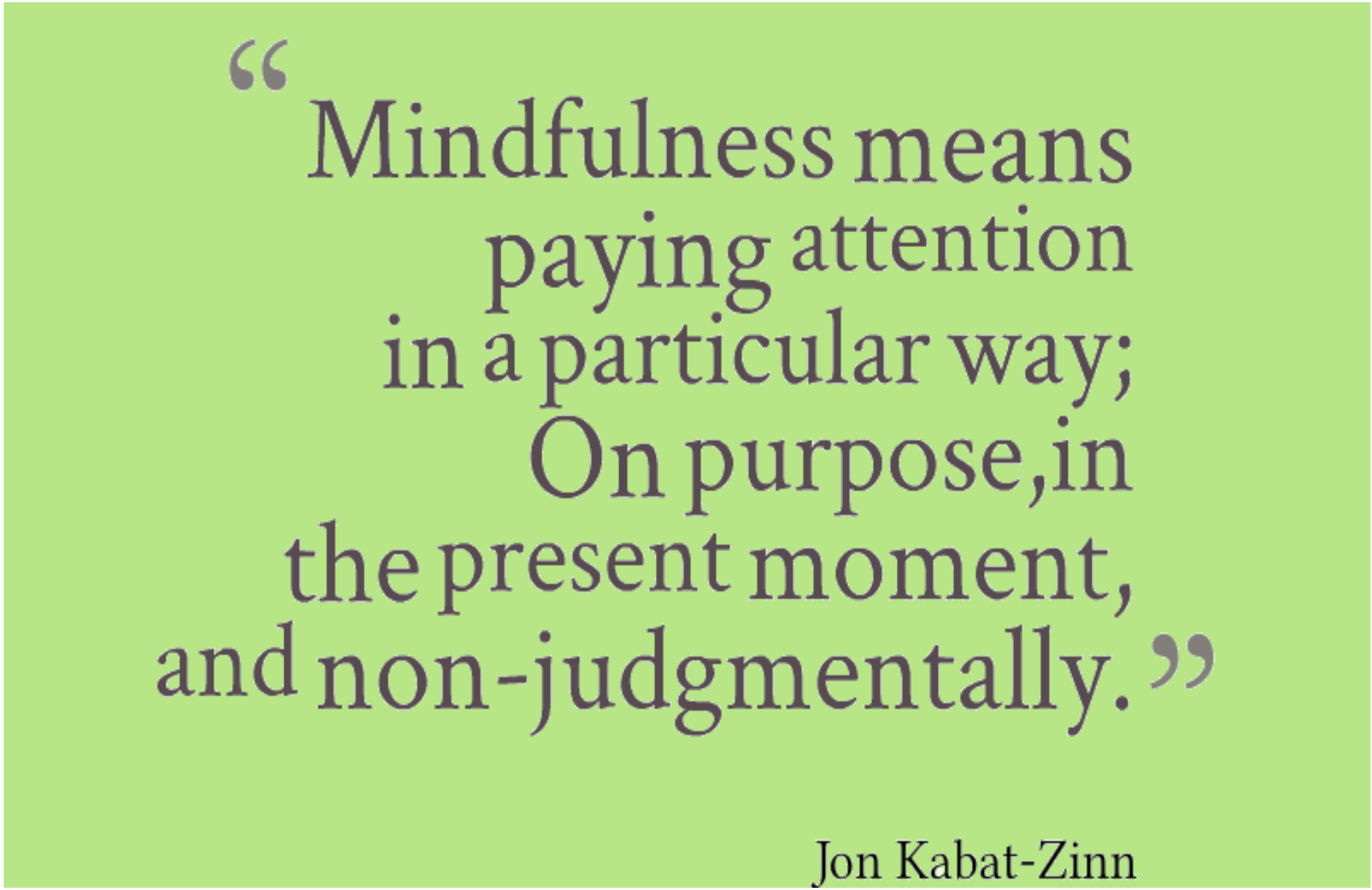

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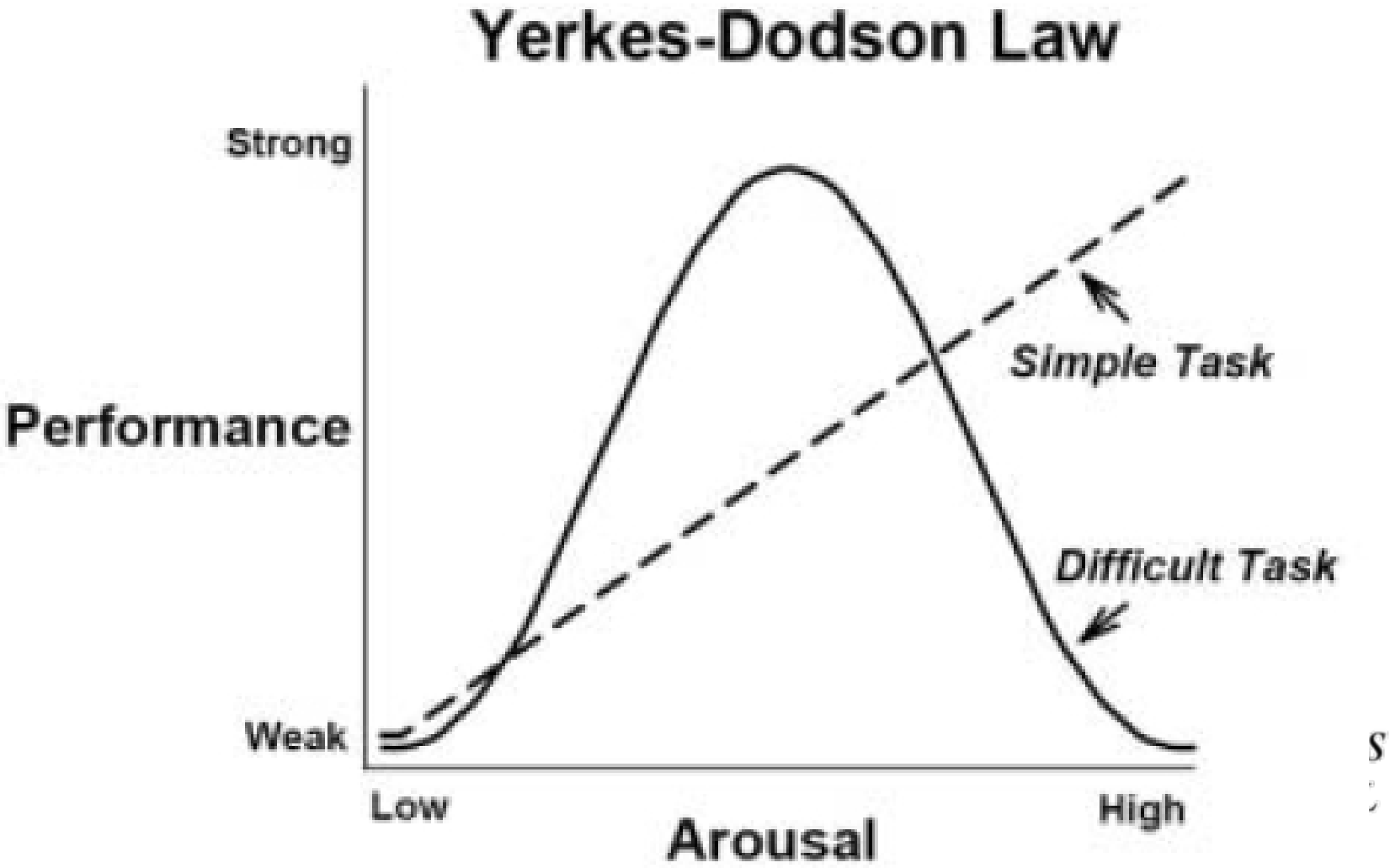
Goal of mindfulness: Finding the “sweet spot”



