



Northwest Portland Area  
Indian Health Board  
*Indian Leadership for Indian Health*

# Cherokee Nation SUD ECHO

## Introduction/Kick-off

7-30-20

# Objectives

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- **Discuss best practices in prescribing and managing SUD**
- **Describe how to implement SUD in Cherokee Nation clinical settings**

# Continuing Education

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## **Continuing Medical Education (CME)**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the California Medical Association (CMA) through the joint providership of Cardea and Northwest Portland Area Indian Health Board. Cardea is accredited by the CMA to provide continuing medical education for physicians.

Cardea designates this live activity for a maximum of *6.0 AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim credit commensurate with the extent of their participation in the activity.

## **Continuing Nursing Education (CNE)**

Cardea Services is approved as a provider of continuing nursing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

Upon successful completion of this CE activity 6.0 contact hours will be awarded

## **CPE**

The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.

ACPE UAN # | 0130-9999-20-068-L01-P | 6.0 ACPE CPE hrs. | Activity Type: Knowledge 

# Continuing Education

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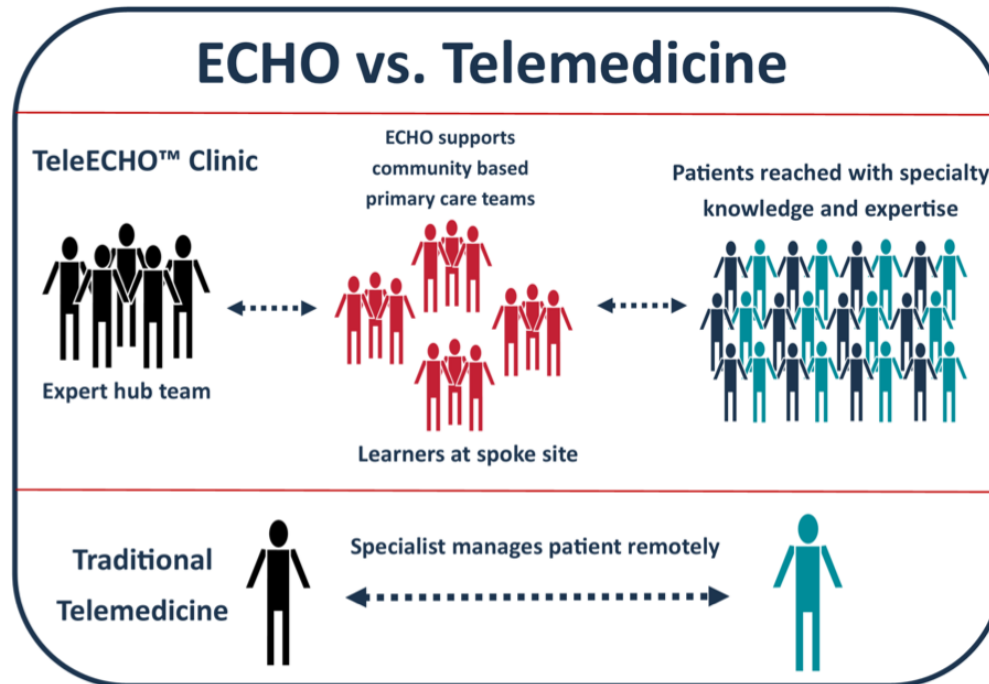
## **In order to receive continuing education credit:**

- Sign in and attend each ECHO session – participation in all eight sessions is required- no partial credit will be issued
- Complete an online evaluation using the link provided at the last session
- Complete an online certification request after the last session

**CME and CNE:** After completing the above steps, certificates will be sent via email. There is no charge for your CE credit.

**CPE:** After completing the above steps, WSPA will upload your CE within 5-6 weeks and will notify you by email. You will need to check your CPE Monitor to confirm your CE. There is no charge for your CE credit. In order to obtain credit, pharmacists must supply their NABP number and date of birth.

# Indian Country SUD ECHO



The ECHO model is **not** ‘**traditional telemedicine**’.  
The **treating physician retains responsibility**  
for managing their patients.

# Indian Country SUD ECHO

## Anatomy of a TeleECHO Session

**Zoom** in to join your teleECHO session

**Introductions**: Introductions by network participants, then faculty team

**Brief Lecture**: 15-20 minute presentation by a faculty member

**Case Presentations**: Participants present real (de-identified) patient cases to discuss and receive recommendations from other participants on the network and from hub specialists

Faculty **summarizes recommendations** and emails recommendations to the participant who presented a case

