



Building Community Capacity to Address the Opioid Crisis

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Objectives

1. Describe Indiana's Project ECHO for OUD and other complex medical conditions.
2. Describe upcoming expansions and initiatives of Indiana Project ECHO
3. Discuss Benefits and how you can get involved



ECHO Origin Story: HCV

- Estimated 36,000 individuals in New Mexico with HCV
 - Only 5% were in treatment
- Shortage of specialists
 - Only 2 clinics in New Mexico with the necessary expertise
- Virtual clinics for providers to treat HCV in their own communities
- Increased community capacity → Increased access to care → Reduction in racial and ethnic disparities in treatment outcomes → Healthier communities

Arora, S., Thornton, K., Murata, G., Deming, P., Kalishman, S., Dion, D., ... & Kistin, M. (2011). Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine*, 364(23), 2199-2207.



About Project ECHO

- ECHO = Extension for Community Healthcare Outcomes
- Mission: “...democratize medical knowledge and get best practice care to underserved people all over the world.”
- Project ECHO® is a lifelong learning and guided practice model that **revolutionizes medical education** and exponentially **increases workforce capacity** to provide **best practice specialty care** and **reduce health disparities** through its **hub-and-spoke** knowledge sharing networks



People need access to specialty care for complex conditions



Not enough specialists to treat everyone, especially in rural communities



ECHO® trains primary care clinicians to provide specialty care services



Patients get the right care, in the right place, at the right time.





Project ECHO Hubs (Global)



Hub Locations

ECHO Countries	ECHO Hubs	ECHO Programs
32	249	575

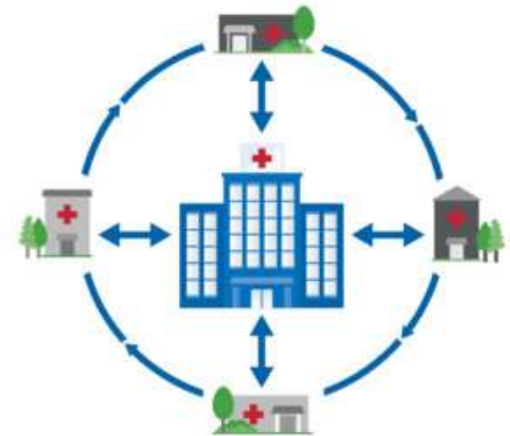


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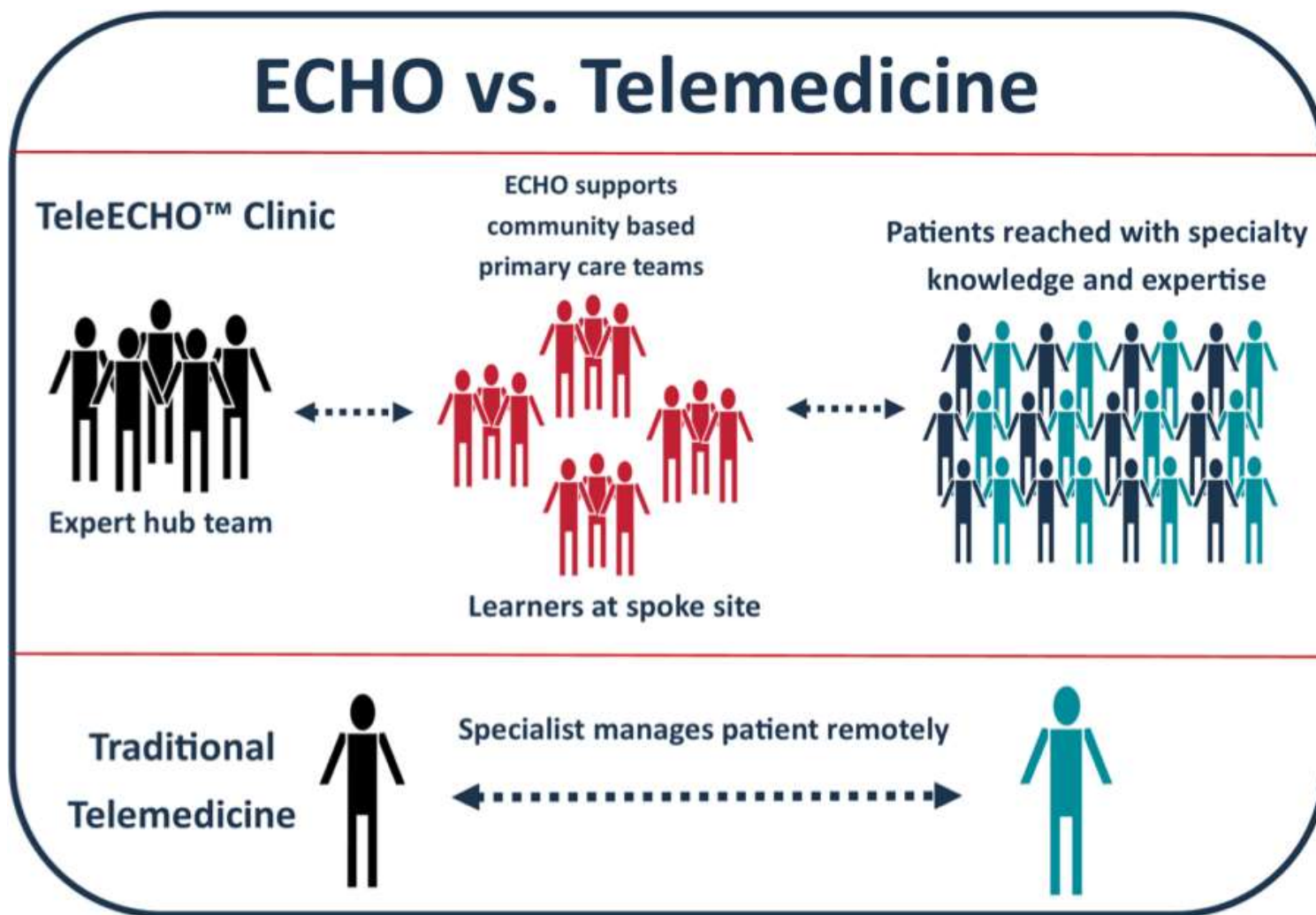
All Teach, All Learn

Hub and spoke knowledge sharing creates a learning loop:

- Community providers learn from specialists
- Community providers learn from each other
- Specialists learn from community providers as best practices emerge



ECHO vs. Telemedicine



Treating provider retains responsibility for managing patient.

