Opioid Use Disorder Education and Treatment ECHO Series

Session 20 - The Wrap Up, and What Did You Learn

September 20, 2022

Heather Bell, MD and Kurt DeVine, MD

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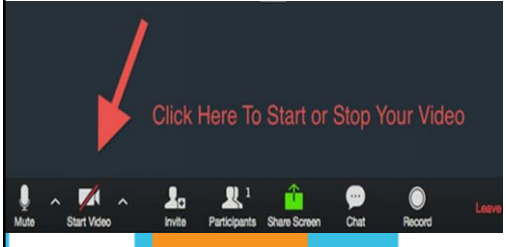

YES, THERE'S *FREE* CME

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Minnesota Medical Association (MMA) through the joint providership of Stratis Health and the Minnesota Academy of Family Physicians. **Stratis Health is accredited by the MMA to provide continuing medical education for physicians.**

Stratis Health designates this educational activity for a maximum of **1 *AMA PRA Category 1 Credits™*.**

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

Continuing Education Credits and Contact Hours for Other Health Professionals

The OUD Education and Treatment ECHO Series may meet continuing education requirements for your focus. It is the responsibility of the individual to determine if this activity fulfills that requirement.

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SPECIAL OPIOID ECHO EVENT

Sam Quinones

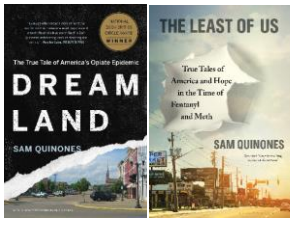
Award-winning journalist and author who foretold the opioid epidemic.

November 2, 2022 | 12:15-1:15 p.m. CST

Sam Quinones woke many Americans to the dangers of the opioid epidemic with *Dreamland: The True Tale of America's Opiate Epidemic* in 2015. Join us as he discusses this and the riveting follow-up, *The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth*.

Mr. Quinones will discuss the opioid epidemic and answer questions relating to:

- The heroin, meth, and Fentanyl overlap in addiction
- The fueling of the opioid crisis by drug companies
- The devastating shift from "old" to "new" meth
- The painful lived experiences of families and other loved ones



Email Katie Stangl, kstangl@stratishealth.org to join.
Email at least two days before the session to receive the Zoom link.

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Upcoming ECHO Sessions

- **Wednesday, Sep. 21, 2022**
  988 Suicide Prevention Line, Emily Yang, Minnesota Department of Health
- **Wednesday, Sep. 28, 2022**
  Addiction Legislation Update, Charlie Reznikoff, MD
- **Wednesday, Oct. 5, 2022**
  Ted Hartwell, MA, Nevada Council on Problem Gambling
- **Wednesday, Oct. 12, 2022**
  Renee Crichlow MD, FAAFP, CMO Codman Square & Vice-Chair of Health Equity Boston University Dept of Family Medicine
- **Wednesday, Oct. 19, 2022**
  Damir S. Utrzan, Ph.D., LMFT, DAAETS, Manager of Mental Health Services for Center City-Hazelden Betty Ford Foundation
- **Wednesday, Oct. 26, 2022**
  Epidemiologic Perspective on Substance Use and Overdose in Minnesota, Mary DeLaquil, MPH, Minnesota Department of Health
- **Wednesday, Nov. 2, 2022**
  Sam Quinones, Author, "Dreamland" and "The Least of Us"
- **Wednesday, Nov. 9, 2022**
  Minnesota Prescription Monitoring Program (PMP) Part 1, Shannon Tonn, Minnesota Board of Pharmacy
- **Wednesday, Nov. 30, 2022**
  PMP Part 2, Shannon Tonn, Minnesota Board of Pharmacy
- **Wednesday, Dec. 7, 2022**
  Intro to Psychedelic Micro-Dosing, Shannon Myers

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TECHNICAL ASSISTANCE

- **We are ALWAYS here for you!**
  - Program implementation
  - Inductions
  - Difficult cases
  - Trouble-shooting
  - Anything!
- **Call us anytime:**
  - Erin Foss, RN, Program Manager/Nurse Specialist efoss@stratishealth.org, Cell: 320-282-6553
  - Heather Bell: 320-630-5607
  - Kurt DeVine: 320-630-2507

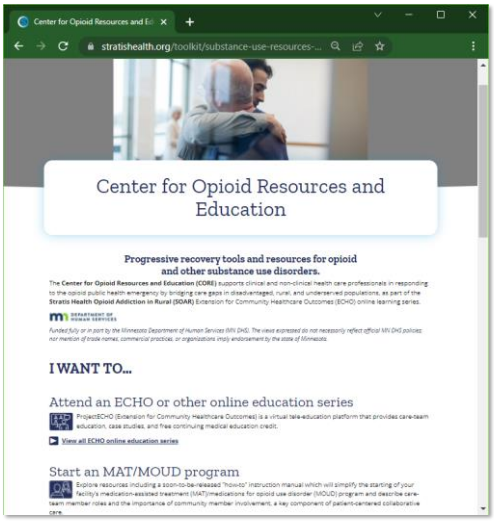
Center for Opioid Resources and Education (CORE)

Online source for progressive recovery tools and resources for opioid and other substance use disorders includes:

- Links to all current OUD ECHOs
- How-tos to simplify starting an MAT/MOUD program
- SUD clinical resources to use in practice
- Info to connect with other MAT/MOUD practitioners
- And more!