Diamond (2005). Cognitive, Endocrine and Mechanistic Perspectives on Non-Linear Relationships Between Arousal and Brain Function. *Biol Toxicol Med*. 2005 Jan; 3(1): 1–7.

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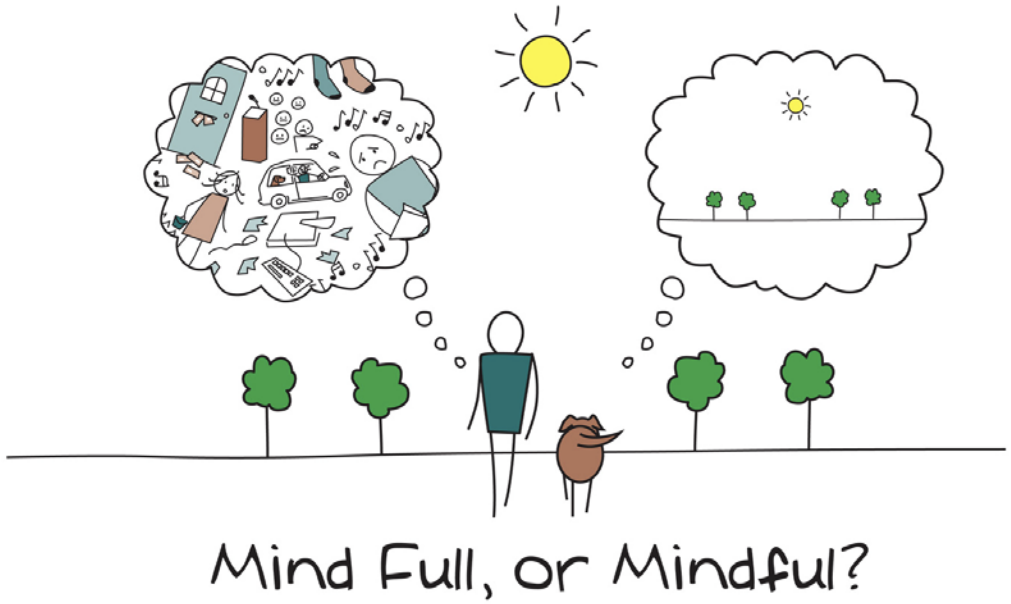
Mindfulness

- Definition
- **Practice**
  - **Formal**
  - **Informal**



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Example of a formal practice:

1.

Sit cross-legged on a cushion on the floor or in a chair. Keep your back straight and let your shoulders drop. Take a deep breath and close your eyes if you wish.

2.

Notice your breath. Don't change your breathing, but focus on the sensation of air moving in and out of your lungs.

3.

As thoughts come into your mind and distract you from your breathing, acknowledge those thoughts and then return to focusing on your breathing each time.

4.

Don't judge yourself or try to ignore distractions. Your job is simply to notice that your mind has wandered and to bring your attention back to your breathing.

5.

Start by doing this 10 minutes a day for a week. The more you meditate regularly, the easier it will be to keep your attention where you want it.

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Not Just Meditation

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Examples of Informal Practices

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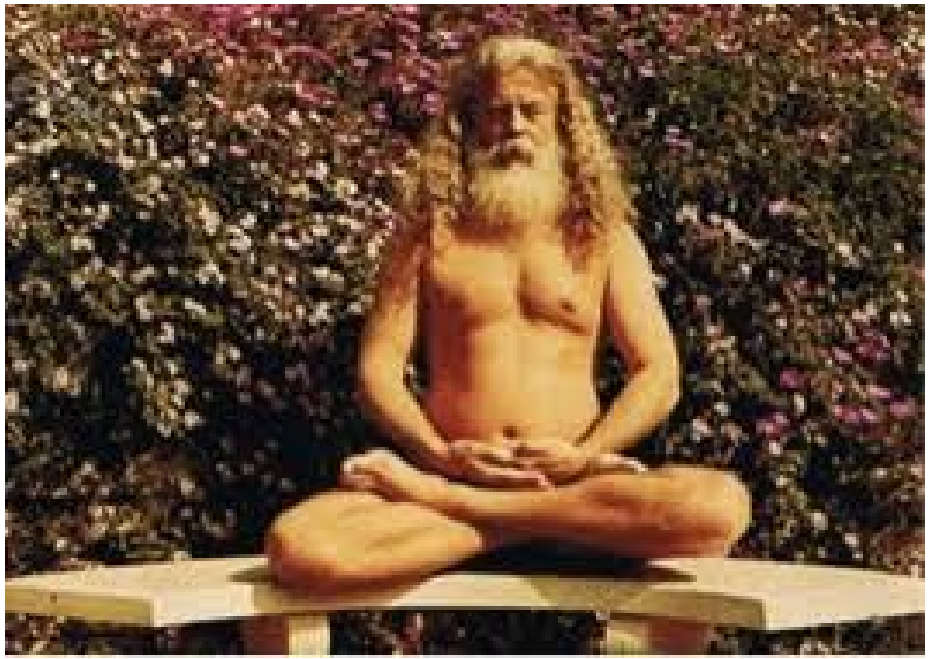
IS THIS NEW-AGE HOCUS-POCUS?