View the online video at oud.iu.edu



Project ECHO: Outcomes

Research demonstrates that Project ECHO can:

- Increase provider knowledge, competence, & confidence in treating patients with complex conditions
- Improve access to care
- Improve patient health
- Increase job satisfaction & retention



Project ECHO: Outcomes

Arora S., Thornton K., Murata G., Deming P., Kalishman S., Dion D., et al. (2011) Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine* 364(23), 2199-207. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/21631316>

Hager, B., Hasselberg, M., Arzubi, E., Betlinski, J., Duncan, M., Richman, J., & Raney, L.E. (2018). Leveraging behavioral health expertise: Practices and potential of the Project ECHO approach to virtually integrating care in underserved areas. *Psychiatric Services*, 69(4), 366-369. <https://doi.org/10.1176/appi.ps.201700211>

Komaromy, M., Duhigg, D., Metcalf, A., Carlson, C., Kalishman, S., Hayes, L., Burke, T., Thornton, K., & Arora, S. (2016). Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders. *Substance Abuse* 13(37), 20-24. doi: 10.1080/08897077.2015.1129388

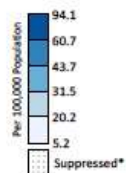
Zhou C., Crawford A., Serhal .E, Kurdyak, P., Sockalingam, S. (2016). The impact of Project ECHO on participant and patient outcomes: A systematic review. *Academic Medicine* 91(10), 1439-1461. doi: 10.1097/ACM.0000000000001328



The Opioid Crisis in Indiana

Non-Fatal ED Visits Due to Opioid Overdoses 2011 - 2015

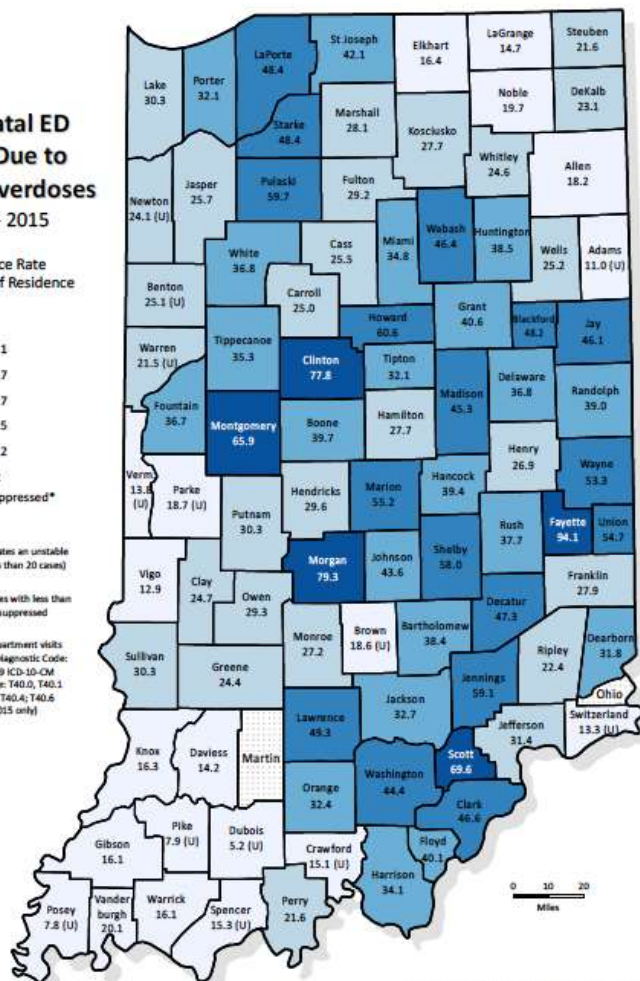
Incidence Rate
By County of Residence



(U) on map indicates an unstable county rate (less than 20 cases)

*Rates for counties with less than 5 cases are suppressed

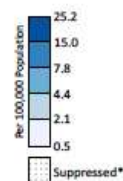
Emergency Department visits with ICD-9-CM Diagnostic Code: 965.00-965.09 ICD-10-CM Diagnostic Code: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 (for Q4 2015 only)



Data Source: ISDH, Trauma and Injury Prevention Division
Map Author: ISDH ERIC PHG, 2017

Deaths From Drug Poisoning - Opioids 2011 to 2015

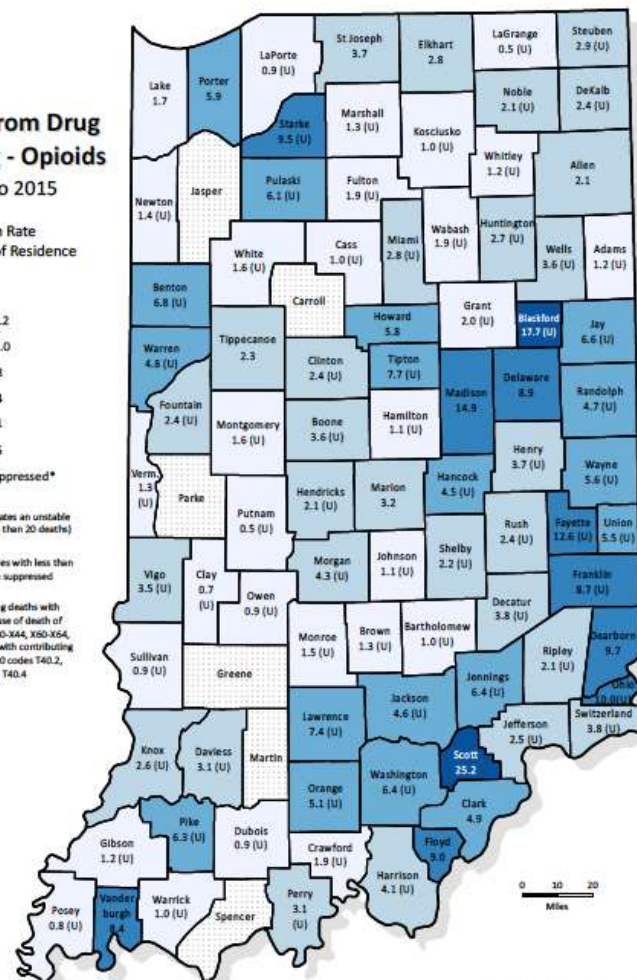
Death Rate
By County of Residence



(U) on map indicates an unstable county rate (less than 20 deaths)

*Rates for counties with less than 5 deaths are suppressed

Drug poisoning deaths with underlying cause of death of ICD-10 codes X40-X44, X50-X54, X85 or Y10-Y14 with contributing cause of ICD-10 codes T40.2, T40.3, T40.4

