

# VCU Palliative Care ECHO\*

April 25, 2019

Safety in Opioid Use in Serious Illness

# Continuing Medical Education

April 11, 2019 | 12:00 PM | teleECHO Conference

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

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April 11, 2019 | 12:00 PM | teleECHO Conference

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

**Danielle Noreika, MD**

**Egidio Del Fabbro, MD**

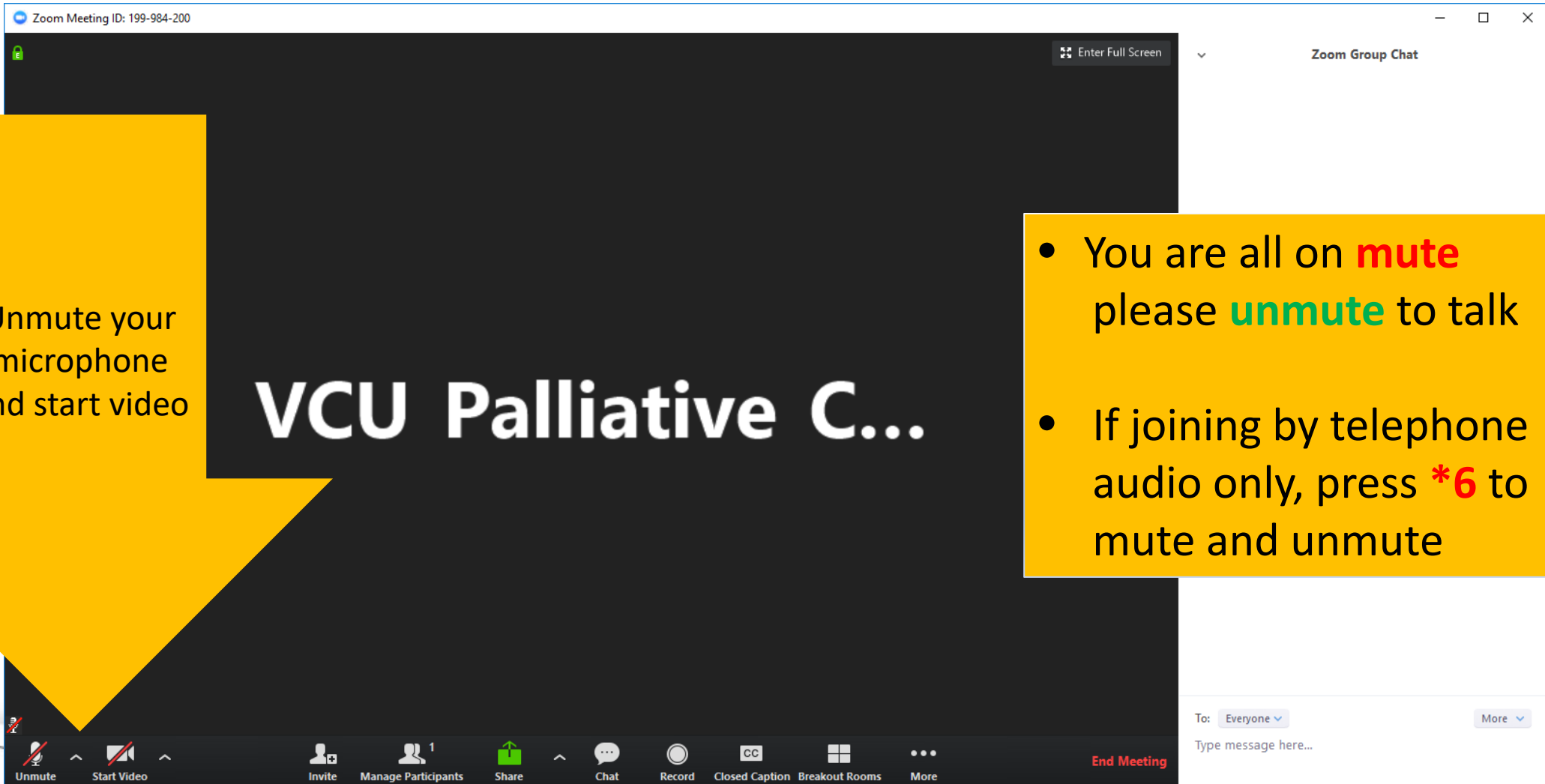
***No commercial or in-kind support was provided for this activity***

