

# BRIDGING THE DIVIDE

Accessing Big City Expertise in Rural Medicine

Jason Kurland, MD  
Emergency Department Director  
Past Diabetes Director  
Zuni Indian Health Service

**I have no conflicts of interest to disclose.**

Any commercial services mentioned herein are for illustrative purposes only.

# Learning Objectives

- Understand barriers to providing high-quality care in rural settings *and* key strategies for **overcoming** these barriers.
- Articulate the **trade-offs** inherent in referring patients to distant specialists and the importance of patient values in deciding when to refer or transfer them from the local community.
- Identify at least three options for **real-time reference** that can improve the quality of patient care *wherever* one practices in New Mexico.
- Explore how intentionally building a **peripheral brain** can help you integrate standards of care, specialist insights, new research and pesky logistics into your everyday practice.

# BRIDGING THE DIVIDE

Accessing Specialty Expertise in Primary Care

Jason Kurland, MD  
Emergency Department Director  
Past Diabetes Director  
Zuni Indian Health Service

# BRIDGING THE DIVIDE

Accessing Specialty Care  
When Your Patient Can't Afford It

Jason Kurland, MD  
Emergency Department Director  
Past Diabetes Director  
Zuni Indian Health Service

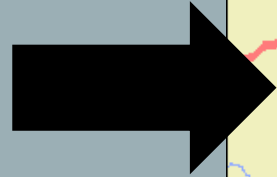
# BRIDGING THE DIVIDE

Accessing Specialty Care  
When Care *Is* Available With A Long Wait

Jason Kurland, MD  
Emergency Department Director  
Past Diabetes Director  
Zuni Indian Health Service

# My perspective

- grew up in ABQ
- late to medicine, 37 at med school graduation
- University of Rochester for med school
- UNM Family Medicine residency
- since finishing residency in 2013:  
broad spectrum family medicine at Zuni IHS



# ZCCHC



**Serves predominantly Zuni (60% visits) *and* Navajo (40% visits) patients**

**“32” beds** (*realistically* 5-12 med-surg beds [including peds], 2 OB)

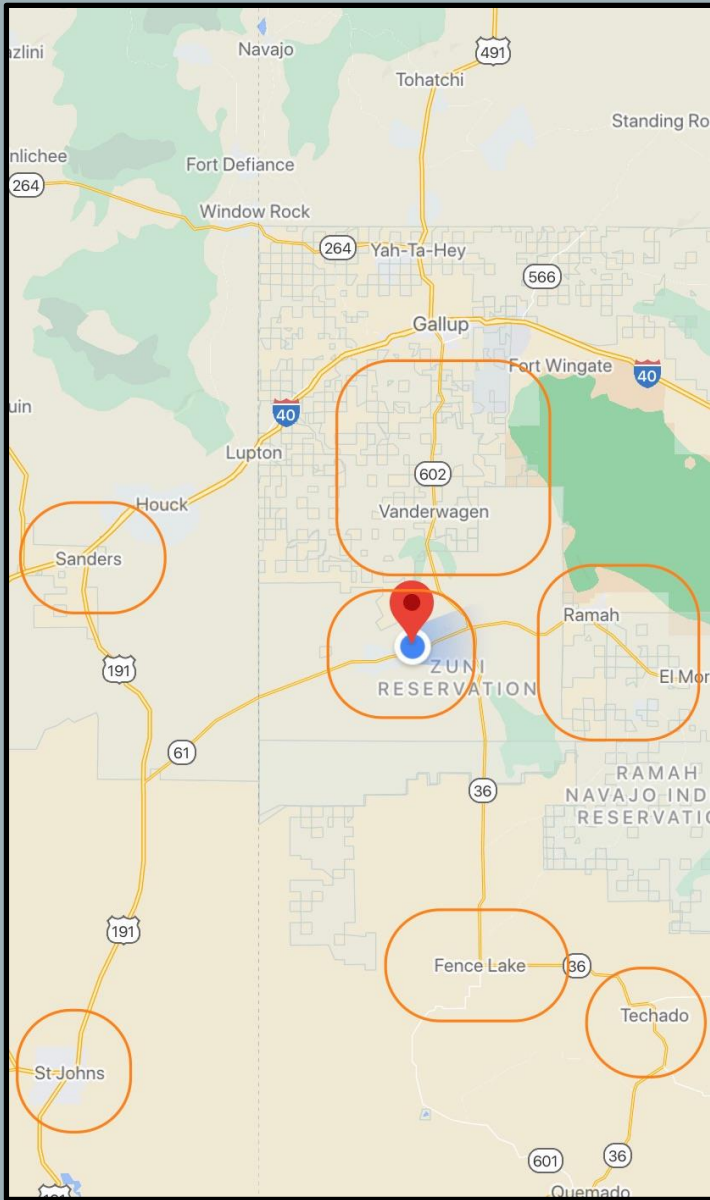
**Primary care, Dental, Optometry, Podiatry, PT, Tele-psychiatry**

**24/7 Emergency Room, Urgent Care, OB triage**

**Lab** (with small blood bank), **Radiology** (xray, CT much of the time, limited US), **Pharmacy**

**18 medical providers** (FM, IM, Med/Peds)

**Zero** specialists, hospitalists, respiratory therapists, nurse case managers, clinic social workers, etc...



Where our patients come from



Where our patients see specialists and are transferred to

# Lots of recruiting and teaching

- Full-scope experience
- Spend time with dental, optometry, podiatry, and physical therapy
- Participate in home visits
- Housing provided
- Explore the southwest!



## **Barriers to specialty care**

- I am *very* lucky: single-payer-esque, integrated system, no prior auths
- Very rare that I can't refer a patient due to lack of coverage

# Barriers to specialty care

- I am *very* lucky: single-payer-esque, integrated system, no prior auths
- Very rare that I can't refer a patient due to lack of coverage
- Logistics (pt awareness of appt, arranging transportation, time off, etc)
- Gas money!
- General reluctance to go to Albuquerque (COVID, big city, staying over)
- Communication, communication, communication

My approach:

- is pragmatic not idealistic

- is focused on small things under *my* direct control

## My approach:

-is pragmatic not idealistic

-is focused on small things under *my* direct control

-is full of hacks and tricks but it *does take work* if you do it well

-is selectively applied based on patient need, my energy

## My approach:

- is pragmatic not idealistic
- is focused on small things under *my* direct control
- is full of hacks and tricks but it *does take work* if you do it well
- is selectively applied based on patient need, my energy
- may or may not make *you* a better doctor
- definitely makes *me* better than I would be otherwise



67 yo Navajo man. "It was my grandfather's."

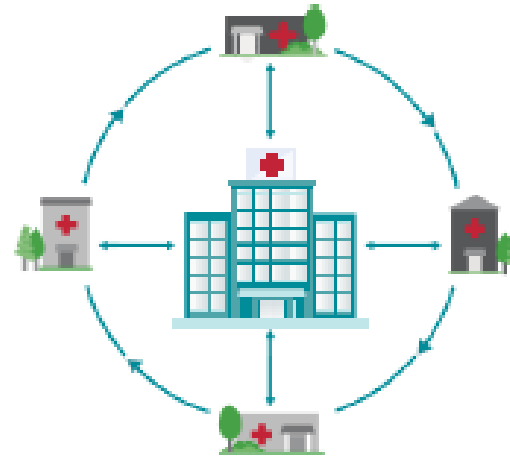
# Project **ECHO**: Moving *Knowledge*, Not *Patients*



In the U.S. and around the world, people are not getting the care they need, when they need it, for complex but treatable conditions.