Mindfulness: the next generation of exercise

1970's and 80's

- Physical activity was increasingly accepted to be essential for health

Today

Research is showing that mindfulness enhances physical & mental wellness

- In clinical populations: DM2, cancer, chronic pain, heart disease, HIV/AIDS, anxiety disorders, PTSD, depression, substance abuse, eating disorders
- In healthcare professionals
- In healthy populations

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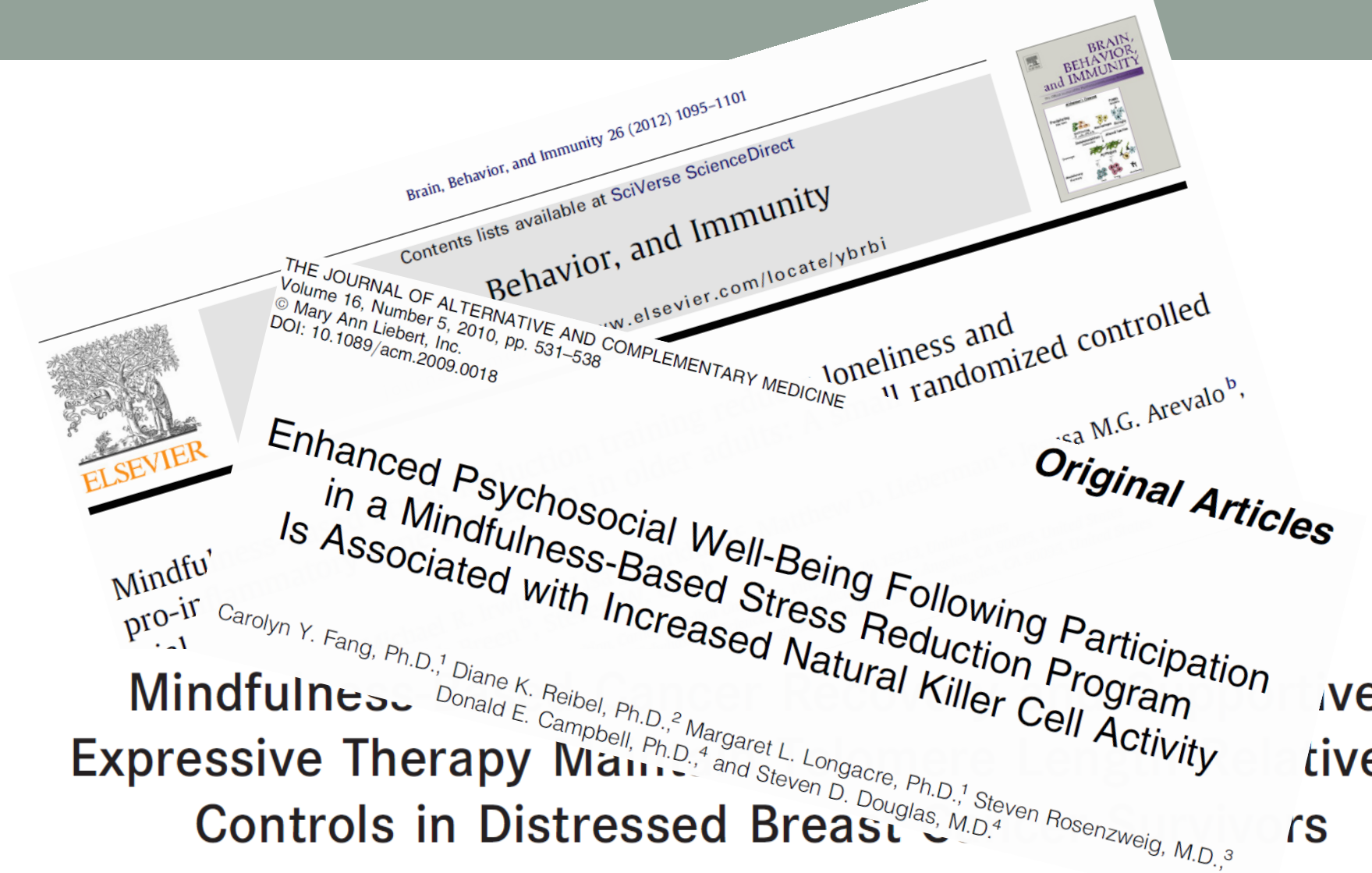

Mindfulness-Based Expressive Therapy Maintenance ... Controls in Distressed Breast ...

Linda E. Carlson, PhD[1,2,4]; Tara L. Beattie, PhD[1,3,4]; Janine Giese-Davis, PhD[1,2,4]; Peter Faris, PhD[2]; ... Tamagawa, PhD[1,2]; Laura J. Fick, PhD[3,4]; Erin S. Degelman, MSc[3,4]; and Michael Speca, PsyD[1,2]

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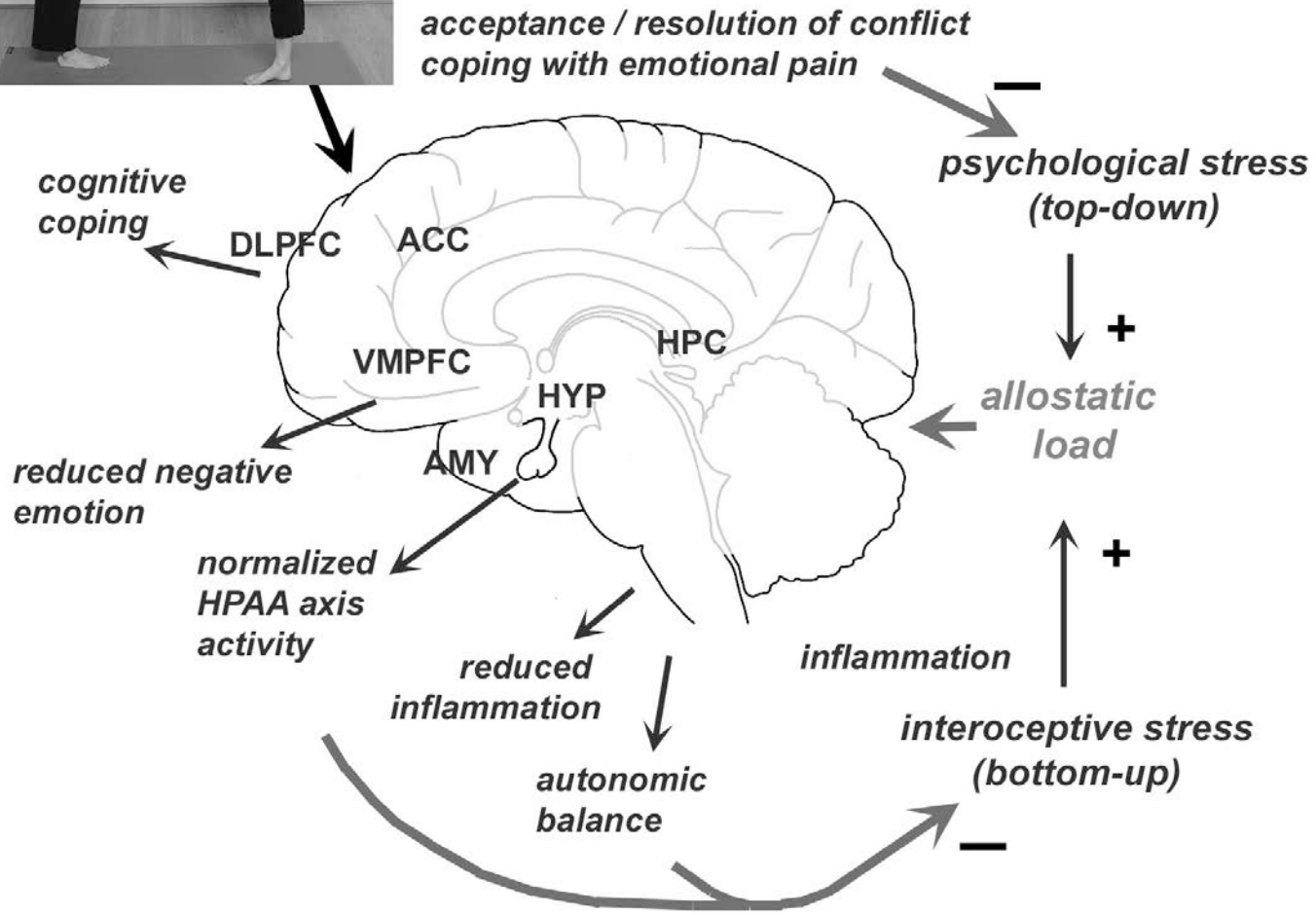
yoga