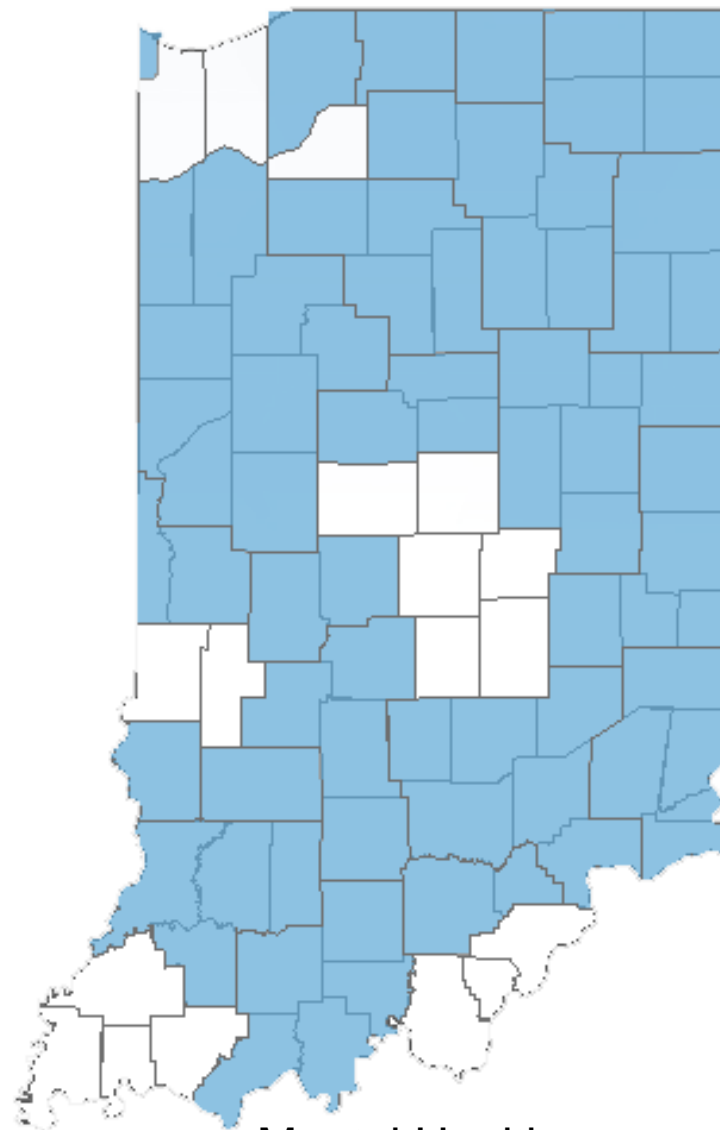


Data Source: ISDH, ERIC Division, DAT
Map Author: ISDH ERIC PHG, 2017





Medically Underserved Areas
and Populations (MUA/P)



Mental Health
Professional
Shortage Areas

Barriers to Opioid Use Reduction in Indiana



Patients are reluctant to engage in evidence-based treatment due to messaging based on stigma around treatment in the community.



Lack of coverage for many treatment and supportive services that are known to improve outcomes for opioid use disorder.



Community stigma against people with opioid use disorder and evidence-based treatment.



Lack of transportation makes treatment participation difficult.



Lack of collaboration between providers in many communities.



Inadequate funding for treatment and supportive services.

Indiana OUD ECHO

1. Partnership between community-based providers and Indiana University-led team of specialists to improve treatment of OUD in rural and other underserved areas
2. Supported by IN Family & Social Services Administration contract as part of state 21st Century Cures Act funding
 - Awarded Fall 2017, Renewed spring 2019 through Sept 2020
 - Funds expert panels, 1.5 FTE coordinator, marketing, administration

Learning Objectives for OUD ECHO - Prescriber

Participants of this new ECHO should be able to:

1. Describe the physiology and neurobiology of opioid use disorder
2. Assess and diagnose OUD
3. Evaluate and identify risk and protective factors for OUD, treatment outcome
4. Use current clinical practice guidelines in managing patients with OUD in community clinic & ED settings
5. Communicate the balance of benefits and risks with various treatments
6. Individualize treatment decisions through shared decision making
7. Monitor OUD treatment for adherence, tolerance, and effectiveness
8. Coordinate with other health care providers and systems of care to deliver best practice OUD treatment for all aspects of the patients, including social and legal.



Anatomy of an ECHO Clinic

- Meets virtually on a regular schedule
- Group Introductions
- ~20 Minute Didactic + Q&A
- 1-2 de-identified patient Case Presentations





Medical co-occurring disorders (caused by opioid Addiction):

Pharmacologic:

Gastrointestinal Motility decrease/irregularity
Respiratory Depression (lethal overdose)
near lethal overdose





Hub Panel Expertise

Medical-legal partnerships

Psychosocial interventions for OUD

Peer recovery support

Addiction psychiatry, adolescents

Outpatient, inpatient psychiatric pharmacy

Addiction psychiatry, adults & children

Internal medicine, MAT

Social work and case management





Jenni Vanskyock



Elizabeth Sickels



Donnica Hinkle



katrinah



Kari Anderson



Thomas's iPad



Recording...



Kristen Kelley



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Case Presentations

- 1-2 per session
- Participant will present **de-identified** case – NO PHI
- Spoke will ask clarifying questions
- Experts will ask clarifying questions
- Spoke will make recommendations and share knowledge
- Experts will make recommendations
- Written recommendations will be submitted to participant only
- Follow up presentation will be encouraged





