



VCU Palliative Care ECHO*

December 12, 2019

Five Key Takeaways from the Center to Advance
Palliative Care (CAPC) National Seminar 2019



*ECHO: Extension of Community Healthcare Outcomes



Continuing Medical Education

December 12, 2019 | 12:00 PM | teleECHO Conference

Physicians: 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 **AMA PRA Category 1 CreditsTM**.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education: 1.5 CE Contact Hours

VCUHealth is approved as a provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.





Disclosures

December 12, 2019 | 12:00 PM | teleECHO Conference

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of CME*, VCU Health Continuing Medical Education discloses all relevant relationships which program faculty and planners report having with “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.” VCU Health Continuing Medical Education has procedures to resolve any apparent conflicts of interest.

The following Planning Committee and Presenting Faculty Members report relevant financial relationships to disclose:

The following Planning Committee and Presenting Faculty Members report having no relevant financial relationships:

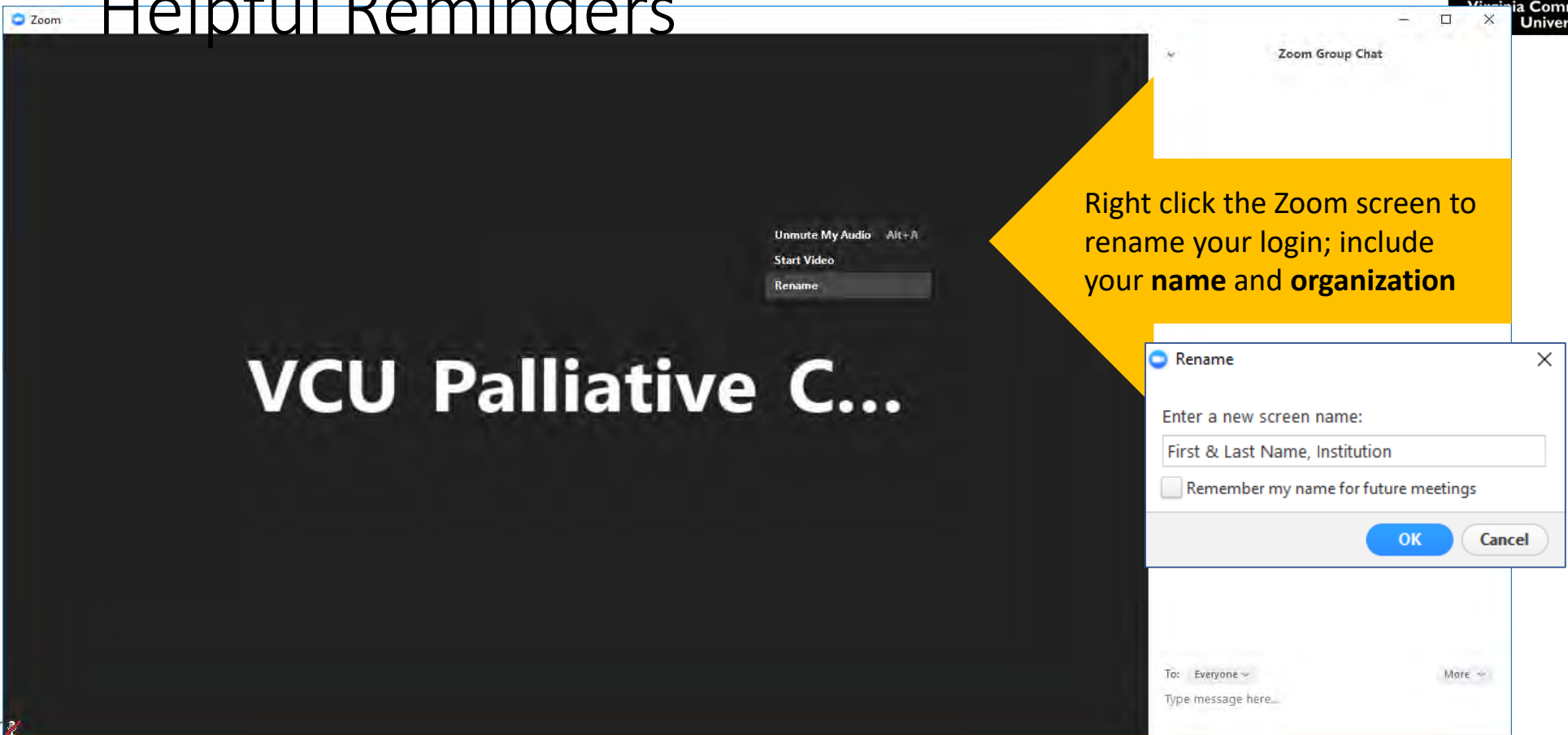
Danielle Noreika, MD

J. Brian Cassel, PhD

No commercial or in-kind support was provided for this activity



Helpful Reminders



Zoom

Unmute My Audio Alt+A
Start Video
Rename

Zoom Group Chat

Right click the Zoom screen to rename your login; include your **name** and **organization**

Rename

Enter a new screen name:
First & Last Name, Institution
 Remember my name for future meetings

OK Cancel

To: Everyone
Type message here...

VCU Palliative C...

Helpful Reminders



Zoom Meeting ID: 199-984-200

Enter Full Screen

If joining audio by telephone, press ***6** to mute and unmute

Turn On your microphone and video

Activate chat

VCU Palliative C...

Zoom Group Chat

Chat box: type here

To: Everyone > More >>

Type message here...