Kinser, P., Goehler, L., Taylor, A. (2012). How might yoga help depression? A neurobiological perspective. *Explore: The Journal of Science and Healing*, *8*(2), 118-126. doi: 10.1016/j.explore.2011.12.005. PMID: 22385566

Mindfulness for Interdisciplinary Healthcare Professionals (MIHP)

- Introduction to Mindfulness
- Mindfulness to Handle Burnout
- Applications of Mindfulness in Healthcare
- Mindful Teams and Leadership
- Interpersonal Mindfulness and Mindful Patient Care
- Mindfulness in the Presence of Suffering
- Mindfulness and Compassion in the Face of Imperfection
- Finding Balance Through Mindful Living

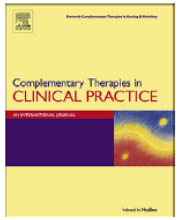
Study #1:

Complementary Therapies in Clinical Practice 25 (2016) 18–25

Contents lists available at ScienceDirect

Complementary Therapies in Clinical Practice

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



"Awareness is the first step": An interprofessional course on mindfulness & mindful-movement for healthcare professionals and students

Patricia Kinser [a, *], Sarah Braun [b], George Deeb [c], Caroline Carrico [d], Alan Dow [e]

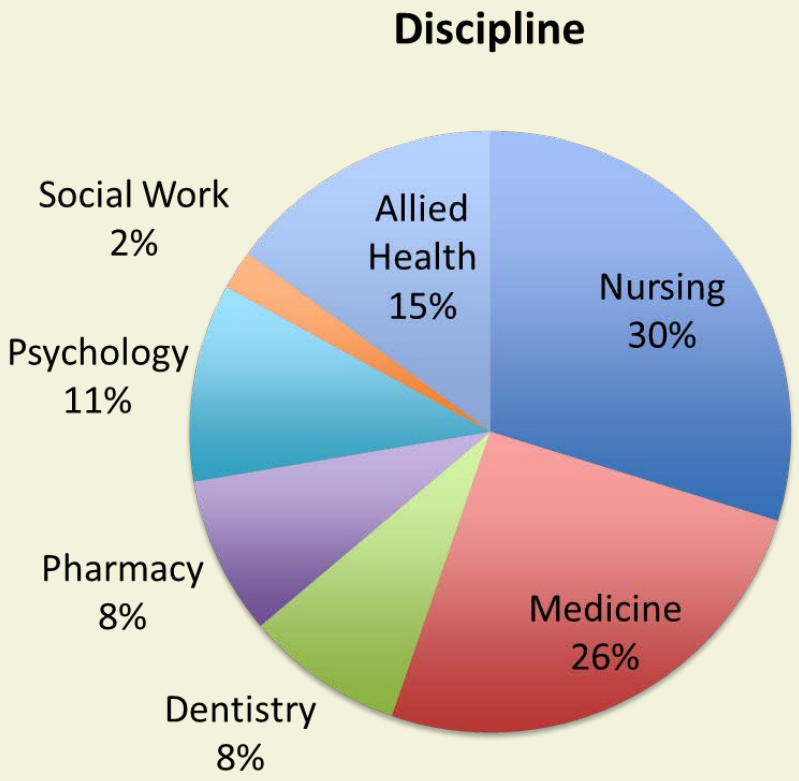
Table 2
Study variables for completers from baseline to end of intervention (n = 27).

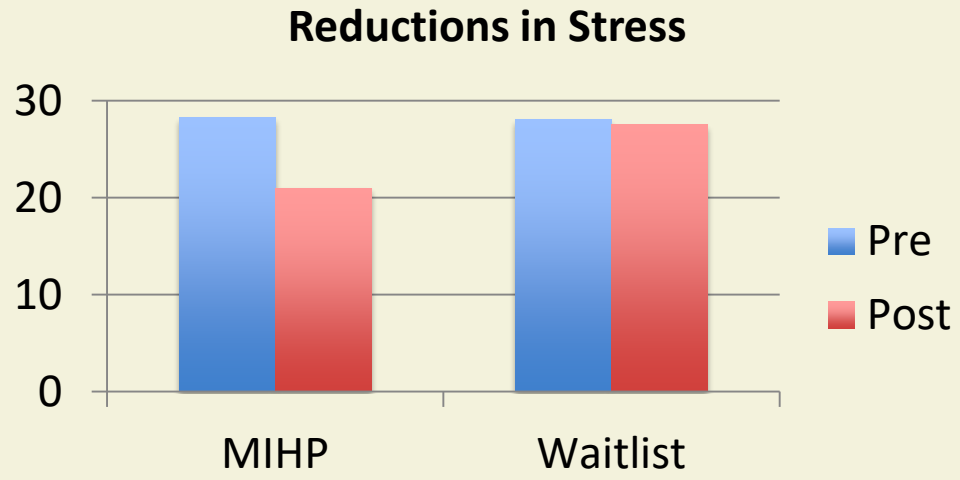
Study variable	Baseline mean (SD) or *n* (%)	End of intervention mean (SD) or *n* (%)	*p*	95% CI on the difference
Perceived stress (PSS)	23.0 (5.5)	20.8 (3.8)	0.0372	(0.14–4.37)
Depression (PHQ9)	5.3 (3.7)	4.3 (4.1)	0.188	(−0.52 to 2.52)
State anxiety (STAI)	39.5 (11.6)	31.9 (9)	0.0036	(2.75–12.59)
Ruminations (RRS)	15.8 (8.7)	15.5 (8.8)	0.7095	(−1.49 to 2.15)
Emotional exhaustion (MBI subscale)	22.5 (11.9)	16.9 (9.7)	0.0023	(2.20–9.06)
Burnout: depersonalization (MBI subscale)	6.3 (5.3)	4.3 (4.2)	0.0106	(0.53–3.62)
Personal accomplishment (MBI subscale)	37.5 (6.8)	38.8 (6.4)	0.0945	(-2.83–0.24)