# Helpful Reminders

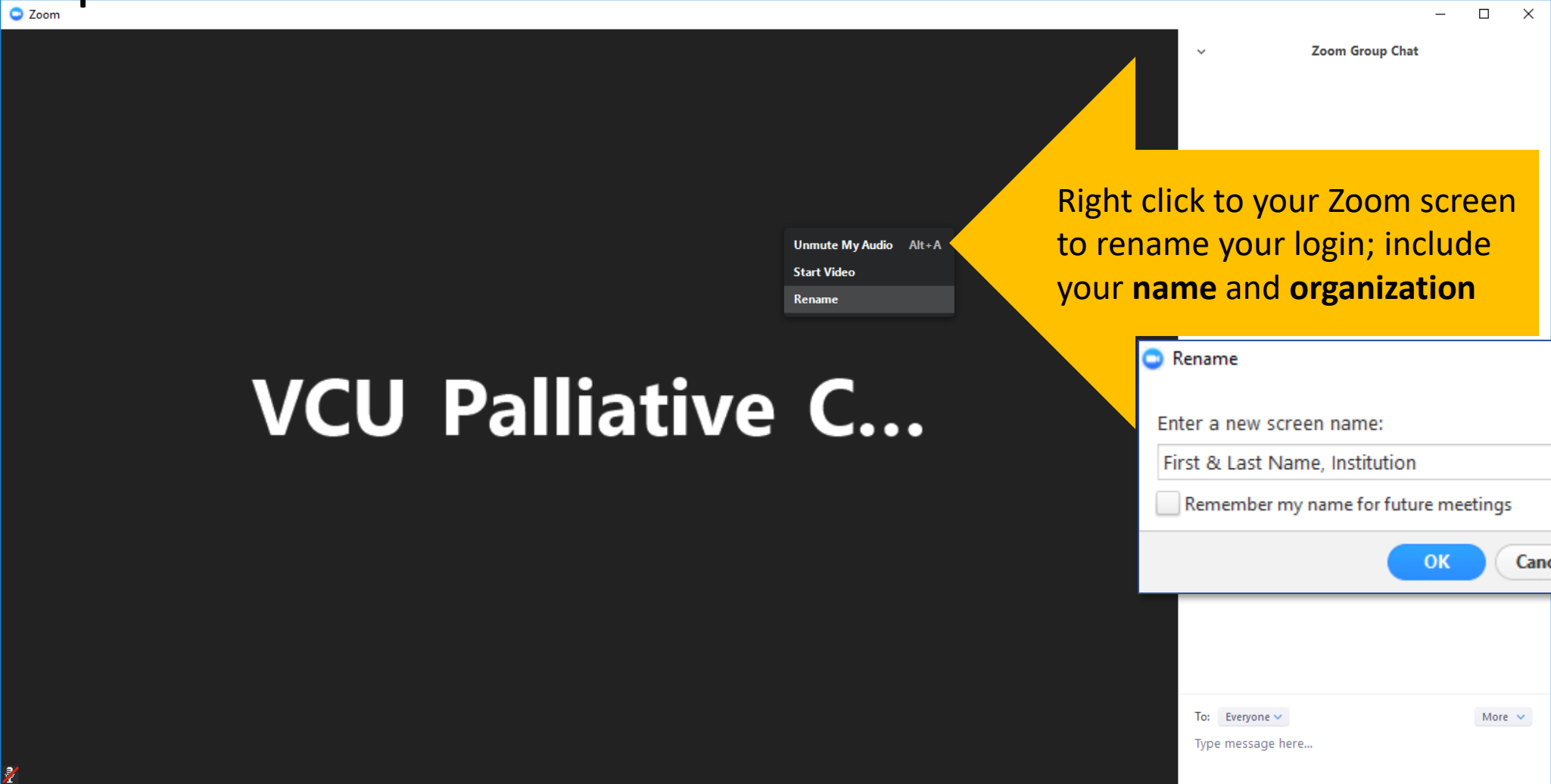
Unmute your  
microphone  
and start video

## VCU Palliative C...

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



# Helpful Reminders



Zoom Group Chat

- Unmute My Audio Alt+A
- Start Video
- Rename**

VCU Palliative C...