Center for Opioid Resources and Education - Stratis Health

The **Center for Opioid Resources and Education (CORE)** supports clinical and non-clinical health care professionals in responding to the opioid public health emergency by bridging care gaps in disadvantaged, rural, and underserved populations, as part of the **Stratis Health Opioid Addiction in Rural (SOAR)** Extension for Community Healthcare Outcomes (ECHO) online learning series.
https://stratishealth.org/toolkit/substance-use-resources-and-education/



"The Addiction Connection Podcast"

Weekly addiction topics- Tuesday release day!

www.buzzsprout.com/954034
(Or anywhere you get your podcasts!)
Email us questions:
theaddictionconnectionpodcast@gmail.com

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Objectives

- Emphasize important points that have been discussed during the course
- Review and discuss topics that are important when caring for patients with OUD
- Allow time for participants to ask questions, comment or critique course

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Opioid co-prescribed with benzodiazepines in older adults...

A. Is associated with fewer ER visits
B. In some studies, is associated with 4x's more falls than patients on neither medication
C. Improves sleep apnea
D. Is associated with improved driving skills

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The major difference between lapse and relapse is related to the type of drug used?

A. True

B. False

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Collaboration of local clinics and county jails is important because:

A. Collaboration around SUD can decrease recidivism
B. Many patients with SUD enter the legal system
C. Overdose risk of patient is high upon release from jail
D. All of the above

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A. Decreased
B. Stopped
C. Increased
D. Unchanged

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Regarding duration of treatment of OUD, which of the following statements is TRUE?

A. Patients can be safely tapered after one year
B. Naltrexone and buprenorphine have similar survival data at five years
C. No good data exists regarding length of treatment, but fewer than five years have 86% relapse
D. Detox and tapering off buprenorphine is a safe strategy

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As pregnancy reaches 2nd and 3rd trimester…

A. Buprenorphine should be decreased due to increased risk to the fetus
B. Patients on buprenorphine should be transitioned to methadone
C. Buprenorphine should be stopped prior to the 2nd trimester
D. Buprenorphine should be increased if patient develops withdrawal symptoms

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Regarding patients with OUD on buprenorphine/naloxone, a UA positive for methamphetamine should..

A. Prompt a discussion regarding use and need for further services
B. Be offered off label medications such as topiramate to decrease cravings
C. Be discharged from the [moud] program
D. A and B

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Patients with OUD who drink alcohol have:

A. Less morbidity than patients with OUD who don't drink alcohol
B. Increased risk of respiratory depression
C. Increased risk of developing AUD
D. B and C

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Regarding benzodiazepines, which of the following statements are false?

A. Benzodiazepines are all metabolized into the same metabolite
B. Fast acting benzos are less often misused
C. Benzos should be prescribed as first line of treatment for anxiety
D. A and C
E. A, B and C

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Regarding patients seen in the ED in opioid withdrawal, which of the following statements are TRUE?

A. It is not recommended to start buprenorphine unless the patient has previously taken it
B. Precipitated withdrawal can occur if patient is only in mild withdrawal and given a modest dose of a buprenorphine product
C. Methadone is the preferred treatment in the ED
D. None of the above

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Infectious disease can be transferred by patients who share…

A. Needles

B. Spoons

C. Pipes

D. All of the above

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Low dose inductions done frequently for patients using fentanyl or methadone…

A. May decrease risk of precipitated withdrawal
B. Are never successful
C. May not completely resolve withdrawal symptoms
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Patients presenting for MOUD treatment should only be told about treatment options you offer at your clinic…

A. True

B. False

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B. False

Things that might help you identify patients on chronic opioids who have developed an OUD would include:

A. Urine drug screening
B. Recent arrest for drug charges
C. The smell of alcohol in the room
D. Checking the PDMP
E. A, B, and D
F. All of the above

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Regarding patients on chronic opioid treatments, which of the following are TRUE?

A. Patients on the highest opioid doses are more likely to be on benzos
B. The higher the MME, the higher the risk for accidental overdose
C. Patients with a history of AUD have a higher risk of developing OUD
D. All of the above

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Patients actively using methamphetamine and also exhibiting psychotic features without presenting a danger to themselves or others should always be started on medication as soon as possible:

A. True

B. False

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Which of the following are among the criteria to determine an ACE score?

A. History of sexual abuse
B. Incarcerated household member
C. Favorite pet died
D. A and B
E. A and C

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As ACE scores increase, so does the risk of:

A. Drug use
B. Suicide attempt
C. Severe obesity
D. All of the above

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The most common falsely positive urine screening drug test is:

A. Morphine
B. Tramadol
C. Oxycodone
D. Amphetamine

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Patients who are morbidly obese should be screening for what condition before starting chronic opioids?

A. Diabetes

B. Sleep apnea

C. Congestive heart failure

D. Prostate cancer

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For questions regarding content:

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The Addiction
Connection

DEPARTMENT OF HUMAN SERVICES

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Project ECHO
Stratis Health Minnesota

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STRONG MEDICINE FOR MINNESOTA