ODD ECHO Case Presentation 8.29.19 / Case ID #: ODD PR 001 Presenter: Jane Doe

<p><u>General Information</u></p> <ul style="list-style-type: none"> - 31 y.o., Male - Referral from Law Enforcement - Role: Recovery Coach - Worked with recoveree for 3 months - No insurance <p><u>Opioid Use History</u></p> <ul style="list-style-type: none"> - Rx opioids – started at age 21 Daily use, last use 3 years ago - Daily Heroin – IV use, started at age 24 - Overdosed several times – last 2 times this year within a month <p><u>Other Substance Use History</u></p> <ul style="list-style-type: none"> - Meth – IV use, started use at 21 yo – last use 1 year ago - Cocaine – IV use, 1st use at 28 yo – last use one year ago - Xanax weekly – 1st use at age 24. Last use this year - Alcohol – 1st use 15 yo. Last use this year - Marijuana – 1st use at 15 yo, last use this year <p><u>Diagnoses:</u></p> <ul style="list-style-type: none"> - Anxiety and depression – was prescribed Xanax at age 21. Discontinued due to lack of insurance - OUD – Severe (diagnosed at intake) - Stimulant Disorder - Mild 	<p><u>Treatments/Interventions Tried:</u></p> <ul style="list-style-type: none"> - Recovery Coaching - Relapse Prevention - Peer Support - AA/NA - Suboxone approximately 2 years ago. None current, drug court does not allow. <p><u>Employment/Housing</u></p> <ul style="list-style-type: none"> - Currently unemployed but has worked in recent past. Enjoys working and a hard worker - High School Diploma - Currently residing at a recovery home. Lived in a different recovery home the first of the year. <p><u>Legal</u></p> <ul style="list-style-type: none"> - History of incarceration – recent detainment in jail until placement of residential/sober living availability. - Arrested for possession of heroin in Spring 2019 - Arrested for paraphernalia/possession of syringe/possession of narc in 2019 - Arrested for theft and forgery 2018 - House arrest/Home detention – currently wearing monitor 	<p><u>Recoveree's Strengths</u></p> <ul style="list-style-type: none"> - Musically inclined. Plays guitar, hard work ethics, kind, caring <p><u>Patient Goal for Treatment</u></p> <ul style="list-style-type: none"> - Medicated Assisted Treatment/MAR <p><u>Social History</u></p> <ul style="list-style-type: none"> - No identified social support - Does not want to live at home. Mother is in active use. <p><u>Main Questions for this Patient Case:</u></p> <ul style="list-style-type: none"> - Needs ongoing support to successfully complete legal requirements. May benefit from MAT/MAR if legal system agrees. - Steps needed/Educational "pieces" for corrections regarding the use of MAT/MAR - Effective/Evidenced Based Support and Services regarding what medical providers have success with.
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Benefits to Participants

- No cost CMEs / CEUs
- Professional interaction with colleagues with similar interest
 - Less isolation with improved recruitment and retention
- Resource sharing – access to ECHO materials
- Access to consultation with specialists
- Meets the requirement for CME to renew Controlled Substance Registration
- One of the requirements for ISDH Loan Repayment Program



Learner Information

Physicians

Indiana University School of Medicine designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Behavioral Health

Indiana University School of Medicine has been approved by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to provide Category I Continuing Education program. This activity qualifies for 1.5 *Category I CEU* as outlined by the Indiana Behavioral Health and Human Services Licensing Board.

Community Health Worker and Peer Recovery track

Each session has been approved for 1.5 hours of Continuing Education by ICAADA and Mental Health America of Northeast Indiana for Community Health Workers. Please note that a maximum of 7 CEU can be obtained from Project ECHO for CHW recertification.



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Track	Participants	Sessions
Prescriber*	239	48
Behavioral Health	75	23
Community Health Worker	65	13
Early Home Visitor	122	4
Adolescent	47	7
Emergency Dept.	66	8
Medical Complications	40	6
Jail Based MAT	Coming Soon!	
*Includes management of OUD in pregnant and parenting women		





ODU ECHO for Prescribers

Every Wednesday noon-1:30 pm

- Session 1 Landscape of Opioid Use Disorder in Indiana
- Session 2 Overview of Medicated Assisted Treatments
- Session 3 Assessing and Diagnosing OUD
- Session 4 Induction to Medicated Assisted Treatment
- Session 5 Drug Testing/Patient Agreements/Non-Compliance
- Session 6 Neurobiology of OUD & MAT
- Session 7 Stigma Reduction
- Session 8 Legal Issues Related to OUD Patients
- Session 9 Peer Recovery Support Services
- Session 10 Harm Reduction Strategies
- Session 11 Methamphetamines
- Session 12 Addressing Chronic Pain
- Session 13 Co-occurring Psychiatric Health Conditions
- Session 14 Self Care and Boundary Related Issues



Jail MAT Treatment

TBD

- Session 1 Landscape of Opioid Use Disorder in Indiana
- Session 2 Overview of Medicated Assisted Treatment
- Session 3 Stigma Reduction
- Session 4 How to Implement a Jail MAT Treatment Program
- Session 5 Diversion, Storage and Security Protocols
- Session 6 Recovery Works and Medicaid Reimbursement
- Session 7 Peer Recovery Coaching
- Session 8 Behavioral Health Interventions/Life Skills
- Session 9 Continuity of Care Upon Release
- Session 10 Overview of Victory Clinic and Hamilton Center Pilots

Starts January 2020



ODU Medical and Psychiatric Co-morbidities

Every Wednesday 3:00-4:30 pm

- Session 1 Hep C Screening, Diagnosis and Referral
- Session 2 Skin and Soft Tissue Infections
- Session 3 Endocarditis Part 1
- Session 4 Endocarditis Part 2
- Session 5 HIV Screening, Diagnosis and Referral Session
- Session 6 Behavioral Health Co-Morbidities
- Session 7 OUD & Suicide
- Session 8 Addressing other Substance Use Disorders

Starts September 18, 2019



Every other Thursday 10:30 am - noon

- Session 1 Landscape of Opioid Use Disorder in Indiana
- Session 2 Overview of Medicated Assisted Treatments
- Session 3 Roles of Peer Recovery Support
- Session 4 Stigma Reduction
- Session 5 Co-Occurring Mental Health Conditions
- Session 6 Indiana Resources – Residential Housing/Recovery Works/IAPRSS/Open Beds
- Session 7 Crisis Intervention
- Session 8 Harm Reduction Strategies
- Session 9 Life Skills and Education for Addiction Treatment
- Session 10 Motivational Interviewing
- Session 11 Tobacco Cessation and Prevention
- Session 12 Legal Issues Related to OUD
- Session 13 Situational Awareness and Home Safety
- Session 14 Professional Development & Ethics