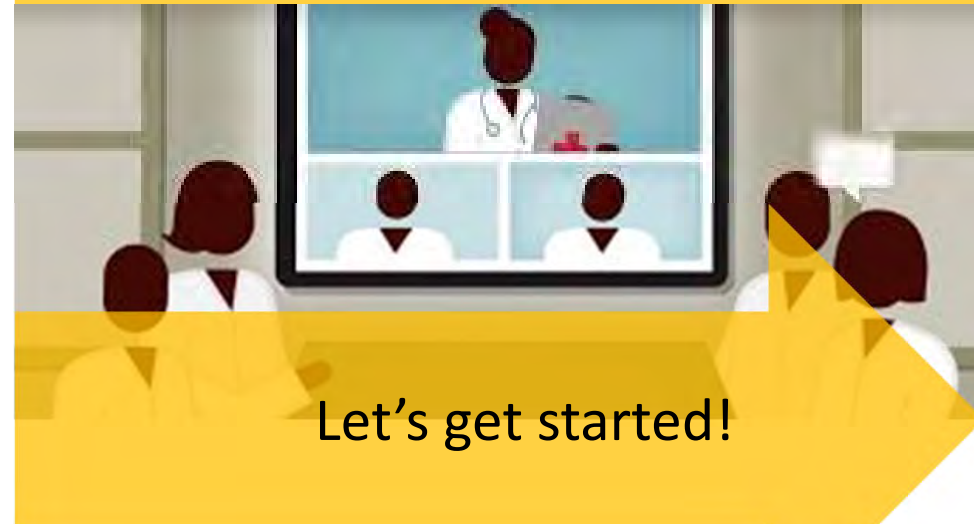
Unmute Start Video Invite Manage Participants Share Chat Record Closed Caption Breakout Rooms More End Meeting



What to Expect

- I. Didactic Presentation
20 minutes + Q&A
- II. Case Discussions
 - Case Presentation
5 min.
 - Clarifying questions from spokes,
then hub
2 min. each
 - Recommendations from spokes,
then hub
2 min. each
 - Summary (hub)
5 min.
- III. Closing and Questions

- Bi-weekly tele-ECHO sessions (1.5 hours)
- Didactic presentations developed by inter-professional experts in palliative care
- Website: www.vcuhealth.org/pcecho
- Email: pcecho@vcuhealth.org





Introductions

VCU Team	
Clinical Directors	Egidio Del Fabbro, MD VCU Palliative Care Chair and Program Director Danielle Noreika, MD, FACP, FAAHPM Medical Director/Fellowship Director VCU Palliative Care
Clinical Experts	Candace Blades, JD, RN – Advance Care Planning Coordinator Brian Cassel, PhD – Palliative Care Outcomes Researcher Jason Callahan, MDiv – Palliative Care Specialty Certified Felicia Hope Coley, RN Diane Kane, LCSW – Palliative Care Specialty Certified Tamara Orr, PhD, LCP – Clinical Psychologist
Support Staff	
Program Manager Telemedicine Practice Administrator IT Support	Teri Dulong-Rae & Bhakti Dave, MPH David Collins, MHA Frank Green





Spoke Participant Introductions





Five Key Takeaways from the Center to Advance Palliative Care (CAPC) National Seminar 2019

Danielle Noreika, MD, FACP, FAAHPM

J. Brian Cassel, PhD





Center to Advance Palliative Care

We provide essential tools, training, technical assistance, and connection for all clinicians caring for people with a serious illness.

What's New at the Center to Advance Palliative Care

Events, ideas, and resources for improving the care of people living with a serious illness.



Tipping Point
CHALLENGE
LEAD THE CHARGE FOR CHANGE
LEARN MORE

BLOG
Five Key Insights on Hospital Palliative Care Programs
December 3, 2019
CAPC's Director of Research walks us through important findings from the 2019 National Palliative Care Registry.
Written by Maggie Rogers
READ

2019 State-by-State Report Card
READ





National Seminar 2019

- Focus on best practices in palliative care
- 2019 areas of focus:
 - Palliative Care and the Opioid Crisis
 - Quality with Efficiency
 - Telehealth
 - Leadership Essentials
 - Improving Results
 - Improving Referrals
 - Growth and Sustainability
 - Healthy Team Dynamics
 - Maximizing Revenue
 - ED/ICU Integration
 - Recruiting and Retaining Staff