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

Rename

Enter a new screen name:

First & Last Name, Institution

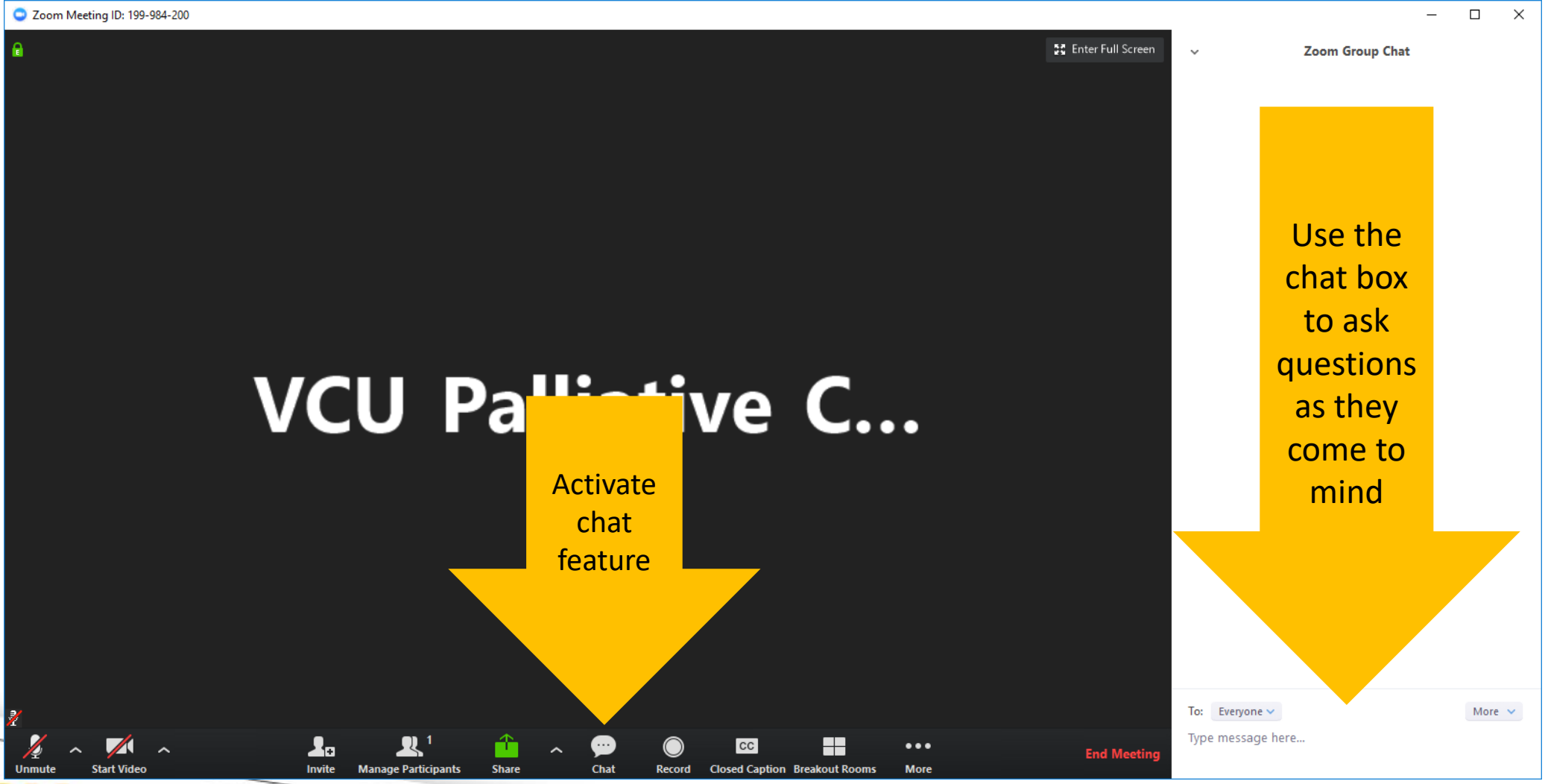
Remember my name for future meetings

OK Cancel

To: Everyone More

Type message here...

# Helpful Reminders



The screenshot shows a Zoom meeting window with a dark background. The title bar at the top reads "Zoom Meeting ID: 199-984-200". The main content area displays "VCU Palliative C...". A yellow arrow points from the text "Activate chat feature" to the "Chat" icon in the bottom toolbar. On the right side, a "Zoom Group Chat" panel is visible, containing a text input field "Type message here..." and a "More" button. A large yellow