Target Audience

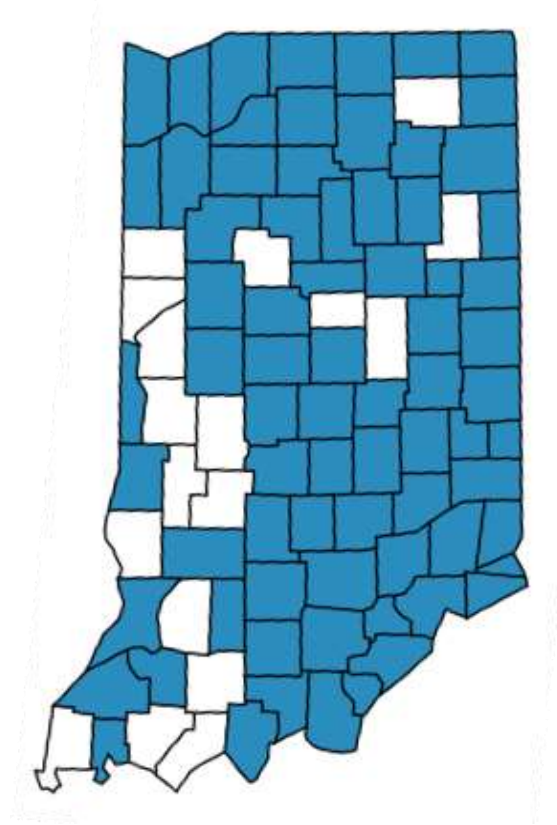
- Sheriffs
- Jail Commanders and other jail staff
- Community Corrections
- Probation
- Clinical Teams
- Community Partners
- Behavioral Health/Contractual Services
- Judge
- Public Defenders & Prosecutors
- Quick Response Teams



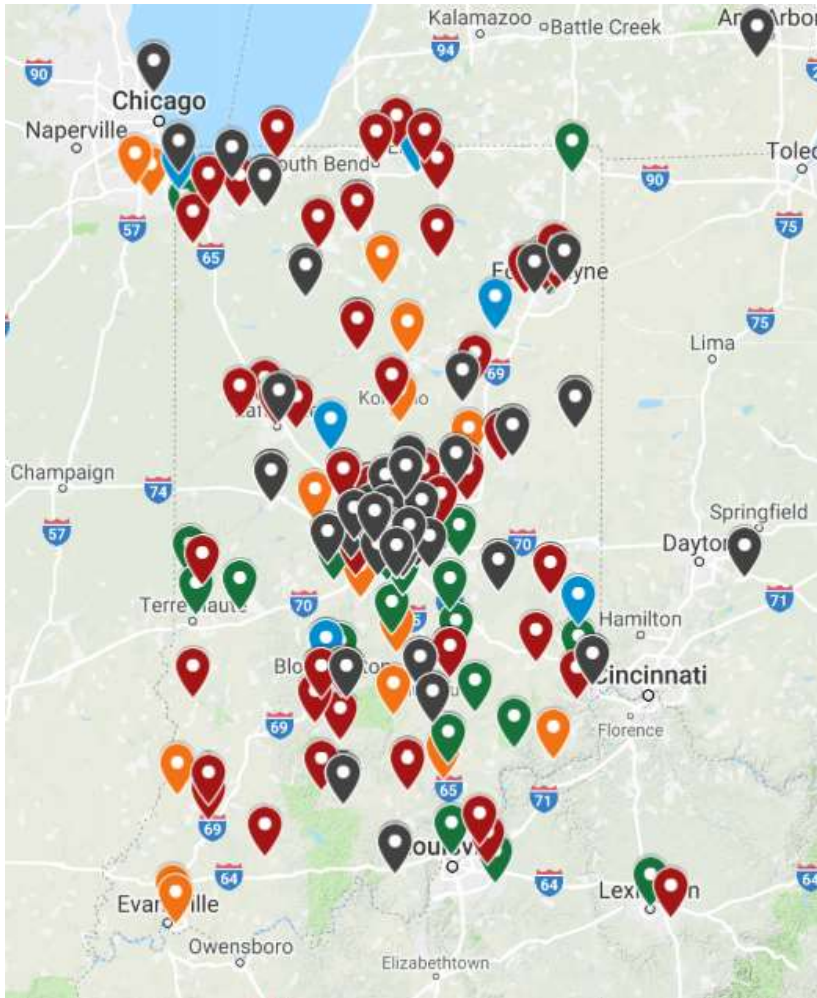
OD ECHO Tracks

- 682 total participants
- 106 sessions completed
- Average 25 participants*
- 74 counties represented

* Exception of First Steps



ECHO Participation Across Indiana



- CHW/PRC
- Behavioral Health
- Adolescent
- Prescriber
- Emergency Dept.

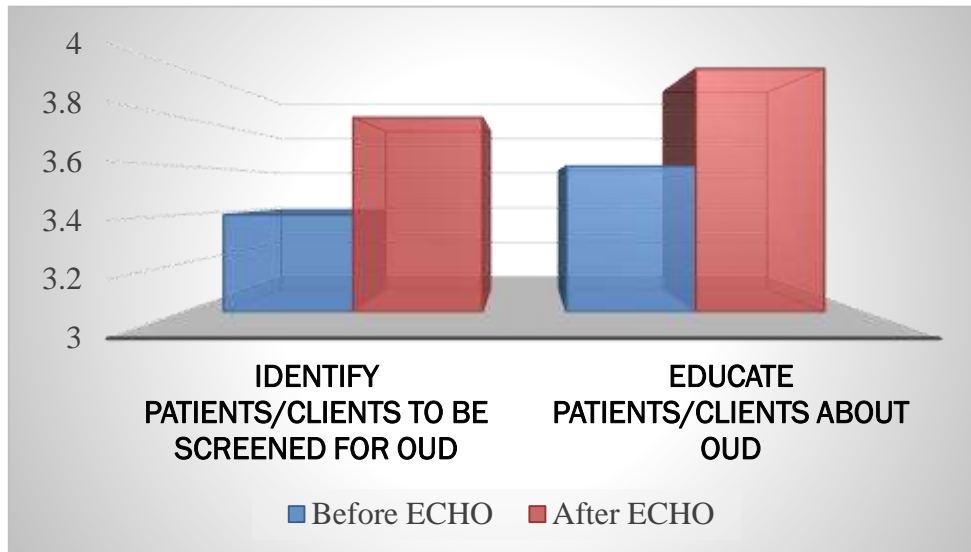


Outcomes of OUD ECHO:

“Getting the panel to weigh in on cases was helpful!”

“Developing a network of other providers”

“The didactic sections and suggestions were very informative and helpful!”



Providers who attended ECHO reported **improved confidence** working with opioid use disorders.

In the first group of attendees, average confidence across seven behaviors, on a scale of 1 [Very Low Confidence] to 5 [Very High Confidence] increased significantly ($t=-2.88$, $df=17$, $p=0.01$, $D=0.68$).



ODU ECHO Testimonials:

“From the case I presented, it connected us with people from WeCare as well as Regenstrief Institute. They came to the office last Friday and we met for about an hour and they are going to be connecting with the young lady for whom the case related. This is a resource we wouldn't have known about, and thank you!”