Our Takeaways

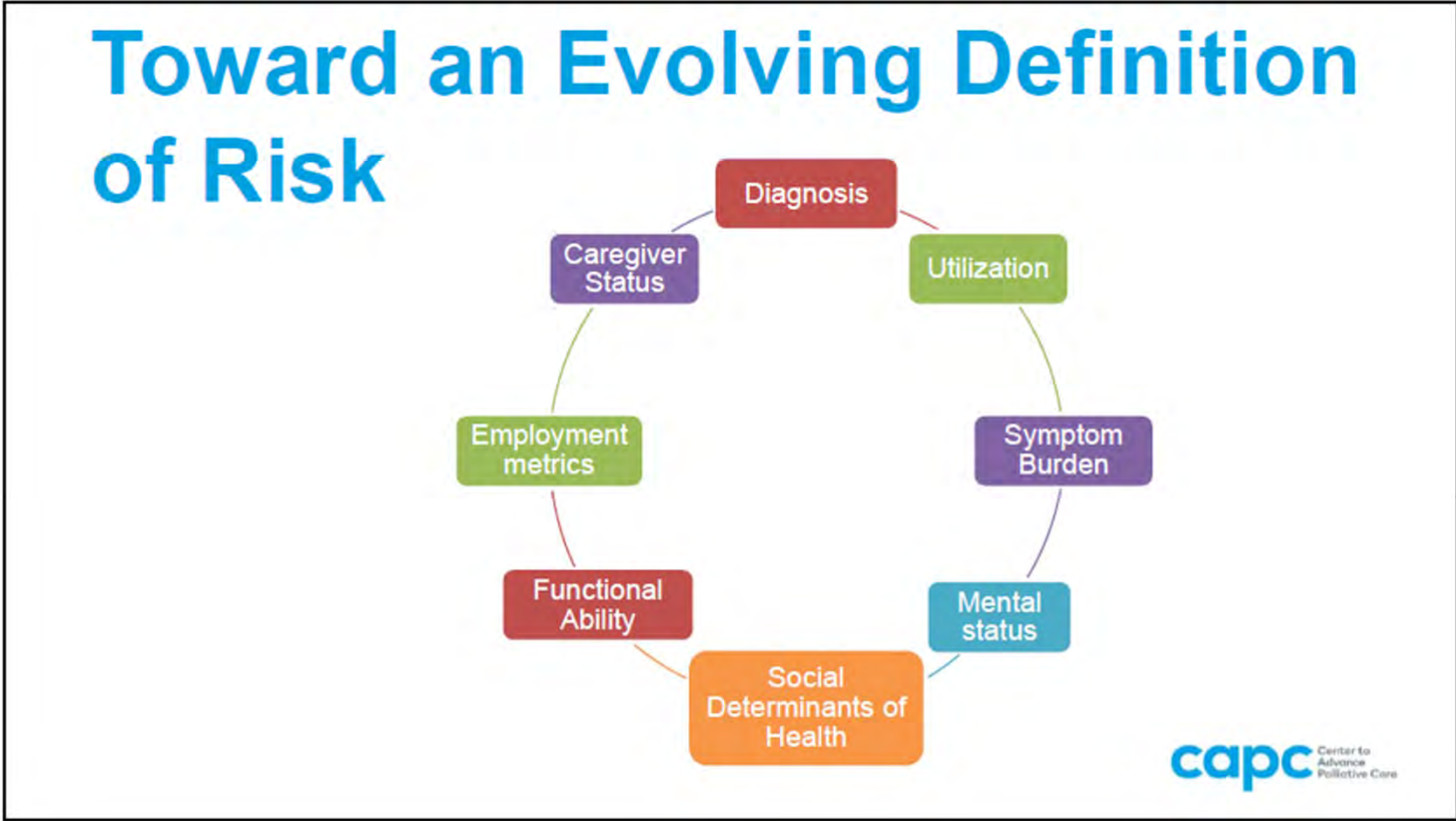
- (1) Complex care, transitions, outcomes
- (2) Opioid epidemic
- (3) Messaging and its impact on referrals
- (4) Messaging and its impact on patients
- (5) Team resilience



(1) Complex Care, Transitions, & Outcomes

Mary Ann Christopher, MSN, RN, FAAN
Caroline Christopher, MSN, RN, FNP-C
Zara Cooper, MD, MSc

Identifying Patients at Risk for Poor
Outcomes



Traditional vs. Complex Palliative Care

Traditional Palliative Care



Complex Palliative Care



Barriers, Strategies

Underneath the Surface

New Core Competencies & Practices



System Barriers:

- No insurance
- Complicated Eligibility Requirements
- Disorganized Services
- Inaccessible Service Locations
- No documents/No Transportation
- Complex Health Problems – fragmented treatment silos

Cultural Barriers:

- Provider Attitudes
- Discrimination and stigma
- Prior Bad Experiences
- Distrust of System
- Language/Health Literacy
- Disorganized Lifestyle

capc 2019



- Integrating Social Determinants of Health in assessment (housing, food, transportation, safety)
- Trauma Informed Care
- Harm Reduction
- Motivational Interviewing
- Medication Assisted Treatment
- Guardianship
- Financial/Legal navigation