## Moving Knowledge, Not Patients

Through telementoring, ECHO builds capacity and creates access to high-quality specialty care serving local communities.



Hub and spoke knowledge-sharing networks create a learning loop:

Community providers learn from specialists.

Community providers learn from each other.

Specialists learn from community providers as best practices emerge.

## Doing More for More Patients



# Project ECHO: Moving *Knowledge*, Not *Patients*

Home > ECHO Institute Programs > Endocrinology

## ECHO Institute Programs

MEPA

Climate Change and Human Health ECHO

COVID-19 Response

Antimicrobial Stewardship

Behavioral Health & Addiction

Bone Health

Dermatology

## Endocrinology

- Every **Wednesday, from 12:00pm-2:00 (MT)**.
- For more information contact us at: [EndoECHO@salud.unm.edu](mailto:EndoECHO@salud.unm.edu).

## Program Description

The goal of this initiative is to improve access to care for patients with conditions in rural and underserved communities throughout New Mexico strengthen capacity of best practice care among primary care and other endocrine disorders.



Project ECHO (Extension for Community Healthcare Outcomes)

Endocrinology TeleECHO Program Curriculum 2021

Wednesdays | 12:00-2:00pm MT

### Motivational Interviewing Block

|          |                                                       |                                  |
|----------|-------------------------------------------------------|----------------------------------|
| 05/05/21 | Spirit of Motivational Interviewing                   | Cindy Chavez, MPH                |
| 05/12/21 | Using our OARS to engage                              | Cindy Chavez, MPH                |
| 05/19/21 | Building Motivation                                   | Cindy Chavez, MPH                |
| 05/26/21 | Dancing with Discord                                  | Cindy Chavez, MPH                |
| 06/02/21 | Cardio-Metabolic Disease: Time for a Paradigm Change? | Neil Kaminsky, MD                |
| 06/09/21 | Didactic on Demand: Keto Diet                         | Diana Gonzales-Pacheco, DCN, RDN |

### Metabolic Surgery Block

|          |                                                                |                                         |
|----------|----------------------------------------------------------------|-----------------------------------------|
| 06/16/21 | Losing Weight: It's a Big Problem                              | Virginia Valentine, APRN, BC-ADM, CDCES |
| 06/23/21 | Role of Nutrition for Bariatric Surgery for Endocrine Patients | Nadine DeMone, RD, LD                   |
| 06/30/21 | Metabolic Surgery: What the PCP Needs to Know                  | Steven Bock, MD                         |
| 07/07/21 | Increasing Physical Activity for Patients with Co-Morbidities  | Dan Lent-Koop, DPT, CHT, MBA            |
| 07/14/21 | Didactic on Demand: Mediterranean Diet                         | Matt Bouchonville, MD, CDCES            |
| 07/21/21 | Mental Health in Metabolic Surgery                             | Lisa Houston, PhD/Psychologist          |

### Medications Block

|          |                                                 |                                         |
|----------|-------------------------------------------------|-----------------------------------------|
| 07/28/21 | Didactic on Demand: CKD and Diabetes Management | Mary Vilay, PharmD                      |
| 08/04/21 | DPP4 Inhibitors, Metformin and TZDs             | Kelsea G Aragon, PharmD, PhC, CDCES     |
| 08/11/21 | GLP1 Receptor Agonists                          | Gretchen Ray, PharmD, PhC, BCACP, CDCES |
| 08/18/21 | SGLT2 Inhibitors                                | Sarah R Bermudez, PharmD                |
| 08/25/21 | Didactic on Demand: Insulin Review              | Gretchen Ray, PharmD, PhC, BCACP, CDCES |

### Adrenal Block

|          |                                                                    |                       |
|----------|--------------------------------------------------------------------|-----------------------|
| 09/01/21 | Didactic on Demand: MRA's – Mineralocorticoid Receptor Antagonists | Neil Kaminsky, MD     |
| 09/08/21 | Didactic on Demand: Shame and Stigma in Diabetes                   | Dorothy Martinez, CHW |

# Project **ECHO**: Moving *Knowledge*, Not *Patients*

[illegible]

Home

>

ECHO Institute Programs

>

Hepatitis-C Community

ECHO Institute Programs

MEPA

Climate Change and Human Health ECHO

COVID-19 Response

Hepatitis C Virus (HCV) Programs

Community HCV teleECHO meets every **Wednesday 3-5 pm MST**

Indian Country HCV teleECHO meets every **1st and 3rd Wednesday 12-1 pm MST**

New Mexico Department of Corrections HCV teleECHO meets every **Thursday (closed session)**

HCV Training for Prescribing Clinicians and Team meets every **1st Monday of the Month 8:30-11:30am MST**

Medical Eligibility

☐ Hepatitis B, Chronic  
☐ HIV  
☐ Other Relevant Diagnoses

☐ Solid Organ Transplant -- Year:   
☐ Rheumatoid Arthritis

☐ Organ:

☐ Psychiatric Diagnosis  
☐ Depression  
☐ Anxiety  
☐ Other:

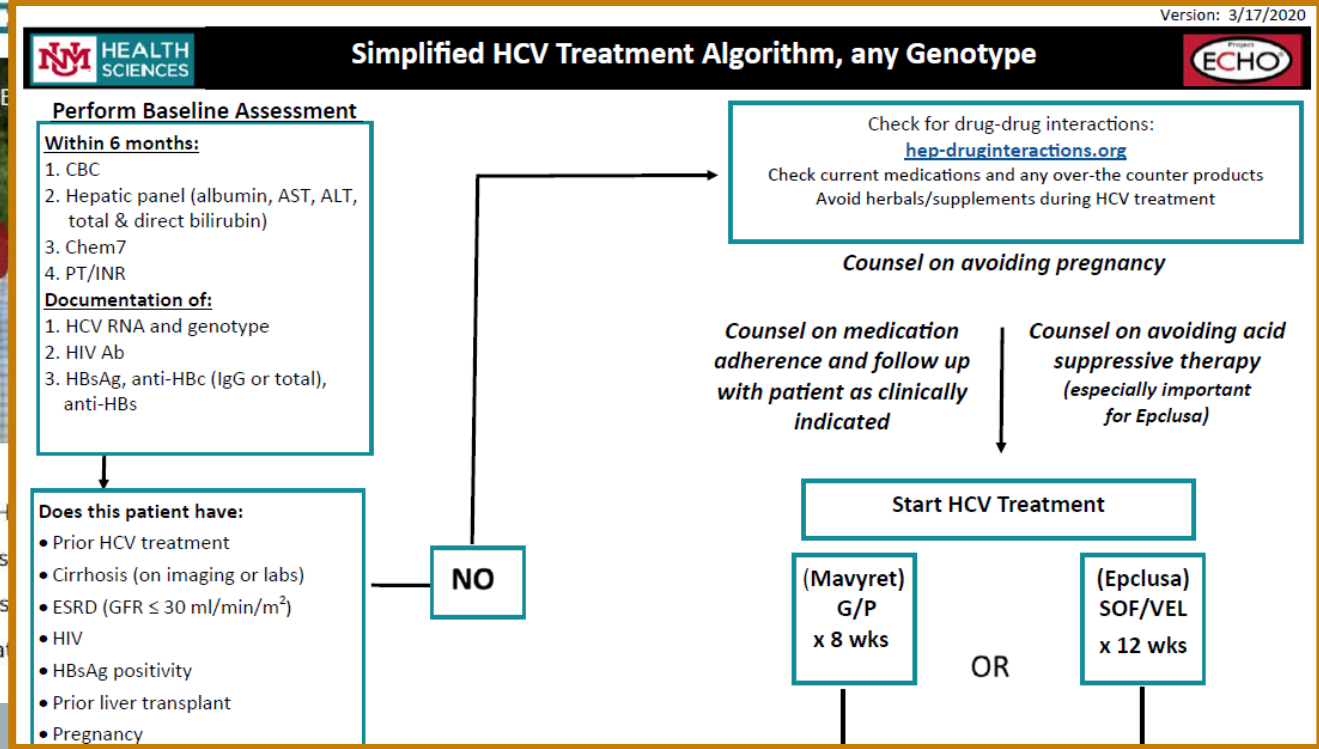
☐ INHIV ☐ HCV2 ☐ Other:

☐ Does the person have a substance use disorder? ☐ Yes ☐ No

## HCV Training for Prescribing Clinicians and Team

Each month Project ECHO offers a three-hour virtual HCV training for new clinical partners. The training includes an overview of HCV infections, clinical treatment guidelines, background on the ECHO model, and HCV efforts in New Mexico. 2.5 hours of Continuing Medical Education credit is granted for the training. The equivalent in ACPE credit is also available for pharmacists who attend the training. Please email [HCVECHO@salud.unm.edu](mailto:HCVECHO@salud.unm.edu) if you have any questions or concerns.

|                                                  |                                                                                                                                      |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Indian Country                                   | The HCV programs address the HCV in under-served populations to their peers and the hub team support best practice care for patients |
| Medication Assisted Treatment                    |                                                                                                                                      |
| Miner's Wellness                                 |                                                                                                                                      |
| Medicaid Quality Improvement & Health Assessment |                                                                                                                                      |



# Project **ECHO**: Moving *Knowledge*, Not *Patients*

- amazing* platform and resource

- generally requires attendance at specific sessions/times\*

\*some ECHOs have online didactics, eg YouTube or reference materials

- more grow-your-skills than real-time resource

- probably only one topic doable at a time for most clinicians

- eg new IHS/Tribal Emergency Medicine ECHO starts 7/2021



82 yo Zuni woman. "It's made from shell."

**I -888-UNM-PALS**

# I -888-UNM-PALS

-ok, you knew that number

# I -888-UNM-PALS

-ok, you knew that number

-did you know you can reach any specialist for *any* reason (not just for transfers or for expedited referral)?

# I -888-UNM-PALS

-ok, you knew that number

-did you know you can reach any specialist for *any* reason (not just for transfers or for expedited referral)?

-did you know you can reach out to specific specialists even *if they aren't on call?*

# I -888-UNM-PALS

-call PALS

-tell them you are trying to reach provider x

-they say: “she’s not on today but I can send her a message”

-specialist calls you back (most of the time)

-or: you ask “will she be on this week?”

-or you call back next week when she is on

# I -888-UNM-PALS

-ok, you knew that number

-did you know you can reach any specialist for *any* reason (not just for transfers or for expedited referral)?

-did you know you can reach out to specific specialists even *if they aren't on call?*

-did you know you can send them pictures and video?

# I -888-UNM-PALS

-ok, you knew that number

-did you know you can reach any specialist for *any* reason (not just for transfers or for expedited referral)?

-did you know you can reach out to specific specialists even *if they aren't on call?*

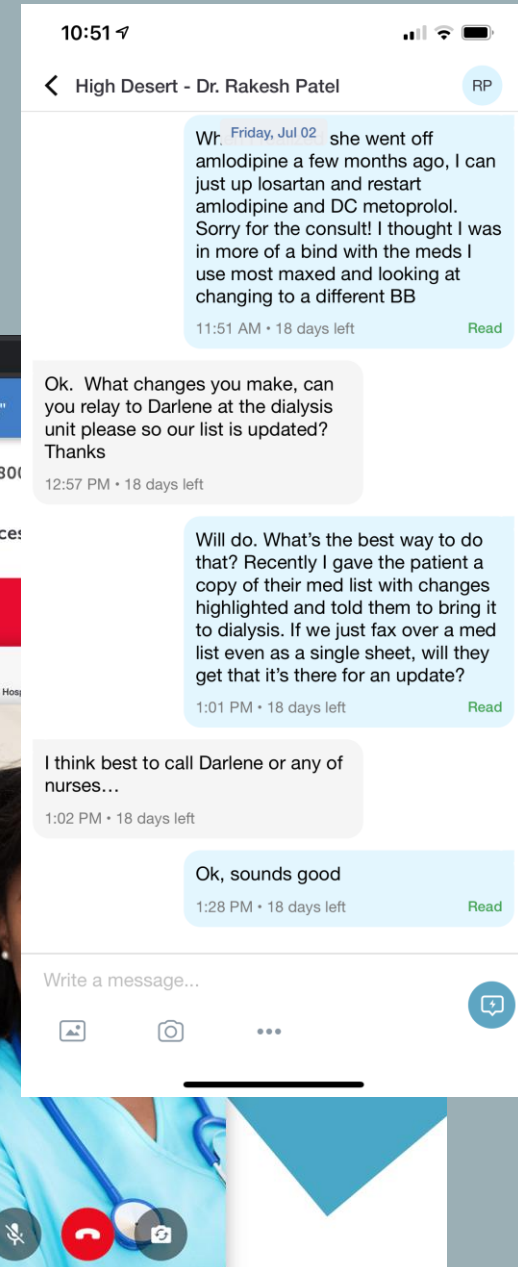
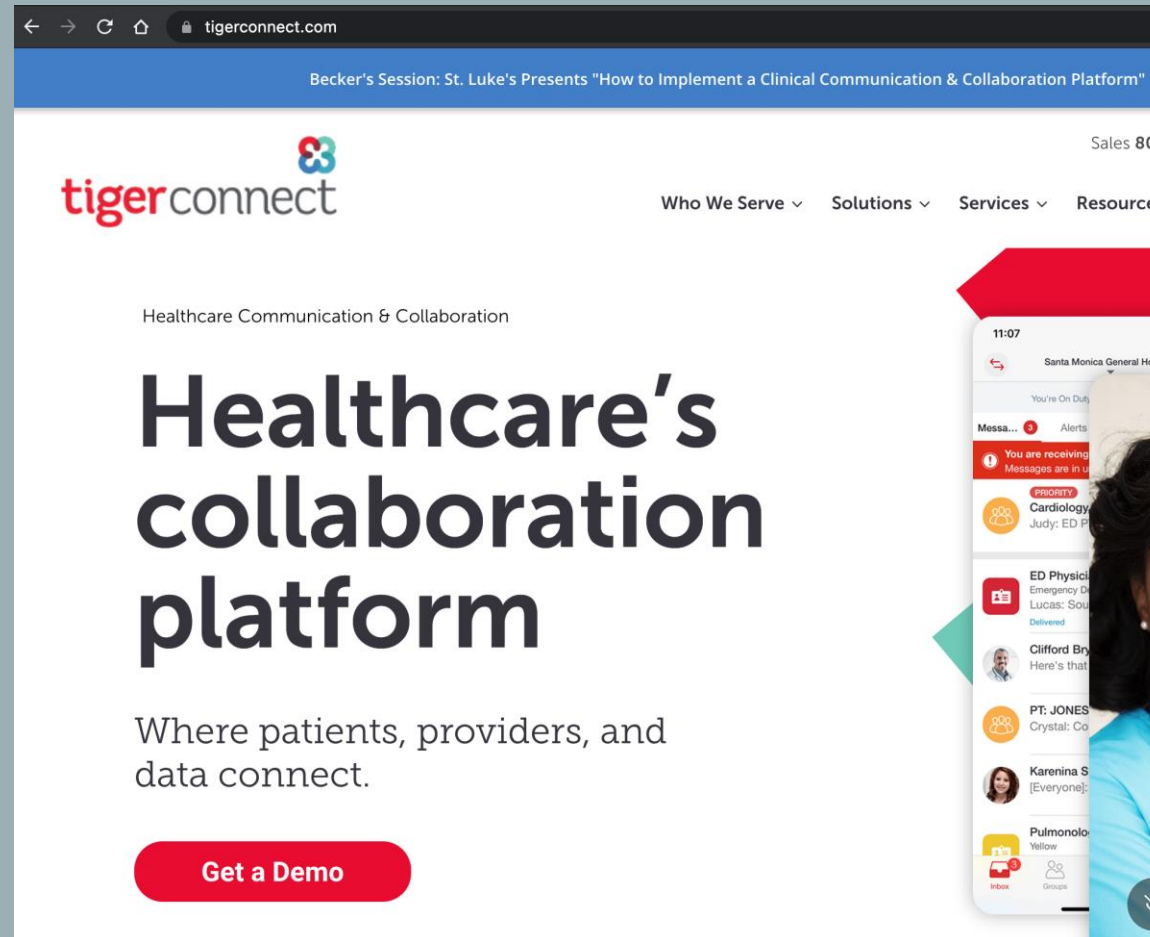
-did you know you can send them pictures and video?