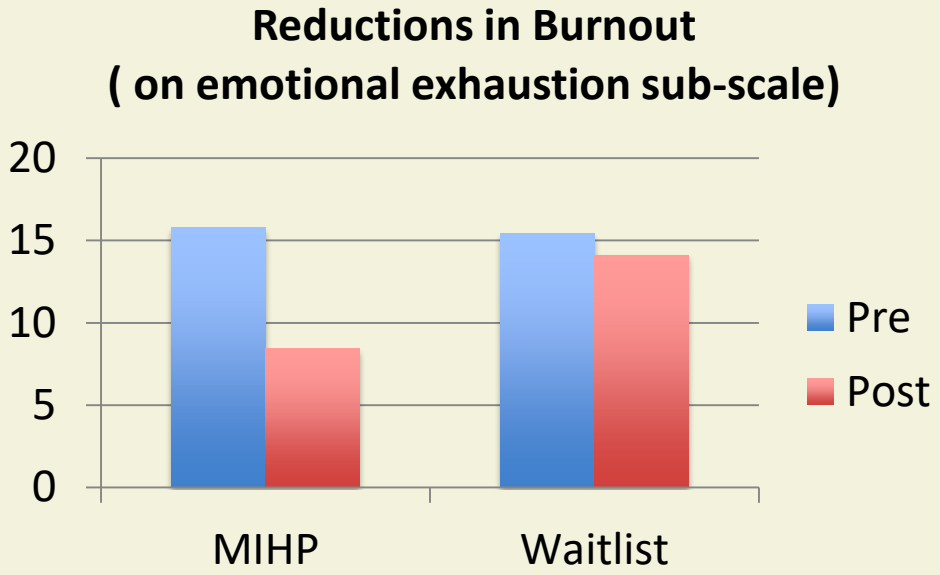
Note: lower scores indicate decreased symptoms in the PHQ9, PSS, RRS, and STAI; in the personal accomplishment score of the MBI, a higher score indicates enhanced personal accomplishment.

Kinser, P., Braun, S., Deeb, G., Carrico, C., Dow, A. (2016). "Awareness is the first step": An interprofessional course on mindfulness and mindful-movement for healthcare professionals and students. *Complementary Therapies in Clinical Practice*, *25*: 18-25. doi: 10.1016/j.ctcp.2016.08.003

Study #2:







Braun, S. et al (2019, in review)

In Conclusion: Putting It All Together

Mindfulness is…

- Formal practices- using an app for meditation, going to yoga class, scheduling a seated meditation practice
- Informal practices—
  - Avoiding multitasking; one task at a time is good for the brain
  - Walking meditation, no phone; focus on the walking and what is around you.
  - Eating a meal silently, no phone, tablet, computer.
  - Taking 3 deep breaths when you awaken and just before sleep.
  - Stop-Breathe-Be before entering a patient room/ starting a patient encounter
  - Scheduling play time.
  - Laughing because you can
  - Listening to what your body tells you; rest when tired and stretch when tense
  - Practicing gratitude

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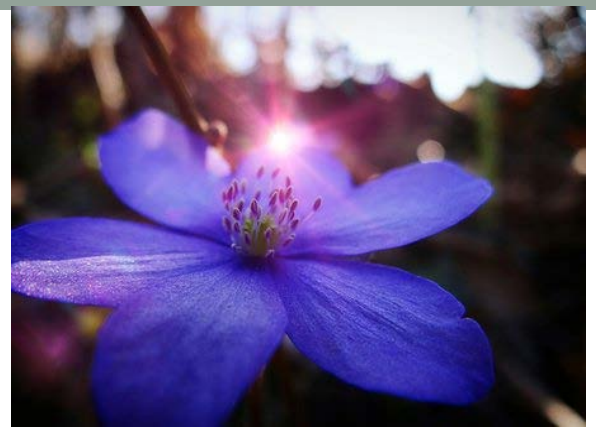
Remember:



- Evidence suggests that it does not matter whether you practice alone or in a group
- It also does not matter the pattern of practice
- What matters is finding what works for you and staying with it over time

Want to Learn More?

Resources:

- Videos-
  - Dan Harris- “Why Mindfulness is a Superpower”: https://www.youtube.com/watch?v=w6T02g5hnT4
  - David Foster Wallace- “This is Water”: https://vimeo.com/188418265
  - Brene Brown- on empathy: www.youtube.com/watch?v=1Evwgu369Jw
- Apps- “Insight Timer”; “Headspace”; “Calm”; “Ten Percent Happier”

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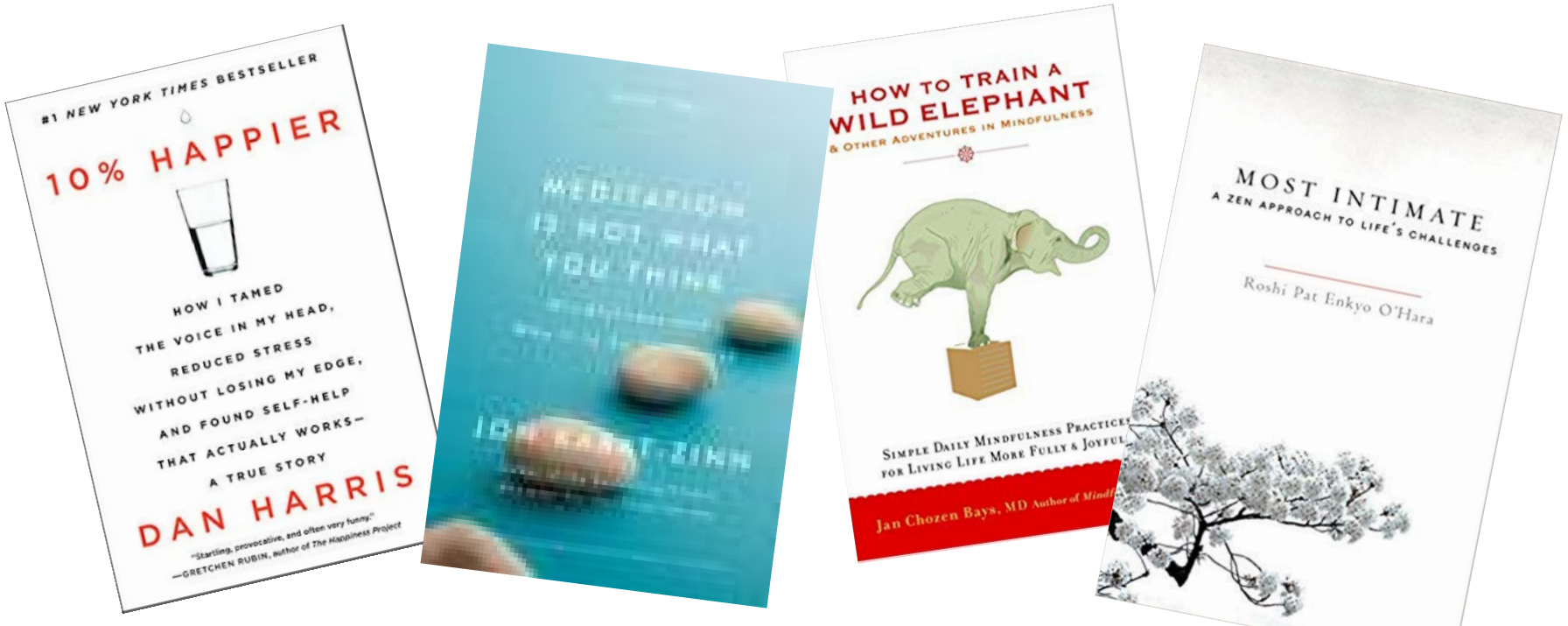
A Small Sample of Great Books-