capc Center for Advancing Palliative Care

(2) Opioid Epidemic

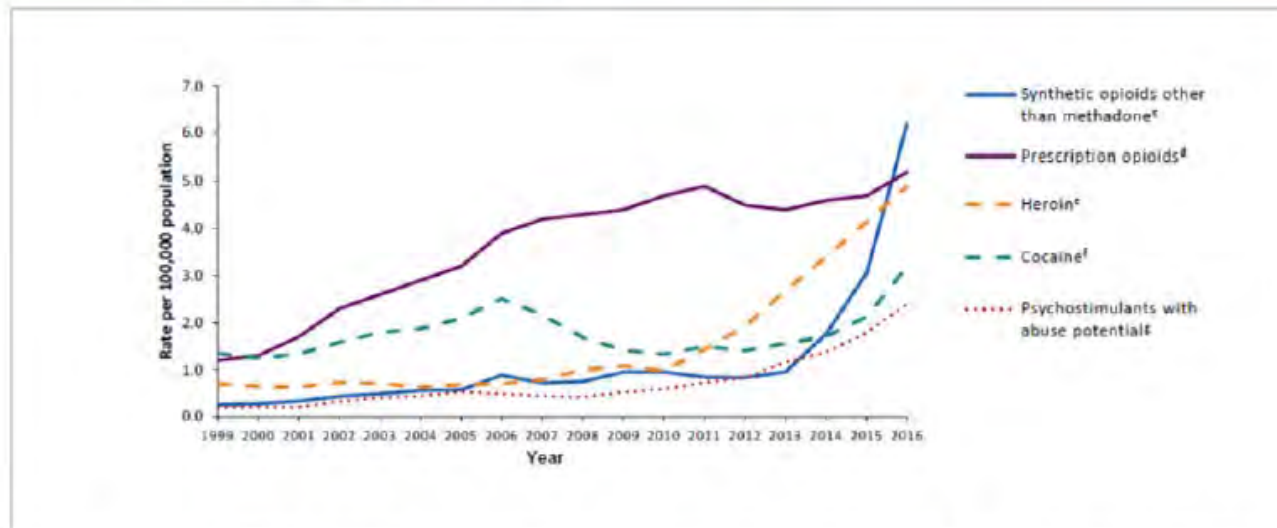
Merlin; CAPC 2019

Serious opioid-related harms: OD Deaths



FIGURE 2B

Age-adjusted rates^a of drug overdose deaths^b by drug or drug class and year — United States, 1999–2016



Take-home point: deaths related to prescription opioids still increasing (through 2016), non prescription heroin and synthetic opioids (driven by fentanyl) more rapidly increasing.

Translating LTOT evidence into policy: have we gone too far? Anecdotes:

The
Washington
Post

Health & Science

Health-care providers say CDC's opioid guidelines are harming pain patients

STAT

Tapered to zero: In radical move, Oregon's Medicaid program weighs cutting off chronic pain patients from opioids

By Lex Fasher @lexfasher

August 15, 2018

The New York Times

Good News: Opioid Prescribing Fell. The Bad? Pain Patients Suffer, Doctors Say.

Doctors and insurers are using federal guidelines as cover to turn away patients, experts tell the C.D.C. and Congress.

By Jan Hoffman and Abby Goodnough

March 6, 2019

SUICIDES associated with forced tapering of opiate pain treatments



Thomas Kline, MD, PhD Follow
May 11, 2018 · 25 min read

JATH EDUCATIONAL CONSORTIUM, LLC**

Thomas F. Kline, PhD, MD., Max Lamb

Center for

<https://medium.com/@ThomasKlineMD/opioidcrisis-pain-related-suicides-associated-with-forced-tapers-c68c79ecf84d>

These patients are here to stay

Caring for individuals with serious illness and chronic pain on LTOT is important

- Patients with chronic pain and opioid challenges **aren't going away**
- **These are our patients**
- When our patients experience suffering from a serious adverse consequence of a prescribed medication, **we have the tools to help**
- Doing so is **compassionate** and **alleviates suffering**
- Helping these patients is **so gratifying**
- Feelings of helplessness when managing these challenging patients can be **alleviated by learning a few new skills**

Buprenorphine X-Waiver

Buprenorphine: when to use it

- **Patients without serious illness:**
 - Always: patient with OUD (reduces opioid use^{1,3}, HIV³⁻⁵, mortality⁶)
 - Very often: patients with opioid misuse that does not resolve, and for whom you have a high suspicion for “subclinical OUD”
 - Newer approach: in patients without misuse/OUD but for whom you are tapering (e.g., due to lack of functional benefit, patient preference)
 - Uncharted territory but makes sense: patients for whom opioids are being considered who are at high risk (e.g., due to SUD history)
- **Patients with serious illness:** little literature, approach likely moderated by:
 - Expected course of serious illness, functional expectations, prognosis

1. Mattick RP, *Cochrane Database Syst Rev*, 2009. 2. Mattick RP, *Cochrane Database Syst Rev*, 2014.
3. Karki P, *Evid Based Med Public Health*, 2016. 4. Woody G, *J Acquire Immune Defic Syndr*, 2014
5. Edelman EJ, *Drug Alcohol Depend*, 2014. 6. Gibson A, *Addiction*, 2008

Buprenorphine: X-Waiver

Buprenorphine: some obvious examples in patients with serious illness

- 76 y/o with chronic low back pain, history of alcohol use disorder and smoking, new dx pancreatic cancer, bedbound, expected prognosis short (weeks), with poor function despite full agonist LTOT: *buprenorphine not indicated*
- 45 y/o with breast cancer s/p curative mastectomy and persistent post-surgical pain with a normal prognosis who meets 5 diagnostic criteria for OUD with prescribed LTOT: *buprenorphine is indicated*

Necessary Program Design Considerations to Ensure Safe and Compliant Pain Management

Mitigate Risk

- Exhaust non-opioid therapies
- Communication skills
- Validated risk assessment tools
- State Opioid Rx database
- Have graded surveillance protocols
- Opioid contracts
- Urine screenings
- Documentation
- Family and caregiver screenings

Use Non-pharmacologic Approaches

- Physical therapy
- Psychological approaches:
 - Relaxation training/stress reduction
 - Cognitive behavioral techniques
 - Social work intervention and counseling
 - Assessment for underlying psychiatric disorder, especially anxiety and depression
- Interventional pain strategies such as nerve blocks, radiation

Open Communication

- Obtain permission to contact:
 - Patient's other medical providers
 - Substance use disorder treatment team (when/where available)
 - Family and friends
- See the patient frequently to assess the risk or existence of substance use disorder and its impact on effective pain management, and at the time of each new prescription

Adapted from: Esch, McPherson Morris; CAPC 2019

(3) & (4) Messaging

Impact on patients

Impact on referrals

(3) Messaging and its impact on patients

Language Matters: Why Getting the Message Straight is Critical to Improving Access to Palliative Care

Mark Ganz, JD
Cambia Health Solutions

Diane E. Meier, MD, FAAHPM, FACP
Center to Advance Palliative Care

Center to
Advance
Palliative Care™
capc

Key Findings from 3 national surveys in June 2019:

- Public awareness has not improved
- Awareness among patients and families **has** improved
- Confusion about what palliative care is persists
- Definition and marketing improve favorability ratings for the public and physicians
- Align messaging! It is essential to improve awareness & favorability and build demand & access.