-from your phone? with blessings of the HIPPA-fairy?

# 1-888-UNM-PALS

UNM signed all 11,000 employees up for **Tiger Text** ~2 years ago

- HIPPA-secure texting
- secure pictures
- secure videos
- you don't need the app/service to use it with UNM



-if you have the **app**, you can use with non-UNM providers

# I -888-UNM-PALS

-call PALS

-tell them you want to send a **picture** or **video**

-they **text** your cell a link

-the link opens in a **browser** on your phone

-you attach your picture and any text

-specialist calls you back and says “I see what you mean, **crazy!**”

# Example

46 yo M with severe cystic acne on face who I've followed for ~5 years; frequently lost to care

-reestablished with me a year ago c/o **draining lesions on buttocks**

- had been treated with I+D and antibiotics in urgent care several times

-I suspected **hidradenitis suppurativa** (HS) but had never diagnosed or treated this

-I read about HS: **difficult** to treat, **no slam-dunk meds** and data is limited even for adalimumab (Humira) although it *does* have an FDA indication; several first and second line options

-I came across UNM Dermatologist Emily Altman's name on patient-oriented website

-Called her via PALS; she called me back a few hours later

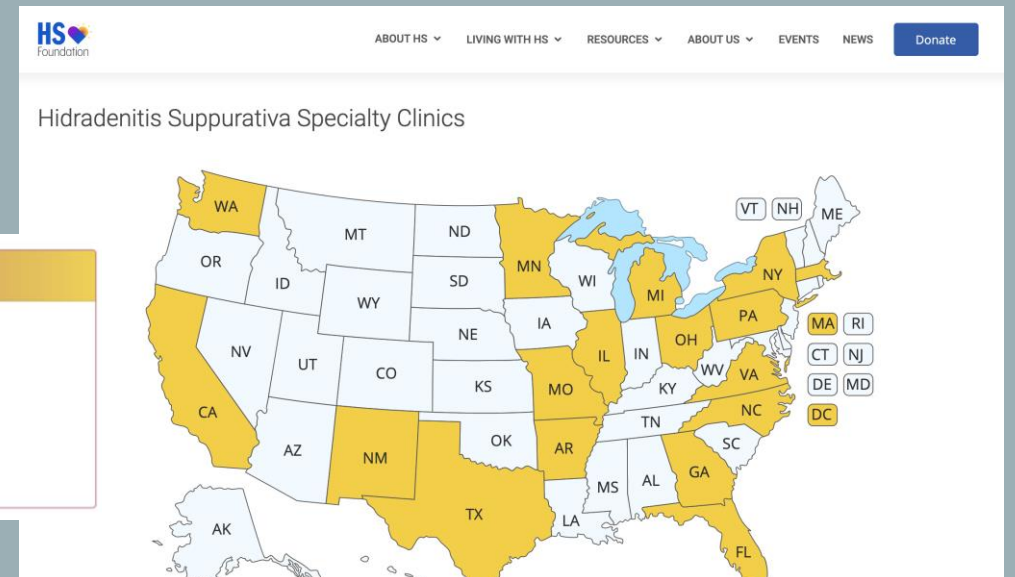
*-initially a little skeptical about dx*

-wondering about bx, other things to rule out

**NEW MEXICO**

Albuquerque, NM

**University of New Mexico**  
Department of Dermatology  
Emily Altman, MD  
Appointments: 505-272-6222





After getting picture: “yup, that’s HS”

-talked to me for ~45 min about management

**Convo c Dr Altman 5/10/21:**

- isotretinoin transiently helpful (as are all retinoids for HS); use it for acne not aciretin; start low/slow
- go straight to adalimumab (skipping clinda/rifampin)
- takes weeks to months for effect; goal is reduction in pain and drainage. **Skin will scar**
- if not responding, consider biopsy. Her differential would include Crohn’s and pyoderma gangrenosum (humira treats all three); trial of Humira won’t change pathology results; bx should be sent to a dermatopathologist for subtle differences
- don’t bother derroofing tracts or I+D esp in relation to pt's lesions as will create big messy wound(s)
- can use intralesion triamcinolone to quiet down painful areas
- can call/text with questions; no need to see her now

**Side-rant:** telemedicine, moving knowledge, payment models, COVID

**Side-rant:** another example of off-the-books consultation

-66 yo F with DM, long hx of seronegative-rheumatoid arthritis, RA lung disease, recent acute progression to ESRD on HD

-scheduled to see **new rheumatologist** at UNM

-***super-thick*** chart, million allergies, meds, complications

-I contacted new rheum, we reviewed pt's chart **together** by phone

-new dx: **vasculitis**, RA likely wrong years ago; implications for meds, approach to lung disease



53 yo Navajo woman. “ I don’t have sheep but my grandmother who raised me did. We used to bottle feed the orphans.”



Our telehealth network allows near immediate **pediatric emergency specialist consultation** to distant hospitals, providers, and patients. This helps children **stay in their own community** by allowing face-to-face consultation.