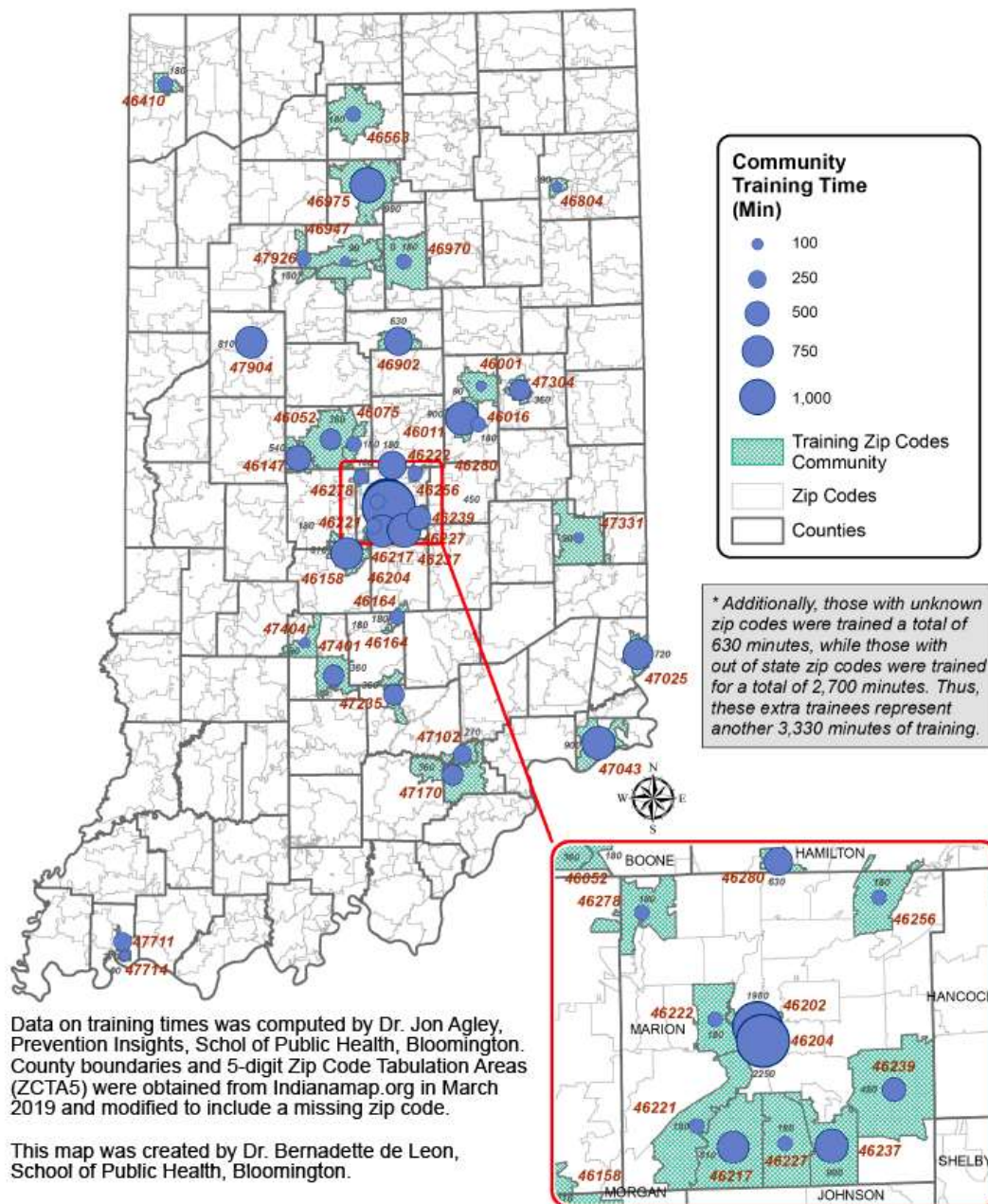
– Client Care Coordinator from Lebanon, IN

“The ECHO program has been a godsend for me. Being in a small rural community it has made medical education accessible and relatively painless. It has brought to my community improved diagnosis and treatment of an undertreated disease, opiate use disorder. The professional expertise has been enlightening. I'm looking forward to other presentations.”

– Primary Care Physician from Pulaski County



Indiana Opioid ECHO: Community Health Track - Minutes of Training Provided by Zip Code



ECHO (Extension for Community Healthcare

Outcomes) is a movement to connect local primary care teams with inter-disciplinary specialist teams to improve treatment for complex and chronic health conditions. ECHO uses technology to facilitate mentoring and knowledge sharing, enabling local primary care clinicians to provide best practice care for patients when they need it, close to home.



Experts at Indiana University School of Medicine and the Fairbanks School of Public Health are leading ECHO clinics that are freely available to all providers. Visit the individual project sites below to learn more about ECHO clinics and how to participate:

Hepatitis C ECHO

[Visit](#)

HIV ECHO

[Visit](#)

LGBTQ+ ECHO

[Visit](#)

Opioid Use Disorders ECHO

[Visit](#)

Child and Adolescent Mental Health ECHO

[Visit](#)

Cancer ECHO

[Visit](#)

Other Indiana ECHO Clinics

Track	Audience	Day	Time
Prescribers and Dispensers OUD ECHO	MD, DO, NP, PA, RPh who are planning to obtain their SAMHSA waiver to prescribe or dispense buprenorphine for OUD	Every Wednesday	12:00-1:30 pm EST
Child and Adolescent Mental Health	Pediatricians, Behavioral Health Workers, Advanced Practice Providers, Adult Community Providers who occasionally treat pediatric patients	Every Thursday	9:30-11:00 am EST
Peer Recovery Support and Behavioral Health OUD ECHO	Peer Recovery Coaches & Specialists, Community Health Workers, Social Workers, Mental Health Counselors and other Behavioral Health Providers	Thursdays every other week	12:00-1:30 pm EST
Medical Co-Morbidity of OUD Track	Prescribers, behavioral health providers, Nurses, hospital administration .	Every Wednesday beginning September 18 th X 6 weeks	3:00-4:30 pm EST
HCV ECHO	Prescribers, Behavioral Health, Nurses, Pharmacists, Administration, Public Health	2 nd and 4 th Thursdays	12:30-2:00 pm EST
LGBTQ+ ECHO	Prescribers, Behavioral Health, Nurses, Care Coordinators, DIS, Pastoral Care	2 nd and 4 th Wednesdays	2:30-4:00 pm EST
HIV ECHO	Prescribers, Behavioral Health, Nurses, Pharmacists Care Coordinators, Public Health	2 nd Thursday of the month (8:30-10:00am) 4 th Thursday of the month (12:30-2:00pm)	
Cancer Prevention/Survivorship Care ECHO	Physicians, APRNs, PAs, Behavioral Health, Administration, Public Health	1 st and 3 rd Tuesdays	12:00-1:30 pm EST
Integrated Pain Management ECHO	Physicians, APRNs, PAs, Behavioral Health, Administration, Pharmacists, PT/OT,	1 st and 3 rd Fridays beginning November 1st	8:00-9:30 am EST
Prison Peer Education Program	Individuals who are incarcerated	1 st Tuesday	8:00-10:30 am EST
IN CAREs Communities Advancing Recovery Efforts	Community Teams	Once a month	TBD
Ehlers Danlos Syndrome ECHO	Physicians, APRNs, PAs,	3 rd Wednesday	12:00-1:30 pm EST