Messaging and its impact on patients

We provided the following definition of palliative care based on audience research:

“Palliative care is specialized team care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.”

Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient’s other doctors to provide an extra layer of support. This care is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.”

9

Palliative care messages that score well with the public:

- Providing the best **quality of life**
- **Relief from symptoms, pain, and stress**
- Appropriate at **any age** and providing the care **alongside curative treatment**
- **Matching treatment options to patient goals**
- A **team approach** to care
- Providing an **extra layer of support**

10

(4) Messaging and its impact on referrals

Most physicians say they are very comfortable referring their patients to palliative care.

When asked about the criteria they would use to refer, however, physicians said. . .

- Illness *no longer curable, or no viable treatment options* available – the priority is comfort
- Patient has a *prognosis of less than six months*
- Patient has a *terminal illness*
- Patient has frequent hospitalizations or ICU stays
- If they ask for palliative care
- When pain medications are no longer effective
- When a patient has:
 - Worsening symptoms
 - Heart failure

6 messages positively influencing physician likelihood to refer

1. PC team devotes time to intensive family meetings, patient/family counseling
2. Improves patient and family satisfaction
3. Better outcomes
4. Improves QOL in long-term serious illness
5. Provides specialist consultation with complex physical and emotional symptoms
6. Reduces ICU utilization; decreases 30-day readmission rates

Staying on Message:

What happens when we talk about palliative care and hospice in the same sentence or paragraph?

Palliative care and hospice support the patient and the family during serious illness.

→ Audience remembers palliative care and hospice.

Palliative care supports the best possible quality of life for patients and their families.

→ Audience remembers palliative care and quality of life.

25

Correct the Record: Stay on Message.

Use the evidence-based definition.

Reinforce it by not introducing it at the same time as end of life language.

Make it clear that palliative care is based on need, not prognosis.

26

(5) Team resilience

Team health

Sustaining Practices for Teams



- Trauma Informed Team Facilitation
 - Moral Distress
- Embracing Ambiguity
- Huddle and Rounds
- Incremental success
- Marathon Mind

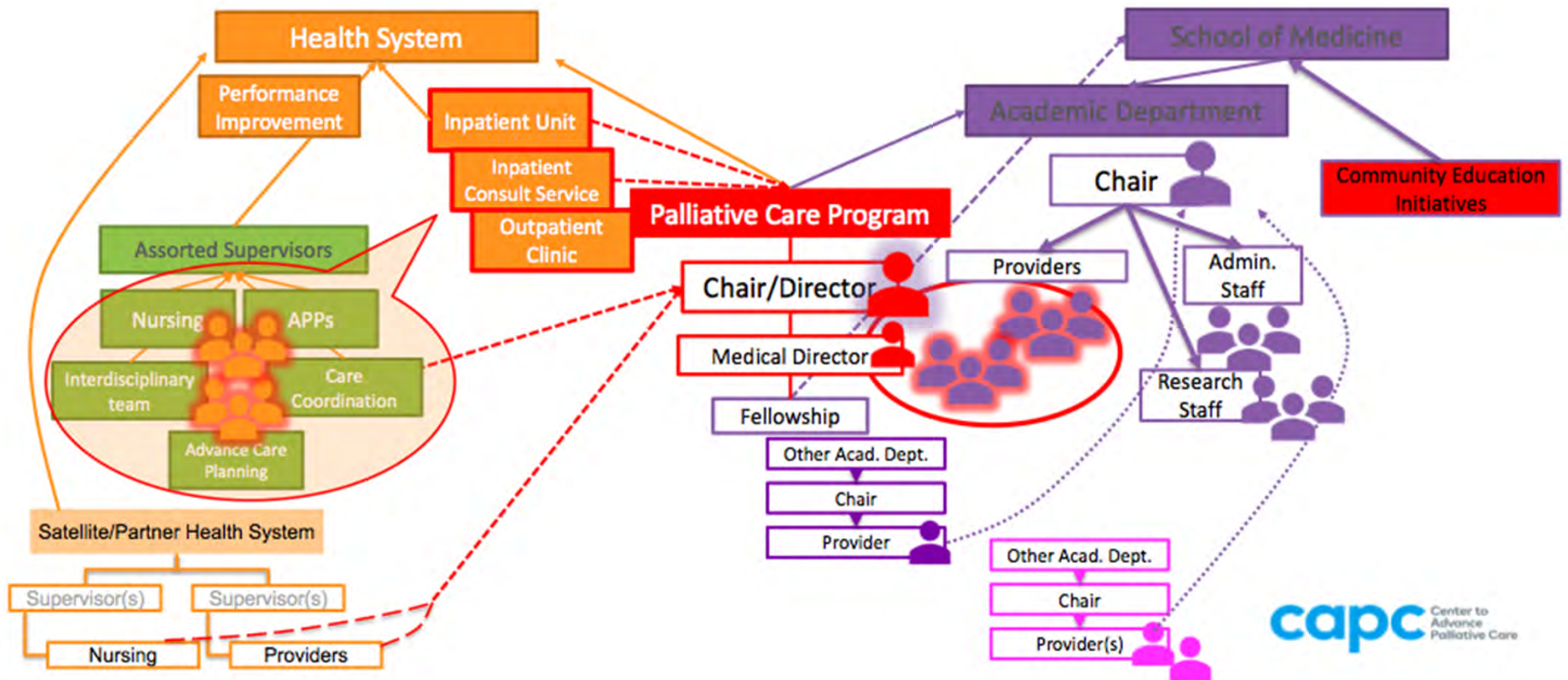
Burnout and Resilience



- PCCs have to encounter struggles, reflect and be self-aware, change their mindsets, find ways to adapt, continue to evolve, and finally become more resilient as a person and also as a team. They will often have to go through this process repeatedly