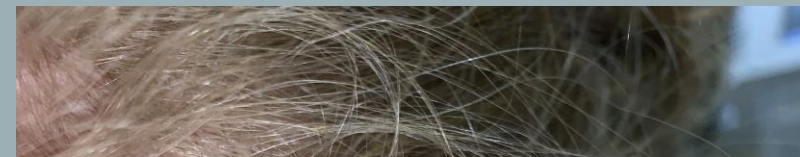


Engaging Communities to Prepare for Emergencies in Children





Engag





78 yo Zuni man, “The traders are always trying to buy it off me.”

(My super-power is) **Referring. Provider. Portals.**

powered by **Epic**

**+MyPatientLink**  
PRESBYTERIAN

.....

.....

**LOG IN**

MyPatient Link upgraded on September 11, 2020. Please see the MyPatient Link Training hyperlink for more information.

If you are encountering difficulties, please contact our MyPatient Link Support Desk at 505-253-0645.

[Forgot password?](#)

**Cerner**

**MPages Mobile**

Username

Password

Domain

Login

powered by **Epic**

**Lovelace CareLink**

**Log In**

[Forgot password?](#)

[Request New Account](#)

**Problems Logging In?**  
Contact the Help Desk: 855-525-8770

# (My super-power is) Referring. Provider. Portals.

SnapShotChart ReviewCare EverywhereResults ReviewFlowsheetsAllergiesProblem ListMedicationsHistories

☆ Chart Review - Loaded: 14, Filtered count: 14

EncountersNotesSurgery/AnesLabsImagingProceduresECGOther OrdersMedsEpisodesLettersReferralsLDAs

Start ReviewRefreshEncounter FlowsheetsFiltersHide Add'l Enc

Filters: Hide Add'l Enc

|                          | When       | Type      | With          |
|--------------------------|------------|-----------|---------------|
| Recent Visits            |            |           |               |
| <input type="checkbox"/> | 05/27/2021 | Telephone | Pulmonology - |

Discharge Summary

HOSPITALIST DISCHARGE SUMMARY

Admit Date 6/5/2021  
Discharge Date 06/08/21

Primary Care Provider  
NEED TO PICK NON-PMG

Discharge Diagnosis  
Acute hypoxic respiratory failure  
Recent left anterior abdominal wall shingles

Other Diagnosis  
Chronic hyponatremia

# (My super-power is) Referring. Provider. Portals.

The screenshot displays a medical portal interface with a sidebar on the left and a main content area. The sidebar includes sections for 'Patient Information' (listing fields like Chief Complaint, Reason For Visit, etc.), 'Home Management' (listing medications like albuterol, amoxicillin, etc.), and 'All Visits'. The main content area is titled 'Document Viewer' and shows a 'Clinic Note - Rheumatology' with a redacted header. The note includes a 'Plan' section with instructions for serologies, X-rays, and symptom management. A 'Patient Information' pop-up window is overlaid on the right, showing details for the patient, with 'Attending Physician: Chavez, LeAnn A' circled in orange. Below this, another 'Document Viewer' window shows a 'Clinic Note - Ortho Faculty' with a 'CHIEF COMPLAINT' of 'Right shoulder pain' and a 'HISTORY OF PRESENT ILLNESS' section.

**Patient Information**

|                             |                                                                   |
|-----------------------------|-------------------------------------------------------------------|
| Chief Complaint:            | No results found                                                  |
| Reason For Visit:           | splenic artery CT abd/pelvis was done at Zuni hospital on 5/2021. |
| Primary Physician:          | No results found                                                  |
| <b>Attending Physician:</b> | <b>Chavez, LeAnn A</b>                                            |
| Admitting Physician:        | No results found                                                  |
| Referring Physician:        | Kurland, Jason D                                                  |
| Service:                    | Peripheral Vascular Clinic                                        |
| Room/Bed:                   | No results found                                                  |
| Admit Date:                 | 07/20/21                                                          |
| Targeted Discharge Date:    | No results found                                                  |

**Document Viewer**

Result type: Clinic Note - Rheumatology

Diabetes type 2  
Hypothyroidism

**Plan:**  
—Obtain serologies today to include rheumatoid factor CCP ESR CRP ANA ANCA MPO and PR 3 as well as TB  
X-rays of her hands and her knees  
Hold off on therapies until her able to better evaluate etiology of her symptoms. Discussed reinitiation of pla  
type of arthritis. Given pulmonary and renal manifestations if we are able to find a unifying plausible diagno  
active.  
Currently managed symptomatically no need to start on any new medications

**Ordered:**  
ANA  
ANCA Scr  
CBC  
CCP Ab  
Comprehensive Metabolic Panel  
CRP  
Hand 3 Views - L  
Hand 3 Views - R  
Hep Panel  
Knee 3 Views - L  
Knee 3 Views - R  
Mpo/Pr3 Ab  
Rf  
Sed  
TB Quantiferon Gold

**Document Viewer**

Result type: Clinic Note - Ortho Faculty

Result date: 06/23/2021 09:42

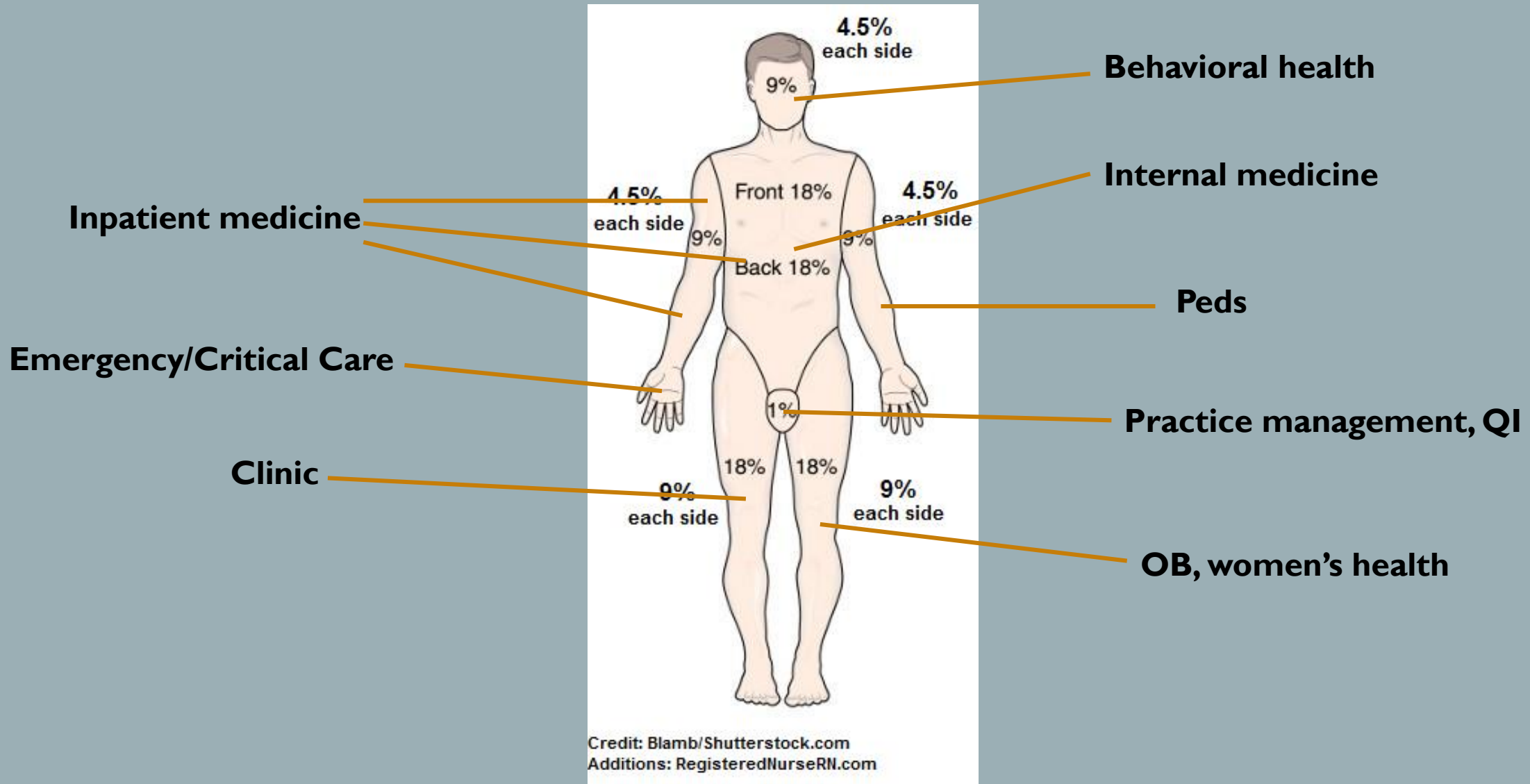
**Clinic Note - Ortho Faculty**  
**CHIEF COMPLAINT:**  
Right shoulder pain.