# Program Schedule

**ECHO Sessions** (please note you must attend all 8 ECHO sessions to receive continuing education credit)

- August 6th from 12-1pm CST
  - Didactic: *Substance Use Disorders: Brains, Behavior & Diagnosis* (Presenter: Jessica Gregg, MD)
  - Case Presentation: *Cherokee Nation Outpatient Health Center* (Presenters: Charity Gritts, NP & Charity Green)
- August 13th from 12-1pm CST
  - Didactic: *Culture-based Strategies for Substance Use Disorders: Decolonizing Addiction* (Presenter: Melissa Lewis, PhD)
  - Case Presentation: *Wilma P. Mankiller Health Center* (Presenter: Brett A Nelson, MD)
- August 20th from 12-1pm CST
  - Didactic: *Motivational Interviewing Techniques for Substance Use Disorders* (Presenters: Danica Brown, PhD, MSW)
  - Case Presentation: *Cherokee Nation Outpatient Health Center* (Presenter: Cynthia Keele, NP)
- August 27th from 12-1pm CST
  - Didactic: *A Patient's Experience Using Telehealth: Opportunities for Engagement* (Presenter: Patient, TBD & James Stalcup, MD)
  - Case Presentation: *Three Rivers Health Center* (Presenters: Brittany Lamont, LPC-C, LADC-C & Amber Masters)
- September 3rd from 12-1m CST
  - Didactic: *Indigenous Harm Reduction* (Presenters: Vickie Bradley, RN, MPH)
  - Case Presentation: *Cherokee Nation Outpatient Health Center* (Presenters: Ashleigh Coser, Psychologist, Holly Caddell & Micala Cooper, LMSW)
- September 10th from 12-1pm CST
  - Didactic: *Medications for OUD: Who Should Get What, and When* (Presenters: Jessica Gregg, MD)
  - Case Presentation: *Cherokee Nation Outpatient Health Center* (Presenters: Pamela Rusco, LCSW, Adam O 'Daniel, LPC & Ashley Hopper, LPC)
- September 17th from 12-1pm CST
  - Didactic: *Trauma and Addiction* (Presenters: Danica Brown, PhD, MSW)
  - Case Presentation: *Sam Hider Health Center* (Presenters: Deirdre McAuley, MD)
- September 24th from 12-1pm CST
  - Didactic: *Introduction to Peer Recovery Mentors* (Presenter: Debra BuffaloBoy Bigelow, CADC II, CRM, PWS)
  - Case Presentation: *Three Rivers Health Center* (Presenters: Lisa Woodworth, APRN, Christen Pruet, LPC)
- Please note - In order to receive a certificate upon course completion, a case presentation is required.

# Case Presentation Form ([fillable PDF](#))

## Basic Information:

Provider Name:	Presentation Date:
Clinical Site:	
Clinical Site Location (City, State):	
Patient gender: Other	
Patient age: _____	
Insurance status: Select Option _____	Specify insurance: _____
Is this patient <b>currently</b> employed? Select Option _____	
Is this patient <b>currently</b> homeless? Select Option _____	
Has this patient <b>ever</b> experienced homelessness? Select Option _____	
Is the patient <b>currently</b> in a controlled environment (ie: jail, residential, etc)? Select Option _____	
Has the patient <b>ever been</b> in a controlled environment (ie: jail, residential, etc): Select Option _____	
Date of patient's next scheduled appointment with you: _____	

## 3-4 sentence HPI/Case Summary:

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

## Psychiatric Hx:

Psychiatric Diagnosis	Yes	Description
Depression	<input type="checkbox"/>	



# Flow of a Case Presentation

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1. Presentation of the case by clinician, using case presentation form
2. Summary of case by facilitator
3. Clarifying questions regarding the case from participants
4. Clarifying questions regarding the case from the hub team
5. Recommendations from participants
6. Recommendations from the hub team
7. Facilitator compiles the recommendations, which will then be sent via email to the presenting clinician after the session

# Common Patient Identifier Slip-Ups (PHI)

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- **Names:** Please do not refer to a patient's *first/middle/last name* or use any *initials*, etc.
- **Locations:** Please do not identify a patient's *county, city, or town*. Instead please use only the patient's *state* if you must.
- **Dates:** Please do not use any dates (like *birthdates*, etc.) that are linked to a patient. Instead please use only the patient's *age* (unless >89)
- **Employment:** Please do not identify a patient's *employer*, work *location* or *occupation*.
- **Other Common Identifiers:** Do not identify patient's *family* members, *friends, co-workers, numbers, e-mails*, etc.

# Indian Country SUD ECHO

## Evaluation to support program sustainability

### **Baseline survey:**

- <http://sgiz.mobi/s3/Indian-Country-ECHO-Participant-Survey>
- We will send out a request to complete a shortened version of this survey 6 months and 1 year from now

### **Case presentation follow-up:**

- We will also reach out to you after you present a case to learn how the patient is doing

Your participation helps us learn how this program has helped you and your community. It also allows us to share updates with funders to keep the program going!

# Indian Country SUD ECHO

End of Presentation

Questions?



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