Fig. 1. Struggling, changing mindset, adapting, and resilience model for transformational growth

Org Charts: Choose your own adventure



Resources are available

Quick Tips #1: Hiring New Team Members



Updated January 29, 2019

Hire a stable, high-performing team. Center to Advance Palliative Care, 2018....the rest of the team....Read on to learn how to hire for a stable, high-performing team....Define and assess both clinical and team-based competencies....topics such as defining roles, improving team health, and team communication
Login to CAPC Central

Quick Tips #2: Onboarding New Team Members



Updated January 29, 2019

part of the team!"...the team....team processes....and care from the team. 4....team health, and team communication.

Quick Tips #3: Team Health and Resilience



Updated February 3, 2019

CAPC Quick Tips #3: Team Health and Resilience During last week's interdisciplinary team (IDT) meeting...Lack of clarity on team priorities can lead to individual team members questioning their purpose or...o Use an outside facilitator to assess team health and help the team build on findings....roles, improving team health, and team communication Other Resources Institution's team-building...team function.

Interview questions to grow your team

- What do you do when your day completely unravels before you get started?
- Behavioral based interviewing
 - Tell us about a time you disagreed with the treatment plan
 - Tell us about a difficult conversation you have had
 - Tell us about a time you received feedback on your performance and how you would do things differently next time
- “Stay” Questions from *The Advisory Board*: things that would make an employee stick around:
 - What is your dream job? What can we do to support your progress toward it?
 - What might entice you to leave?
 - Are we fully utilizing your talents?
 - What one thing would make your job more satisfying rewarding?
 - Do you feel fully appreciated?



(Bonus takeaway!) Telehealth as a growth opportunity

Tools to improve access to specialist palliative care
Including ECHO in rural Maine, Virginia, Four Seasons, etc.

Interest in building a palliative care collaborative via the ECHO mechanism?





Take our survey! Help structure our 2020 Palliative ECHO sessions

Enter the Survey Access Code

To allow a respondent to begin this survey, have them navigate to the URL below and enter the survey access code. The code is permanent and will never change. (Note: The web address is the same for all projects and surveys, so you may bookmark the address on a computer or device to quickly return to it multiple times.)

1.) Go to this web address:

<https://redcap.vcu.edu/surveys/>

2.) Then enter this code:

WHTLNWLXA

OR

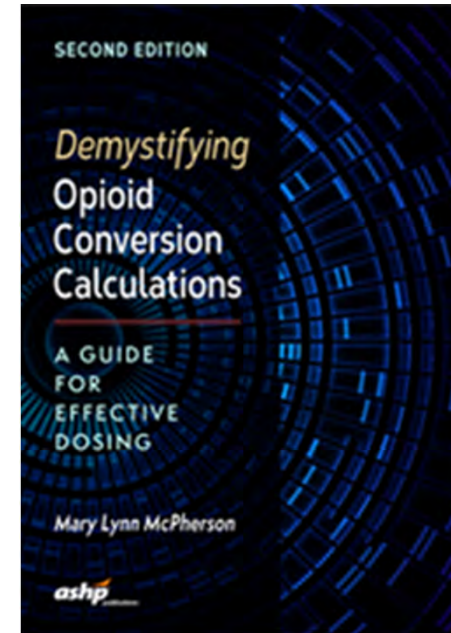


Scan the QR Code

The survey link has been converted into a QR code, which can now be scanned by a device that has an app capable of reading QR codes. Once the QR code below is scanned, it should take the respondent directly to the survey in a web browser.



Questions and Discussion



Case presentation: Switching between opioids

From: McPherson, ML. *Demystifying Opioid Conversion Calculations: a guide for effective dosing*. 2nd ed. © 2018 ASHP

Switching from Oral Oxycodone to Transdermal Buprenorphine

- BW is a 62-year-old woman with a history of severe osteoarthritis of both knees, for which she receives OxyContin 20 mg by mouth every 12 hours, and she has oxycodone 5 mg for breakthrough pain (which she uses at least once a day, rarely twice a day). She tells her prescriber that she hates taking medication all day long, saying, “It makes me feel like a druggie.” The prescriber decides to switch her to transdermal buprenorphine, so the patient only has to re-dose every 7 days.
- *How would you recommend we make this transition?*

From: McPherson, ML. *Demystifying Opioid Conversion Calculations: a guide for effective dosing*. 2nd ed. © 2018 ASHP
pp. 73-74

Accessing CME and CEU Credits

Claim CME / CEU at www.vcuhealth.org/pcecho



Home > For Providers > Education > VCU Health Palliative Care ECHO

Share / Print

Telehealth	
About Telehealth at VCU Health	+
For Patients	+
For Providers	-
Opioid Addiction ECHO	+
Palliative Care ECHO	-
Curriculum	
Register Now!	
Submit Your Case Study	
Sickle Cell Disease ECHO	+

VCU Health Palliative Care ECHO

Our VCU Health Palliative Care ECHO program partners with community practices caring for patients with serious illness and applies our interdisciplinary care team - a mix of physicians, nurses, social workers, psychologists, chaplains and more - to provide patient care support and education throughout Virginia.