- Dan Harris: “Ten Percent Happier”; “Meditation for Fidgety Skeptics”
- Kabat-Zinn, J.: “ Mindfulness for Beginners”; “Wherever you go, there you are”; “Meditation is Not What You Think”, etc
- Chozen Bays, J. “How to Train a Wild Elephant”
- O’Hara, R. “Most Intimate: A Zen Approach to Life’s Challenges”



Questions?

Contact me:

Patricia Kinser
kinserpa@vcu.edu

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Case Presentation #1
Dan Spencer, 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

Case Presentation
Dan Spencer, MD

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

We'd like to understand how others are managing agitation during detox? What type of protocols, staffing, resources are you utilizing to maintain patient and staff safety during a complicated detox situation with aggressive behavior? What are the legal/ethical implications of keeping a minor patient against his/her will to complete the detox due to serious complications once started?

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.)

17-year old Caucasian female rising 12th grader, living with her mother (who has her own significant alcohol use disorder and mental illness), step-father and younger brother. Reported close relationship with brother, patient/mother have a difficult relationship. Bio father not involved. Often gone from the home several days at a time, only returns home when she is ill. Extensive legal history, has been in juvenile detention, homeland security involved due to concerns of human trafficking. Intermittent CPS involvement, currently not for patient, but for brother.

Daily alcohol usage. Started at age 11, has been daily for past year. Consumes hard alcohol, at least 1 liter/day (sometimes more). Benzo misuse (alprazolam), previous overdose on clonazepam.

Reminder: Mute and Unmute to talk
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Use chat function for questions

Case Presentation
Dan Spencer, MD

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.)

Medical diagnoses of asthma, seizure disorder by history, acute alcohol intoxication/withdrawal (no prior medically supervised detox). Herpes without medication compliance, treated previously for multiple STI's, HIV negative. Medication non-compliance throughout history. History of residential treatment for 1-year during which she did well, then unable to maintain progress once returned home. Several acute psychiatric inpatient admissions, unknown if any routine outpatient care participation. Closely followed by our child advocacy center case manager.

Barriers include relationship with mother, mother's own addiction, suspected involvement in human trafficking (victim) with an extensive trauma history dating back to early childhood. Age precludes her from care in adult facilities that have more experience managing detox.

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

Case Presentation
Dan Spencer, MD

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

Treatment included a 17-day medical hospitalization for acute alcohol detox. Presented to emergency department after altercation with mother and given options of going to detention vs going to the hospital for treatment. BAC on arrival was 453, positive THC. Sodium, Magnesium and Chloride high, calcium low. During approximately 12 hour ED course, she received 8 mg IM Ativan, additional 3mg IV Ativan, Haldol 5mg, as well as Thiamine 100mg IV. She slept for some of the time and was agitated when awake, pulled out IV, aggressive toward staff and mechanically restrained, then admitted to the PICU, in restraint. She was started on Precedex drip, Ativan 2mg IV q6h, and Ativan 2mg IV q1h PRN agitation; Ativan increased to max of 4mg q2h and Precedex increased to max of 1mcg/kg/hour. Ongoing breakthrough agitation, with 3 doses of Haldol 5 mg IM (3 different days). 8-days of management of considerable aggression/agitation (difficult to differentiate withdrawal from underlying psych symptoms), on the 8th day was able to better self-regulate and would respond to behavior planning. Ativan weaned to 4mg every 3 hours, and slowly continued based on CIWA scoring. Weaned off Precedex by day 10, then restarted day 11 secondary to agitation; weaned off again day 13 after started on 0.1mg Clonidine patch on day 12 (concern for withdrawal from precedex). Restarted on prior home med Seroquel on day 8 targeting poor sleep and mood and behavioral dysregulation/lability, end dose 50mg qAM, 150mg qhs; Zoloft restarted on day 9, for depression 50mg. Transferred to medical floor on day 14, Ativan weaned to 2mg q6h while awake.
Patient has several outbursts during course that resulted in destruction of property in the room, first day punched a police officer in the face (while intoxicated), CSB evaluated for acute inpatient, patient voluntary at the time. Patient successfully transferred to acute inpatient on day 17. From there patient reportedly going to juvenile detention with team hopes of transitioning to a RTC for continued dual diagnosis care. Of note, patient had a seizure at acute facility on day 19, was taken to adult ER, treated and returned to acute.

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Use chat function for questions

Case Presentation
Dan Spencer, MD

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

Our child advocacy center will remain involved. Unless patient presents to emergency department or needs inpatient medical care we will likely not re-engage for treatment. We will be referring her to adult substance use and mental health treatment, as she is 18 this fall. Patients goals for treatment unknown at this time. She vacillates between reporting desire to stop using alcohol and wanting to continue use due to not wanting to engage in trauma treatment.

Other relevant information

We are looking to establish formal protocols for management of acute withdrawal. We had daily multidisciplinary meetings to coordinate care which was very resource intensive. We are hoping to learn from others so we can be more proactive and efficient and less reactive, as we believe this will improve care.

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
Diane Boyer, 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 Presentation
Diane Boyer, MD

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

Patinet in Suboxone treatmen for Opiod Use Disorder - long history of opiod use disorder - past history of methadon treatment and Suboxone treatment.
Currently being treated for Cancer related pain. Prescribing MD wanting to continue Suboxone and had added Morphine. Looking for additional information on how best to treat opiod use disorder and cancer related pain

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.)

54 yo, male, caucasian, post high school, carpentry work with father, with mother and father and two children

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.)

Non small cell cancer of spinal chord with brain mets, opiod use disorder. Suboxone, Morphine Amitripryline, has completed Gamma knife and radiation interventions is again able to complete ADLs and is working some in carpentry. Was being seen monthly in OBOT before diagnosis and receiving therapy monthly

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Use chat function for questions

Case Presentation
Diane Boyer, MD

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

No relapse in over a year while dealing with severe chronic pain for last 5 months without diagnosis. MRI during pain management eval revealed cancer

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

Working closely with Paliative Care MD , my role opiod USes disorder treatment, His role pain management.
Patient's goal - to live as long as he can and be as highly functioning as possible , enjoys working, wants to be around for his children as long as possible, children are pre-teenagers
Patient's parents' are reliable and supportive.