The IUPUI ECHO Center at FSPH



FSPH ECHO Programs

- Hepatitis C
- HIV
- LGBTQ+
- Cancer Prevention and Survivorship
- INPEP
- Pain Management
- INCARES (Community Advancing Recovery Efforts)



“The interaction with multidisciplinary team members has been a very effective teaching method for all members in the management of a very complex patient population.”-Rebecca Gump

“Being active in the LGBTQ+ ECHO program has been very beneficial to me professionally – which ultimately impacts the quality of services I provide to clients.” - *Sandra Laski, DSW, MSW, M.Ed., LICSW, LADC*

“Through this unique program, primary care providers across Indiana are partnering with leading Hepatitis C experts and extending treatment to large numbers of patients that otherwise would not have access to the curative treatments now available for Hepatitis C .
- Christopher A. Steinmetz, MD

Testimonials

“Since starting project echo my hepatitis C practice has grown. I've treated 19 patients. I now start one patient per week on medication for hepatitis C.”
- *Britt Borden M.D.*

“Who says learning can't be fun and high tech? With videoconferencing, we here at CHN have gained knowledge and skills to assist us with managing the complex cases seen in our practice. The support from the panel of experts are top notch and are definitely translated into the care we use in our daily care of our patients. Great resource for all!” - Hope Nalls, Program Director

“The education and resources provided have allowed me to offer a wider range of services to my patient population and have made me more prepared to deliver inclusive care. Discussion of real-life cases with other practicing colleagues and across disciplines has also been extremely informative in answering many questions on the topic of LGBTQ+ specific care. I feel so much more supported in my practice due to the education I have received and the network I have built as a participant in this ECHO clinic.” - *Kelly O'Shaughnessey, MS, AGPCNP-BC*

HCV ECHO

1st/3rd Thursdays, 12:30-2:00 pm

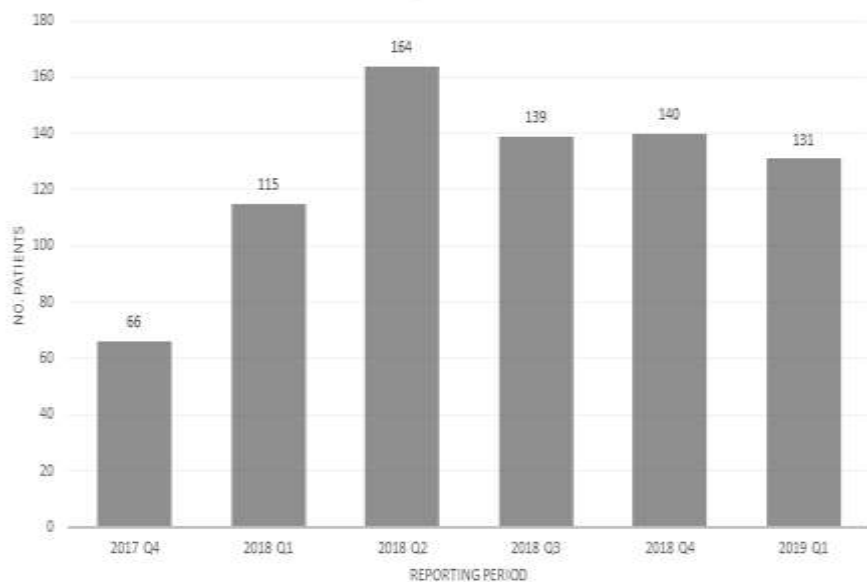
Curriculum Topics:

- HCV Epidemiology & Testing
- Assessing Liver Disease
- Intro to HCV Treatment
- Most Commonly Use DAAs
- Strategies for Detecting Decompensation in Patients with Chronic Hepatitis C
- HCV and other infectious diseases
- Tobacco considerations in patients with HCV
- Motivational Interviewing
- HCV and Pregnancy

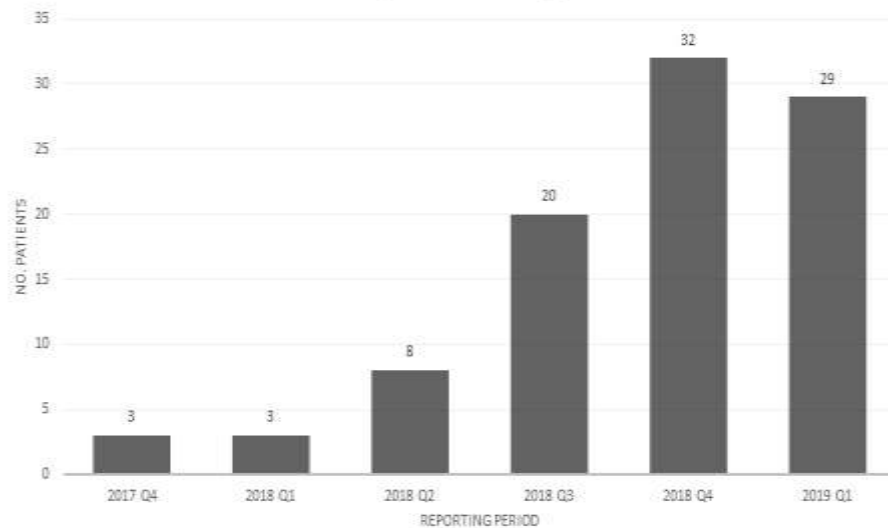


Impact of HCV ECHO participation on Dx and Tx by PCPs

Member w/ a HCV ICD-10



Number of Unique Members with Paid Claims for a
Hepatitis C Drug



HIV ECHO

2nd Thursdays, 8:30-10:00 am

4th Thursdays, 12:30-2:00 pm

Curriculum Topics

- Immunization of Adults with HIV
- HIV Case Management
- Switching or Simplifying an Antiretroviral Regimen
- Managing HIV in Pregnancy
- Hepatitis C and HIV
- Refugees and HIV
- Role of Pharmacist in HIV Care
- Ending the Epidemic
- Cervical and Anal Cancer Screening
- Motivational Interviewing
- Corrections and HIV
- Drug Resistance