We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to provide serious illness care. Many communities in Virginia do not have access to palliative care and we're here to help.

- View Palliative Care ECHO sessions (CME/CEU available).
- Register now for an upcoming clinic.
- Submit a case study (registered participants only).
- Live Session Participants: Claim CME/CEU
- Subscribe to our mailing list.

Contact us for more information or help with any questions about our program.

About Palliative Care

Palliative care is a specialty that improves the quality of life of patients and their families who are facing problems associated with life limiting illness. Although most frequently associated with cancer, palliative care can be a resource for any patient with life limiting illness, including CHF, COPD, dementia, cirrhosis and end stage renal disease. In contrast to hospice, patients can access palliative care without being in the terminal stages of life and while continuing disease directed therapies.

Palliative care is holistic care that is generally provided by an interdisciplinary team and patients may be referred for:

- symptom management, including pain, shortness of breath and anxiety;



Submit your evaluation to claim your CME



VCU Health Palliative Care ECHO Survey

Resize font:
+ | -

Please complete the survey below to claim your CME / CEU credit.

Thank you!

Name

* must provide value

Credentials (MD, DO, NP, RN, ...)

* must provide value

Email Address

* must provide value

I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic.

* must provide value

- Yes
 No

reset

Do you intend to make changes based on this presentation?

* must provide value

- Yes
 No

reset



View recorded sessions at www.vcuhealth.org/pcecho



Home > For Providers > Education > VCU Health Palliative Care ECHO

Telehealth	
About Telehealth at VCU Health	+
For Patients	+
For Providers	-
Opioid Addiction ECHO	+
Palliative Care ECHO	
Curriculum	
Register Now!	
Submit Your Case Study	
Sickle Cell Disease ECHO	+

VCU Health Palliative Care ECHO

Our VCU Health Palliative Care ECHO program partners with community practices caring for patients with serious ill applies our interdisciplinary care team - a mix of physicians, nurses, social workers, psychologists, chaplains and m provide patient care support and education throughout Virginia.

We have a long-standing palliative care program with an inpatient unit, consult service and supportive care clinic to serious illness care. Many communities in Virginia do not have access to palliative care and we're here to help.

- [View Palliative Care ECHO sessions \(CME/CEU available\).](#)
- [Register now for an upcoming clinic.](#)
- [Submit your case study \(Registration required for providers only\)](#)
- [Live Session Participants: Claim CME/CEU.](#)

Contact us for more information or help with any questions about our program.

About Palliative Care

Palliative care is a specialty that improves the quality of life of patients and their families who are facing problems with life limiting illness. Although most frequently associated with cancer, palliative care can be a resource for any life limiting illness, including CHF, COPD, dementia, cirrhosis and end stage renal disease. In contrast to hospice, access palliative care without being in the terminal stages of life and while continuing disease directed therapies.

Palliative care is holistic care that is generally provided by an interdisciplinary team and patients may be referred for

Telehealth	
About Telehealth at VCU Health	+
For Patients	+
For Providers	-
Opioid Addiction ECHO	+
Palliative Care ECHO	-
Curriculum	
Register Now!	
Submit Your Case Study	
Sickle Cell Disease ECHO	+

[Register now for an upcoming session on palliative care.](#)

Upcoming Sessions

11/14/19, Existential and Spiritual Assessments
Presented by Jason Callahan, MDiv.

Learning Objectives:

- Identify existential distress in patients, families and caregivers.
- Select appropriate interventions in addressing existential distress.
- Discuss grief and bereavement issues.

12/12/19, Five Key Takeaways from the Center to Advance Palliative Care (CAPC) National Seminar
Presented by J. Brian Cassel, PhD; Danielle Noreika, MD

Previous Sessions

02/14/19, Introduction to Palliative and Supportive Care
Presented by Danielle Noreika, MD

Learning Objectives:

- Define palliative care and differentiate from hospice.
- Describe reasons for referral to palliative care.
- Describe basic structure of palliative care team.

[View session for CME](#)
[View slide presentation](#)

02/28/19, Surgical Palliative Care

Presented by Emily Rivet, MD

Learning Objectives:

- Define surgical palliative care.
- Compare considerations in palliative patients undergoing surgery.



Telehealth

About Telehealth at VCU Health +

For Patients +

For Providers -

Opioid Addiction ECHO +

Palliative Care ECHO -

Curriculum

Register Now!

Submit Your Case Study

Sickle Cell Disease ECHO +

Curriculum

[Register now](#) for an upcoming session on palliative care.

Upcoming Sessions

11/14/19, Existential and Spiritual Assessments

Presented by Jason Callahan, MDiv.

Learning Objectives:

- Identify existential distress in patients, families and caregivers.
- Select appropriate interventions in addressing existential distress.
- Discuss grief and bereavement issues.

12/12/19, Five Key Takeaways from the Center to Advance Palliative Care (CAPC) National Seminar

Presented by J. Brian Cassel, PhD; Danielle Noreika, MD

Previous Sessions

02/14/19, Introduction to Palliative and Supportive Care

Presented by Danielle Noreika, MD

Learning Objectives:

- Define palliative care and differentiate from hospice.
- Describe reasons for referral to palliative care.
- Describe basic structure of palliative care team.