Other relevant information

Pain is being well controlled after addition of Morphine to Suboxone

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

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Use chat function for questions

Case Studies

- Case studies
  - Submit: www.vcuhealth.org/echo
  - Receive feedback from participants and content experts

https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/virginia-opioid-addiction-echo-thank-you

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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:

- **Michael Bohan, MD** from Meridian Psychotherapy
- **Diane Boyer, DNP** from Region Ten CSB
- **Melissa Bradner, MD** from VCU Health
- **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
- **Faisal Mohsin, MD** from Hampton-Newport News CSB
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- **Jennifer Phelps, BS, LPN** from Horizons Behavioral Health
- **Crystal Phillips, PharmD** from Appalachian College of Pharmacy
- **Tierra Ruffin, LPC** from Hampton-Newport News CSB
- **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
- **Barbara Trandel, 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

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  - Ideas for guest speakers?

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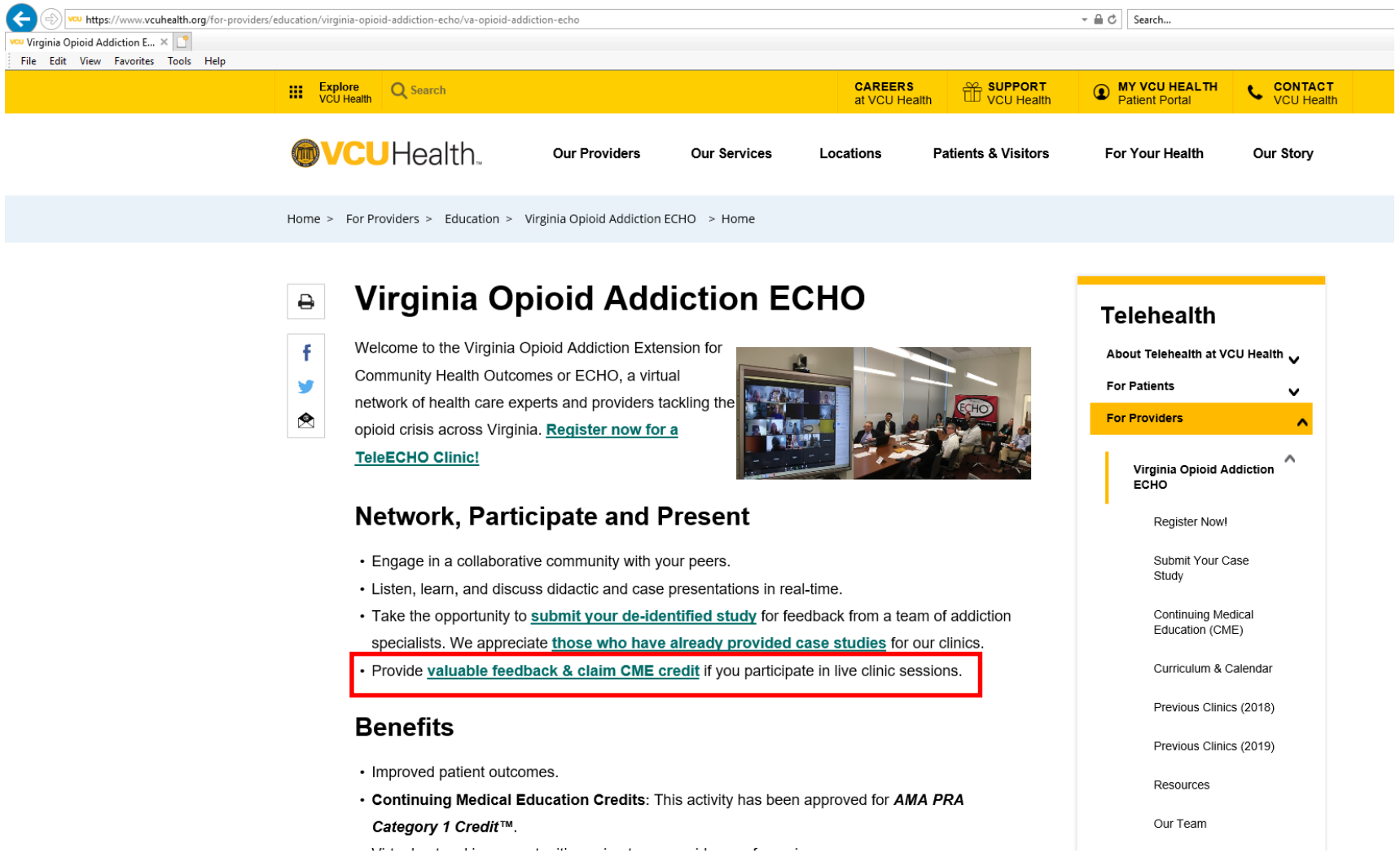

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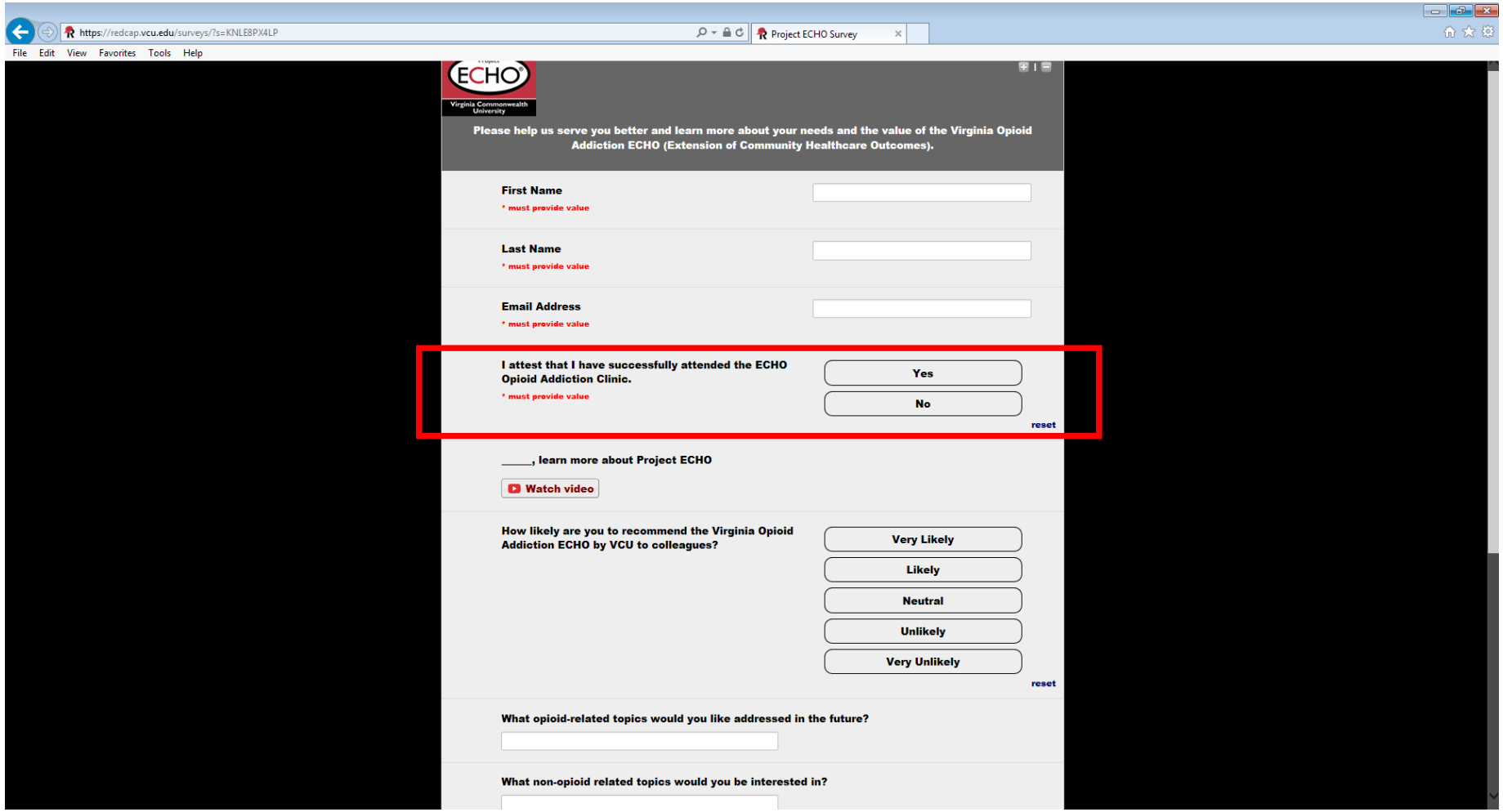