arrow points from the text "Use the chat box to ask questions as they come to mind" to the chat input field.

# 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](http://www.vcuhealth.org/pcecho)
- Email: [pcecho@vcuhealth.org](mailto:pcecho@vcuhealth.org)



# Hub Introductions

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



# Spoke Participant Introductions

Name and Institution

# Opioids and Pain

Egidio Del Fabbro MD  
Chair, Palliative Care Program  
Virginia Commonwealth University  
Massey Cancer Center



PRESENTED AT:

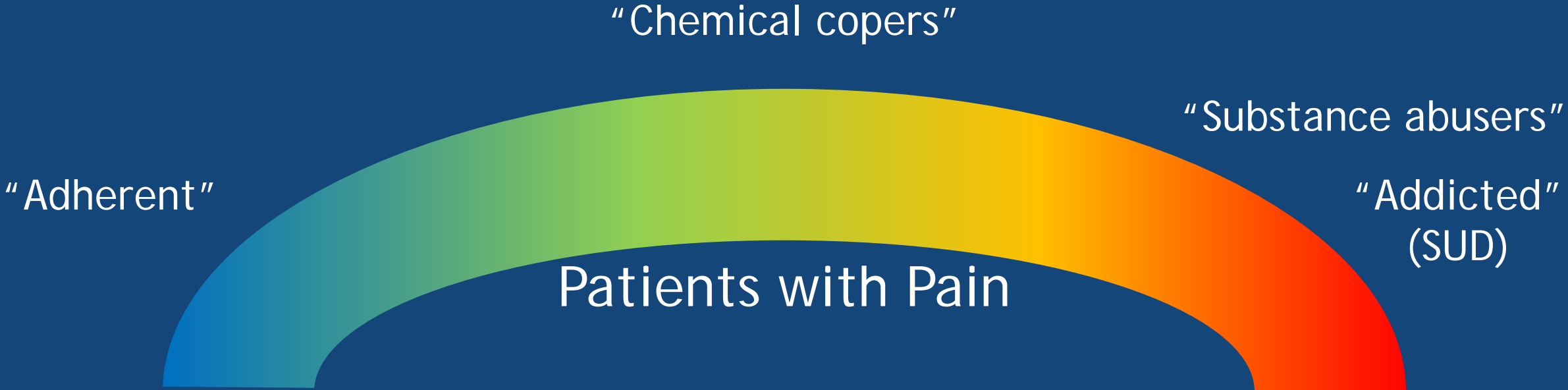
2018 ASCO  
ANNUAL MEETING

#ASCO18

Solid content like program by title only,  
permission required for reuse.