**HISTORY OF PRESENT ILLNESS:**  
This is a 28-year-old right-hand dominant female who presents for evaluation of her right shoulder. She reports that on 06/15/2021, she was doing some deadlifts and began to develop some pain around the anterior aspect of the right shoulder. She does not remember any popping sensation or any acute injury but had significantly increased pain later that night. She reports that she was able to continue lifting weights even after the initial pain developed. Since that time, she reports that her pain



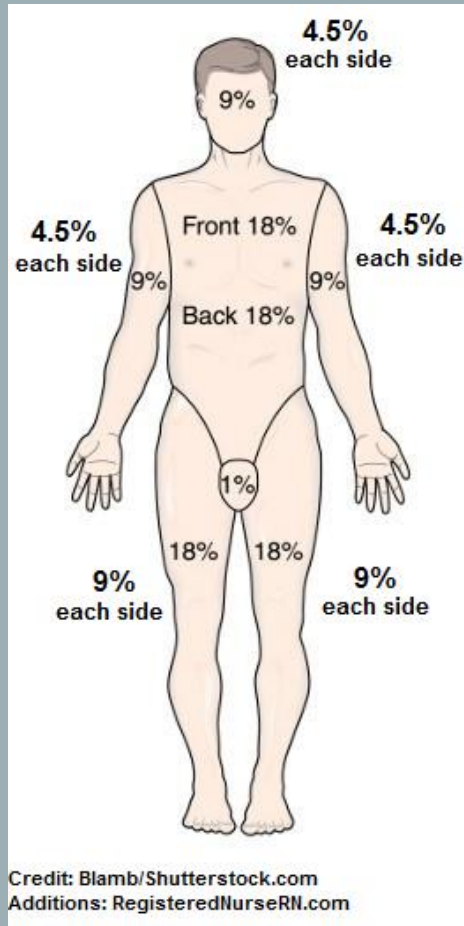
81 yo Navajo woman. When I asked to take a picture of her jewelry, she said yes but then “wait” and rummaged in her purse to pull out the bracelet on her right wrist. “This is the *old* one.” (1960s)

# Family medicine providers are like stem cells...



**Residency**

# Family medicine providers are like stem cells...



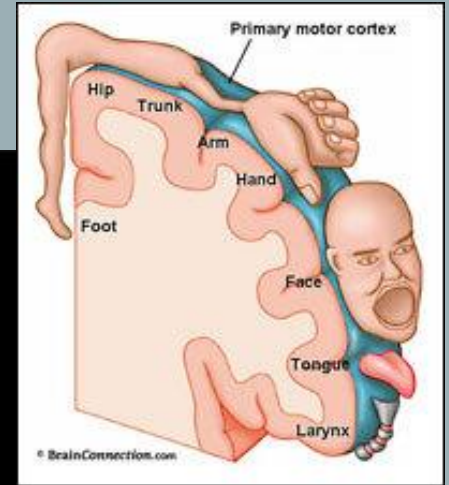
Behavioral health

Alcohol use disorder

Inpatient medicine

Emergency medicine

Dermatology



Childhood obesity

Syphilis

Diabetes

Rheumatology

OB

Residency

Practice

Not pictured: OUD, COPD, HIV, Hep C, etc

# Family medicine providers are like stem cells...

- your patients are relatively affluent and highly educated, *or* **neither**
- you **don't do kids** much *or* you **mainly do kids** *or* you do **LPs** on kids
- you are a **hospitalist** *or* a **primary care** provider *or* **both**
- you are largely a **geriatrician** *or* you are an **maternal child health** fellow
- you love **procedures** and focus on sports med *or* you love **MI** and **CBT**
- you work with the **incarcerated** *or* the **un-homed** *or* teach MAT for OUD
- you refer skin stuff to derm *or* you prescribe isotretinoin and resect SCC

# You need a peripheral brain (duh)

-unless you see the same things (and *only* the same things) every day, you need to a place(s) to store two kinds of information:

- medical knowledge** (including from CMEs, consults, journal reading, podcasts, etc)

- logistics** (how do I get my patient x services, how do I get this new process done in my office, etc)

-the **broader** or more **varied** your practice, the more essential this can be

# You need a peripheral brain (duh)

-unless you see the same things (and *only* the same things) every day, you need to a place(s) to store two kinds of information:

- medical knowledge** (including from CMEs, consults, journal reading, podcasts, etc)
- logistics** (how do I get my patient x services, how do I get this new process done in my office, etc)

-the **broader** or more **varied** your practice, the more essential this can be

-it's got to be **immediately available** when you need it

-it's got to free you to think about other things: **cognitive unloading**

-you've **got to remember what's in it** (even if you don't remember the details)

# **You need a peripheral brain: *some options***

**Google/internet**—ok for simple or common things (“doctor word: ringing in ears”)

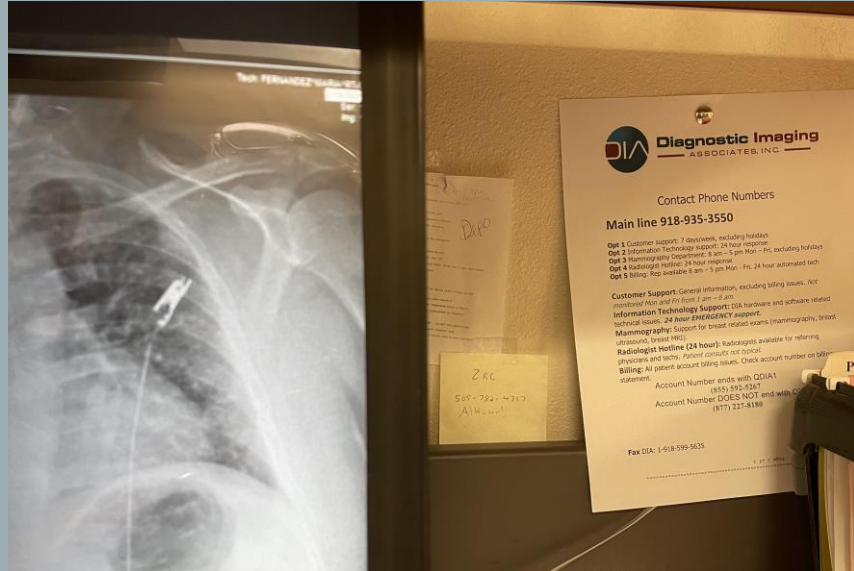
**Up to Date**—good, sometimes too much, struggles to be concise, opinionated