Access Your Evaluation and Claim Your CME

- www.vcuhealth.org/echo
  - To view previously recorded clinics and claim credit

Access Your Evaluation and Claim Your CME

https://www.vcuhealth.org/for-providers/education/virginia-opioid-addiction-echo/va-opioid-addiction-echo

Virginia Opioid Addiction E...

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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.

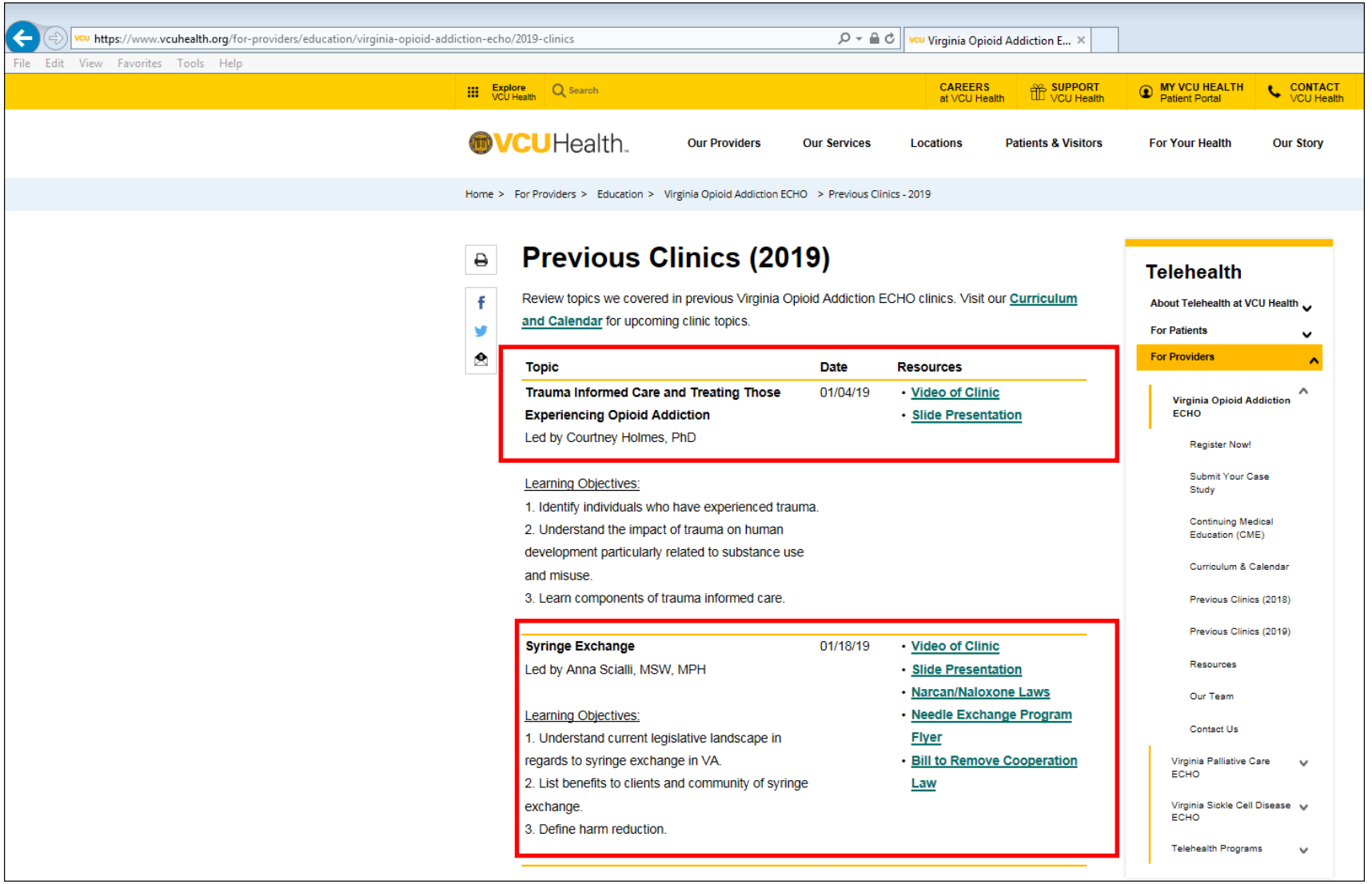
Benefits

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

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

Access Your Evaluation and Claim Your CME



VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

August 16: Pain Management and Prescribing Practices with Dental and Surgical Procedures

Presenter: Omar Abubaker, DMD, PhD

Please refer and register at vcuhealth.org/echo

Project ECHO®
Virginia Commonwealth University

THANK YOU!

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

VCU

1. Kinser, P., Goehler, L., Taylor, A. (2012). How might yoga help depression? A neurobiological perspective. *Explore: The Journal of Science and Healing*, *8*(2), 118-126. doi: 10.1016/j.explore.2011.12.005. PMID: 22385566
2. Kinser, P., Braun, S., Deeb, G., Carrico, C., Dow, A. (2016). “Awareness is the first step”: An interprofessional course on mindfulness and mindful-movement for healthcare professionals and students. *Complementary Therapies in Clinical Practice*, *25*: 18-25. doi: 10.1016/j.ctcp.2016.08.003