PRESENTED BY:

All addicts are Chemical Copers but not all Chemical Copers are addicts  
Population is Heterogeneous



Adapted from: Passik, Kirsch. *Exp Clin Psychopharmacol* 2008

# Definition of addiction

- A chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Addiction often involves cycles of relapse and remission, and without treatment is progressive and can result in disability or death

adapted from [www.asam.org](http://www.asam.org)

# Identifying and assessing risk of opioid abuse in cancer: an integrative review

- 691 articles using search terms
- 34 case studies, case series, retrospective observational studies, narrative reviews
- screening questionnaires for opioid abuse or alcohol, urine drug screens to identify opioid misuse or abuse, prescription drug-monitoring programs, universal precautions
- 7 opioid specific 13 CAGE questionnaire to assess the risk of “chemical coping”
- Screening questionnaires one in five may be at risk of opioid-use disorder
- Several studies demonstrated associations between high-risk patients and clinical outcomes, such as aberrant behavior, prolonged opioid use, higher morphine-equivalent daily dose, greater health care utilization, and symptom burden

[Substance Abuse and Rehabilitation](#) Carmichael, Morgan , Del Fabbro 2016

PRESENTED AT:

2018 ASCO  
ANNUAL MEETING

#ASCO18

Slides are the property of the author,  
permission required for reuse.

PRESENTED BY:

# Mrs. M

- 68yr Non-Small Cell Lung Cancer
- Limited metastatic disease
- L2 compression fracture
  
- Admitted to the ICU for agitated **delirium, intractable back pain** and pneumonia
- New onset seizures
- Palliative care are consulted, asked to “take over”

JPM April 2007

# Transfer to the Palliative Care Unit

- Hydromorphone iv 50mg/hr
- Methadone iv 20mg/hr
- Ketamine iv 60mg/hr
- Muscle relaxants - baclofen/tizanidine
- Dexamethasone iv
- Lorazepam iv



# Mrs. M

## PCU management

- Discontinue - Ketamine Methadone and HM
- Started morphine 5mg/hr
  - Light sedation midazolam 1mg/hr
  - Haloperidol resumed up to 48mg/24hr iv
- D7 cognition at baseline
- Constipation treated, radiation to lumbar spine
- Family/patient counselling

# Mrs. M

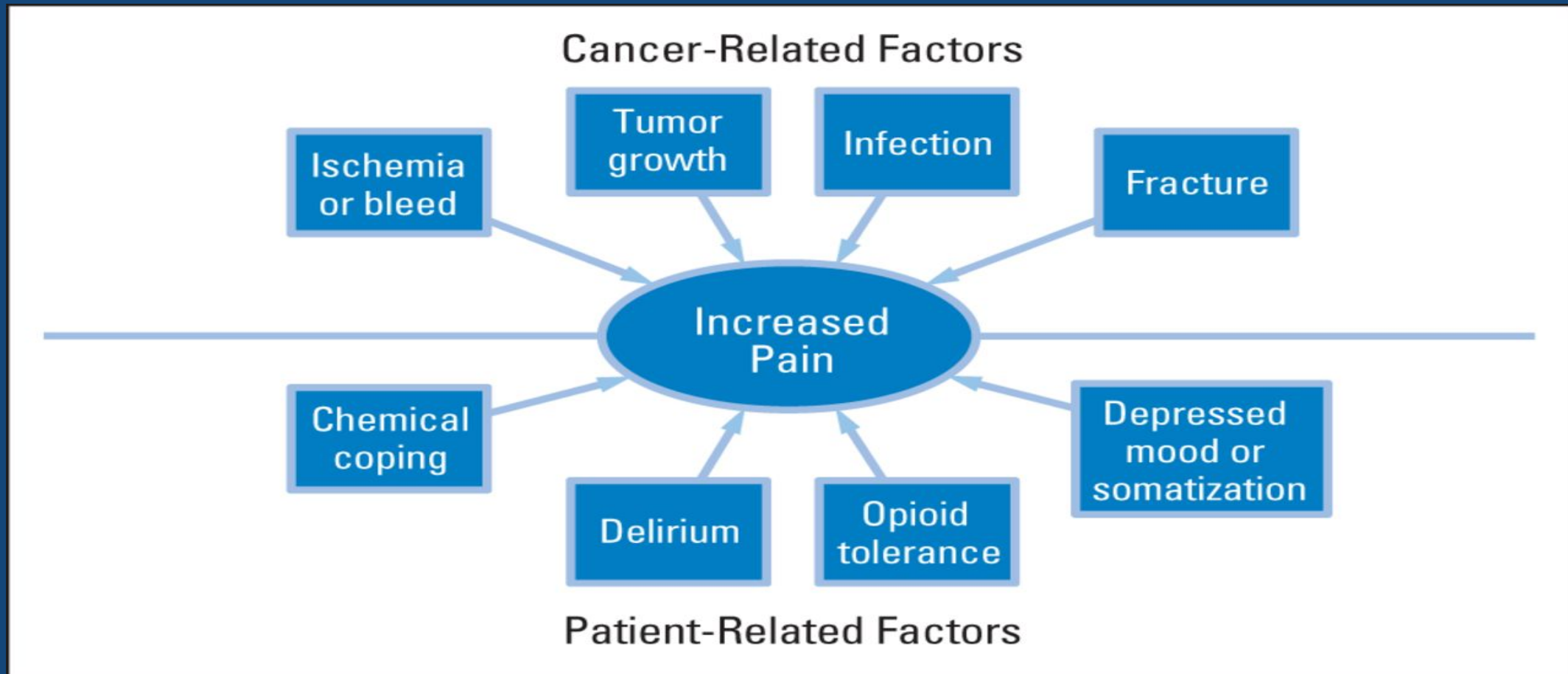
- History of anxiety and depression
- Alprazolam use for many years
- Excessive alcohol use per brother
- Social stressors
- Complicated grief after loss of spouse