**A shared drive or group wiki**—power of the group

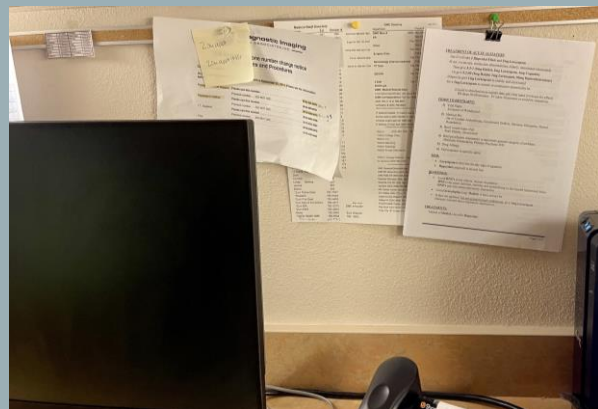
**Practice partner**— “she does a lot of x”

**Paper, paper everywhere**—limited applications; the fallacy of print-and-post

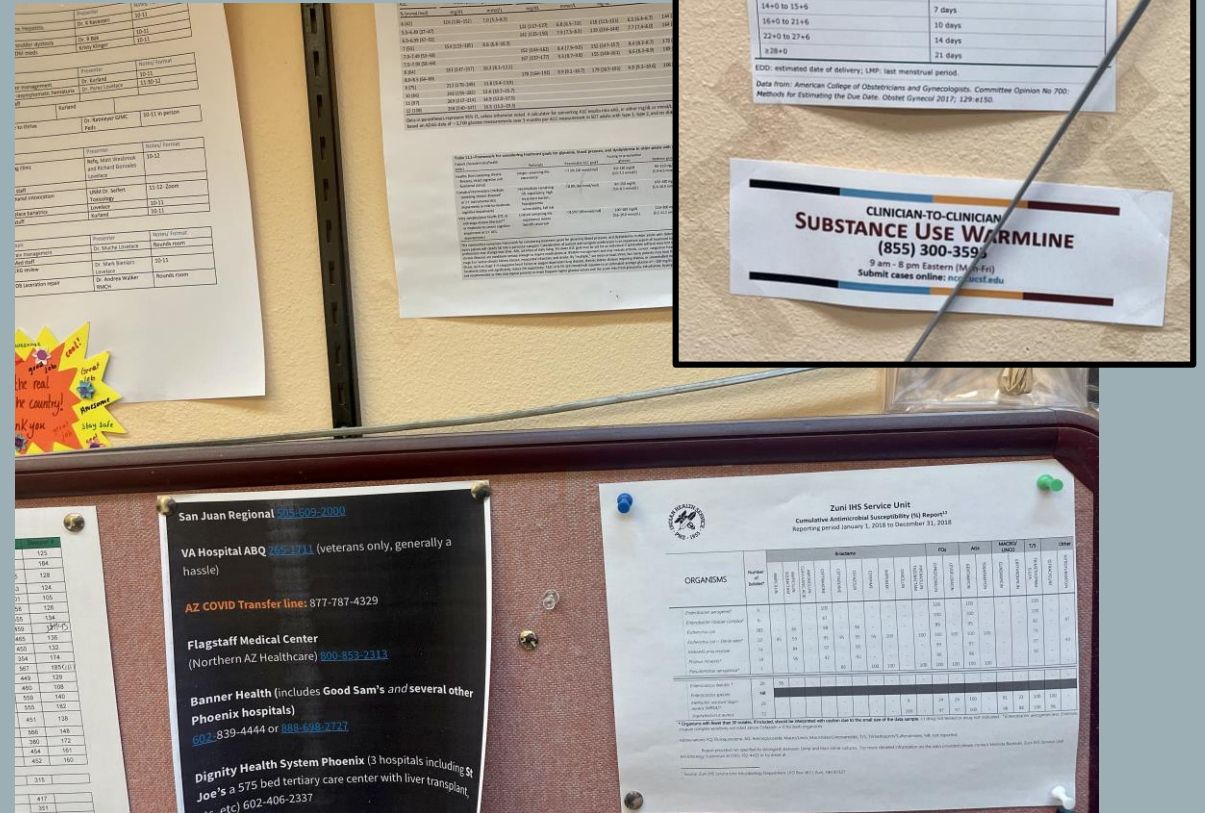
# You need a peripheral brain: some options



**Urgent Care: # for radiology; other places we need this number include our desks, other charting areas, inpatient ward, OB, ED**



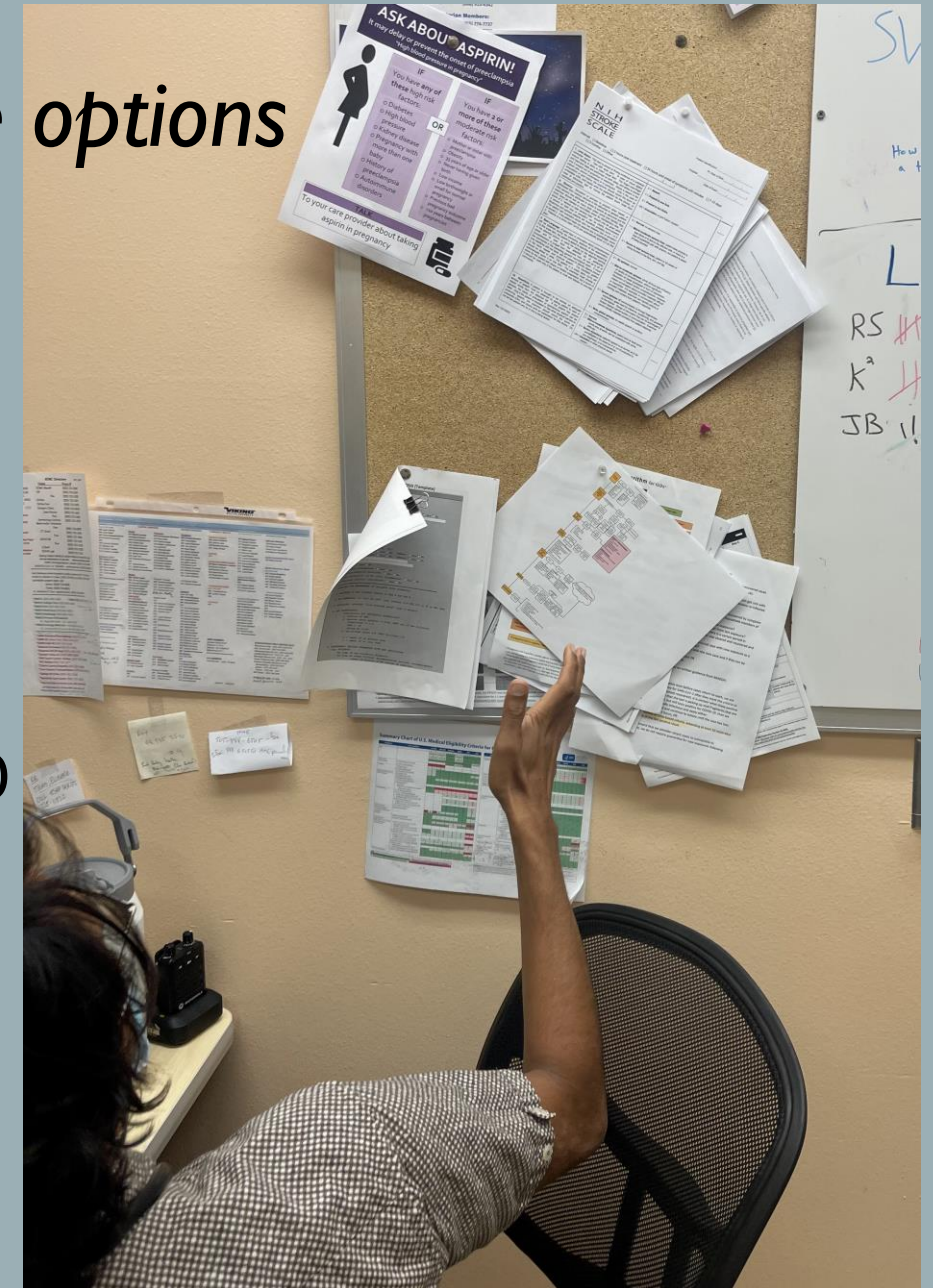
**Clinic charting room, L to R:**  
vaccine timing chart,  
post-it with detox  
number, radiology  
number (as 8.5x11" print  
out), outdated phone list,  
3 page document on  
treating acute agitation