[View session for CME](#)

[View slide presentation](#)

02/28/19, Surgical Palliative Care

Presented by Emily Rivet, MD

Learning Objectives:

- Define surgical palliative care.
- Compare considerations in palliative patients undergoing surgery.





View previously recorded ECHOs for CME

Click “Tests” to view video of the session and take a short quiz for continuing education credit



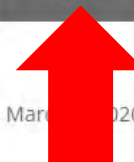
Sign In Live Courses RSS Calendar Online Courses About Contact Us Help

Introduction to Palliative and Supportive Care

Overview

Faculty

Tests



Date & Location

Wednesday, March 6, 2019, 9:09 AM - Friday, March 10, 2020, 10:09 AM

Target Audience

Hospitalist, Internal Medicine, Multiple Specialties, Psychology, Social Work

Overview

Online archived sessions include a video, a listing of reading materials and a post-test assessment.

Objectives

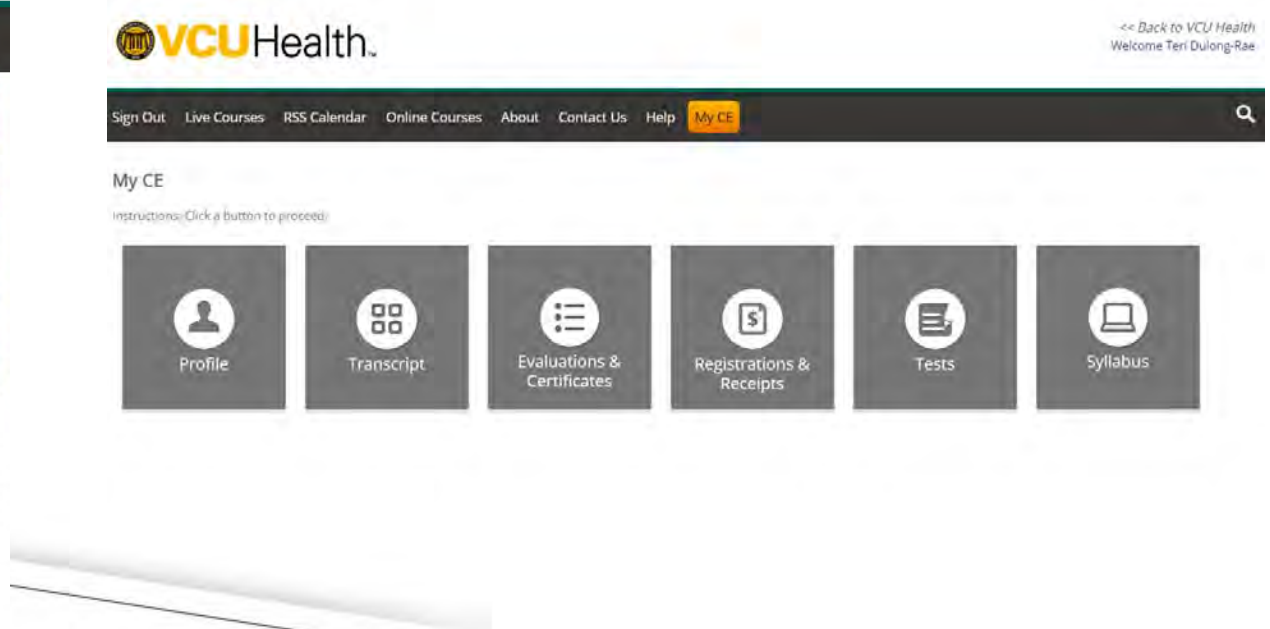
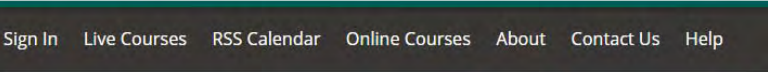
1. Define palliative care and differentiate from hospice
2. Define palliative care and differentiate from hospice
3. Describe basic structure of palliative care team





View your CME/CEU transcript

- Go to vcu.cloud-cme.com and click “My CE”
- Log in with the email you used to register for our ECHO session





View your CME/CEU transcript

If you have never logged in before, you may be prompted to enter more information before you can view your transcript



[Logout](#) [Attendee Portal](#)

[print](#)

Please complete the information below. Required fields are noted with a red asterisk. Scroll down and click Submit. If you are new to this system, you will need to login with your email address and the password you created below.

[Reset My Password](#)

I am eligible for the following credit categories

- AMA PRA Category 1 Credits™
- AAFP - American Academy of Family Physicians
- ACPE - Accreditation Council for Pharmacy Education
- ANCC - American Nurses Credentialing Center (contact hours)
- ADA CERP - American Dental Association Continuing Education Recognition Program
- ABA MOCA 2.0 Part 2
- American Psychological Association
- Non-Physician Attendance
- AAP - American Academy of Pediatrics
- ABIM - American Board of Internal Medicine MOC Part II
- ASET - The Neurodiagnostic Society ACE
- ABP - American Board of Pediatrics MOC Part II
- General Attendance
- ABIM MOC Part 2
- ABPN MOC Part 2

Basic Information

Employee Category

- I am an employed member of VCU Health Staff.
- I am a community member of VCU Health Staff.
- I am NOT a member of VCU Health Staff.

Salutation First MI Last Suffix





THANK YOU!

We hope to see you at our next ECHO