- Day 7 cognition at baseline
- Completed XRT to Spinal lesion
- Discharged home one week later able to ambulate
- Followed up in our outpatient clinic

## Continued Challenges

- Physical vs Psychological vs Spiritual vs Social suffering
- Maladaptive coping mechanism
- Attempted to avoid polypharmacy

# Cancer- and patient-related factors contributing to pain



DeI Fabbro E JCO 2014;32:1734-1738

# Complications of chemical coping

- Opioid induced neurotoxicity
- Combining drugs of abuse
- Overdose
- Death
- Medico legal problems
- Addiction
- Poor quality of life, increased symptom burden
- Diversion

Bruera Pain 1989, Bruera JPSM 1995, Fainsinger JPSM 2005, Bohnert JAMA 2005, Walton PHR 2015,

# Opioid Induced Neurotoxicity

- Severe sedation
- Cognitive failure
- Hallucinosi/s/Delirium
- Myoclonus/Grand mal seizures
- Hyperalgesia/Allodynia

# Prevention of OIN

## Identify Risk factors

1. Factors that reduce the brain's reserve to cope (other drugs with CNS effects)
2. Factors causing accumulation of opioid metabolites
3. Factors resulting in rapid opioid escalation

Need a multidimensional pain assessment

# Mr T

- Liver transplant
- 5 years later B cell lymphoma
- Lytic lesions in L spine, splenomegaly
- Rx Chemo, surgery for spinal stenosis and pain
- Home fentanyl PCA, Ketamine
- MEDD >1000 in 2011