LGBTQ+ ECHO

2nd/4th Wednesdays, 2:30-4:00
pm

Curriculum Topics

- The Importance of Language
- Development of Gender Identity
- HIV Prevention and PrEP
- Gender affirming surgery and post op care
- Insurance Tips & Pitfalls
- Primary Care of LGBTQ+ Individuals
- Nutrition and Abnormal Shape Concerns / Eating Disorders
- Sexual Orientation, Sexual Health, Sexuality and Romance
- Creating a Welcoming Office Environment
- Gender Dysphoria, Introduction to Affirmation and Transition
- Behavior Health Concerns in Transgender Patients



Cancer ECHO

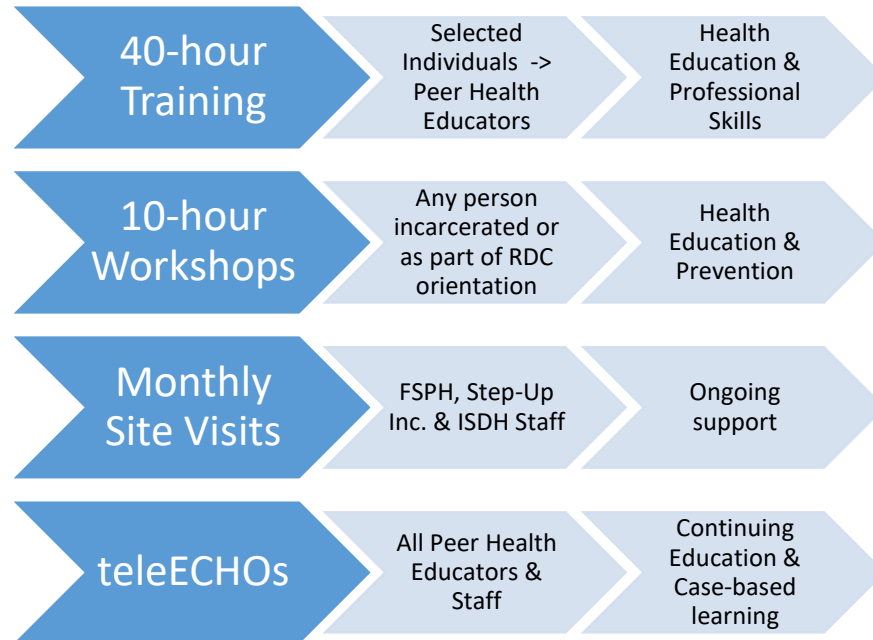
1st/3rd Tuesdays, 12-1:30 pm

Curriculum Topics

- Post Radiation Oncology Surveillance
- Smoking with a Cancer Diagnosis
- Talking with Patients about Alternative Treatment
- Cancer Risks in Survivorship
- Community Resources for Cancer Survivors
- Brief Action Planning
- Smoking Cessation
- A Survivor's Story
- Trauma Informed Care
- Cancer Genetics for Primary Care
- Special Populations
- Family Psychosocial Stresses



Indiana Peer Education Program (INPEP) ECHO



"While the program prepares peer educators with a strong understanding of health topics and preventative measures, it also helps them develop a professional skill set that is applicable anywhere in the workforce."- *Andrea Janota, ECHO Center Program Coordinator*

<https://www.youtube.com/watch?v=0pgXDhT1K74>



Integrated Pain Management ECHO

1st and 3rd Fridays, 8:30a-10a (ET)

Objectives:

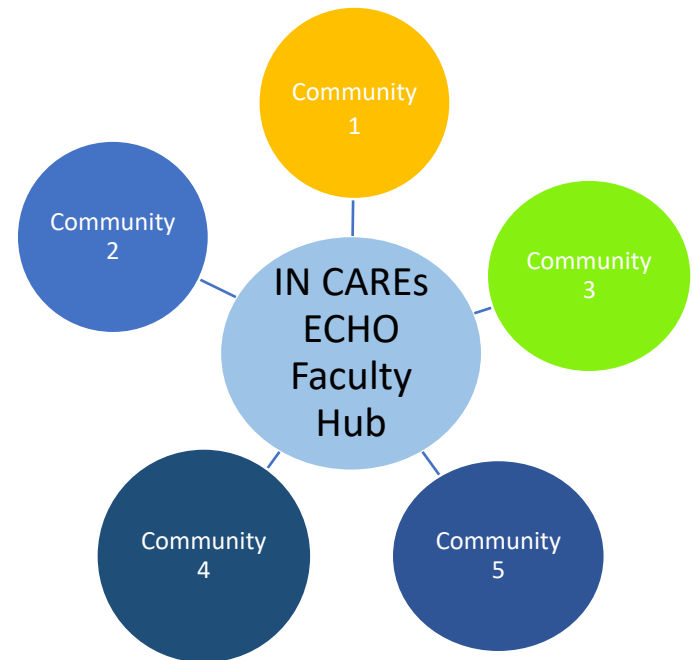
- Enhance the capacity of Primary Care Providers in rural and underserved communities to assess patients presenting with chronic pain and provide evidence-based pain management.
- Support interprofessional practice of health professions students and recent graduates by engaging them in guided learning about assessing and managing patients with chronic pain.
- Practice more appropriate use of opioids for the management of chronic pain.
- Pursue community partners to assist with assessment and management of patients with chronic pain.
- Increase knowledge about and comfort with interprofessional collaborative practice to support Integrated Pain Management.



INCARES (Communities Advancing Recovery Efforts)

Goal: Reduce drug overdose deaths

- **Key IN CAREs ECHO focus areas:**
 - Collect and monitor data on OD death
 - Provide rapid access to low-barrier OUD treatment
 - Promote widespread availability of naloxone
 - Promote ready access to recovery supports
- **TeleECHO component:**
 - Connect a group of faculty experts, the “Hub” who have experience in reducing overdose (OD) deaths with community based teams - “Spokes”- comprised of leaders from various sectors of the community.
 - The Spoke team will be committed to working together to implement strategies and coordinate efforts to reduce opioid misuse and reduce morbidity and mortality associated with opioid use disorder.





Thank you!

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