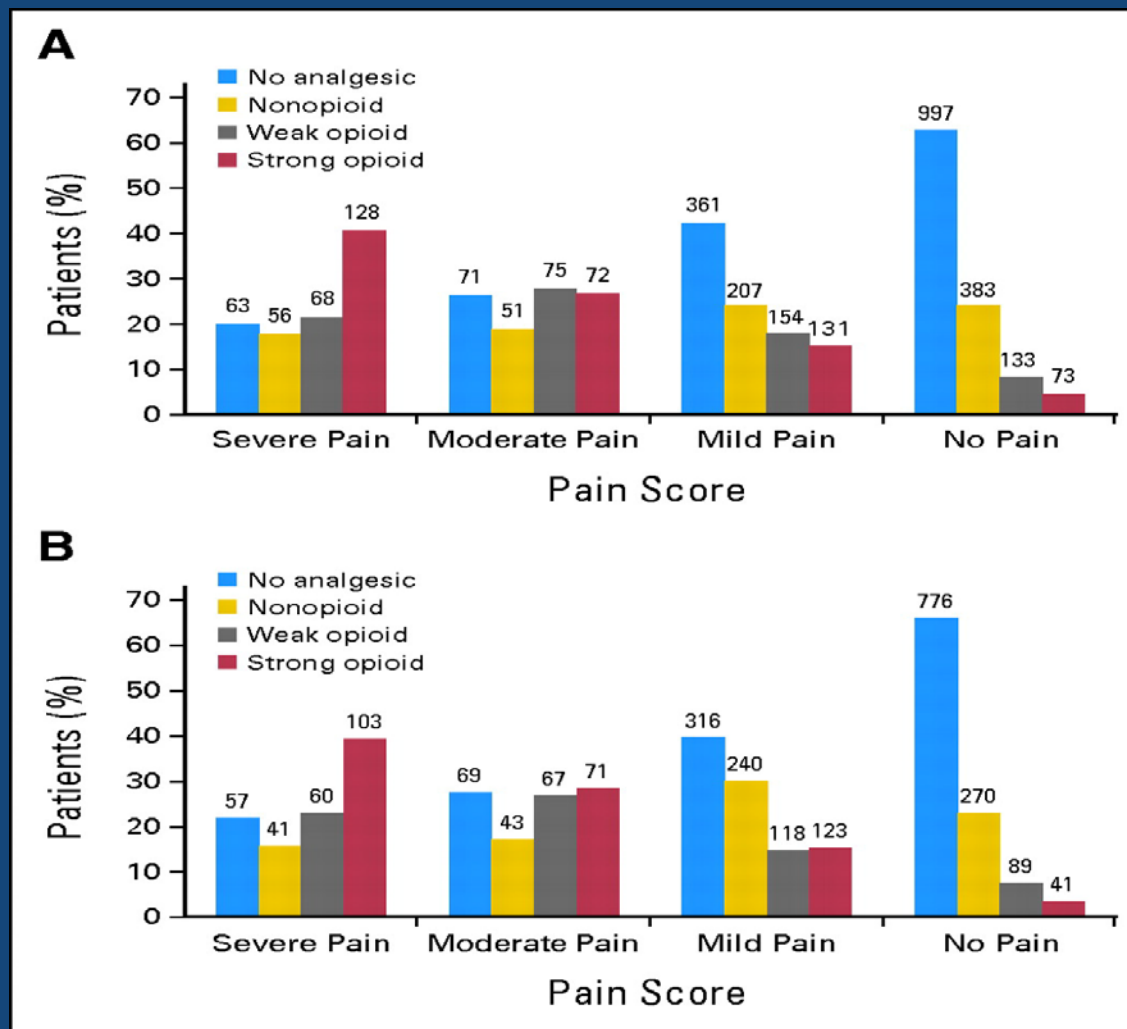
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# MR T.

- 7 years later continues to be seen in Supportive Care clinic
- **NED**
- Left foot drop
- Chronic numbness, tingling, burning bilateral LE's
- Providers concerned about chemic coping
- Insurance concerned about 'excessive narcotic' dose
- Oxycodone ER and IR with MEDD=120
- Function=works full time, resistance training and treadmill 3x/week

# Analgesic prescribing in relation to pain severity at (A) initial assessment and (B) follow-up 28 to 35 days later



Fisch M J et al. JCO 2012;30:1980-1988

# Management Strategies

## Compassionate High Alert Team (CHAT) Program

Arthur Oncologist 2017

### Triggers

- Abnormal UDS results
- Multiple early refills requested
- Running out of opioids early
- Lost prescriptions
- medications multiple providers

### Approach

- Education about safe opioid use
- Longitudinal counseling
- Sensitive communication
- Frequent monitoring
- Structured documentation
- Personalized treatment  
Logistical and caregiver support



# Accessing CME credit



# Submit your evaluation to claim your CME

After our live ECHO session, visit [www.vcuhealth.org/pcecho](http://www.vcuhealth.org/pcecho)

Click “Claim CME and Provide Evaluation”

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. [Learn more](#) about palliative care.

**Register now for an upcoming clinic.**

[Submit a case study](#) (registered participants only).

[Contact us](#) for more information or help with any questions about our program.

**Telehealth**

- About Telehealth at VCU Health
- For Patients
- For Providers**

  - Virginia Opioid Addiction ECHO
  - VCU Health Palliative Care ECHO**

    - Register Now!
    - Submit Your Case Study
    - About
    - Curriculum
    - Claim CME and Provide Evaluation**

- Virginia Sickle Cell Disease ECHO
- Telehealth Programs



# Submit your evaluation to claim your CME

+

**VCU Health Palliative Care ECHO Survey** Resize font: + | -

Please complete the survey below.

Thank you!

<b>Name</b> <small>* must provide value</small>	<input type="text"/>
<b>Credentials (MD, DO, NP, RN, ...)</b> <small>* must provide value</small>	<input type="text"/>
<b>Email Address</b> <small>* must provide value</small>	<input type="text"/>
<b>I attest that I have successfully attended the Virginia Palliative Care ECHO Clinic.</b> <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No
<b>Do you intend to make changes based on this presentation?</b> <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No <span>reset</span>
<b>What was the quality of the brief lecture?</b> <small>* must provide value</small>	<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Neutral <input type="radio"/> Good <input type="radio"/> Excellent <span>reset</span>
<b>What feature of the TeleECHO clinic did you enjoy most?</b> <small>* must provide value</small>	<input type="radio"/> Didactic Presentation <input type="radio"/> Case Presentation <input type="radio"/> Discussions & interactions between hubs and spokes (participants) <input type="radio"/> Other <span>reset</span>
<b>What other palliative related topics would you like addressed?</b>	







# View previously recorded ECHOs for CME

To view previously recorded sessions and claim credit, visit

[www.vcuhealth.org/pcecho](http://www.vcuhealth.org/pcecho)

Click “Curriculum”

The screenshot shows the VCU Health Palliative Care ECHO website. The main content area is titled "VCU Health Palliative Care ECHO" and includes a description of the program, a link to "Learn more" about palliative care, and options to "Register now for an upcoming clinic," "Submit a case study," and "Contact us." On the right side, there is a "Telehealth" sidebar menu with a yellow header. The "For Providers" section is expanded, showing a list of links: "Virginia Opioid Addiction ECHO," "VCU Health Palliative Care ECHO," "Register Now!", "Submit Your Case Study," "About," "Curriculum," "Claim CME and Provide Evaluation," "Virginia Sickle Cell Disease ECHO," and "Telehealth Programs." A large red arrow points from the "Curriculum" link in the sidebar towards the main content area.





# View previously recorded ECHOs for CME

Select the session you would like to view

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VCUHealth. Our Providers Our Services Locations Patients & Visitors For Your Health Our Story

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

## Curriculum

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


Topic	Date	Speaker & Resources
Introduction to Palliative and Supportive Care	02/14/19	Danielle Noreika, MD <a href="#">Video of Clinic</a>

Learning Objectives:

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

### Telehealth

- About Telehealth at VCU Health
- For Patients
- For Providers**
- Virginia Opioid Addiction ECHO
- VCU Health Palliative Care ECHO**
- Register Now!
- Submit Your Case Study
- About




# View previously recorded ECHOs for CME

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



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## Introduction to Palliative and Supportive Care

[Overview](#)

[Faculty](#)

[Tests](#)

### Date & Location

Wednesday, March 6, 2019, 9:09 AM - Friday, March 15, 2020, 10:09 AM

### Target Audience

Hospitalist, Internal Medicine, Multiple Specialties, Gerontology, 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



# THANK YOU!

We hope to see you at our next ECHO