**Colleague's desk: CME schedule, chart of expected fasting and post-prandial blood sugars based on target A1C, outdated Zuni antibiogram, list of transfer options during COVID surge, UCSF SUD warm line, US vs LMP dating of pregnancy chart**

# You need a peripheral brain: some options

- Wonderful, brilliant colleague
- Cirrhosis template/checklist
- Medical eligibility criteria for contraception chart
- Zuni phone list
- Copy of flyer for patients re:ASA in pregnancy
- Intubation flowchart 1.0
- IUD insertion algorithm (when to place re: LMP, sexual activity)
- COVID isolation guidance from NM DOH circa 5/2020
- Immunization chart for pneumococcal vaccines
- NIH stroke scale
- List of non-urgent medical transport companies
- DME company fax number
- ...
- ...

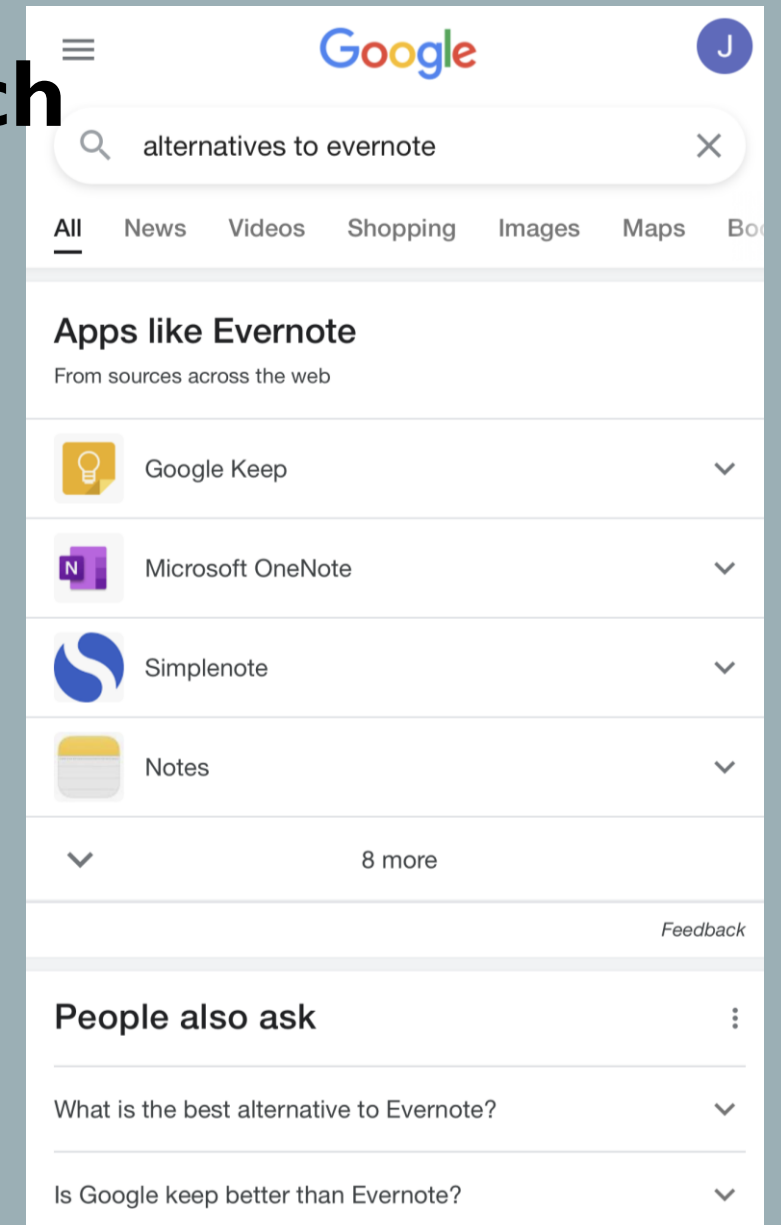


“I know where everything is!”

# You need a peripheral brain: **my approach**

## Evernote

- stores *any* common **kind of data** (text, pictures, video, ppt, etc)
- **ubiquitous availability**: web, desktop, mobile apps
- essentially **unlimited space** on the bulletin board
- **searchable**, organizable by notebooks, tags, internal links
- **easy to get information into**: email, any interface, “share” function
- **backed up** by company/cloud *and* 100% downloaded to my devices
- notes are **editable** and **shareable**
- it can prompt me to **review notes at spaced intervals**
- free vs \$70/yr for full functionality



## My approach:

- is pragmatic not idealistic
- is focused on small things under *my* direct control
- is full of hacks and tricks but it *does take work* if you do it well
- is selectively applied based on patient need, my energy
- may or may not make *you* a better doctor
- definitely makes *me* better than I would be otherwise**

# Ubiquitously available

Notes - Evernote

File Edit View Note Window Tools Help

Jason Kurland

Search

+ New

Home

Shortcuts

- ZCHC and Referral #s
- Medical Staff Schedules
- Abnormal liver test evalua...
- OB Guidelines, Zuni (2020)
- Radiology ordering guidel...
- Chronic Kidney Disease St...
- My patients' jewelry
- DM BG Targets (home/self...
- Body Stats: weight history
- Procedure videos

Recent Notes

- ECHO Hep C Simplified tr...
- ATLS Review Notes 9/2013
- ATLS 10th ed Field Triage ...
- Hypoglycemia Protocol n...
- Wound culture swab shor...

Notes

1145 notes

Notes Reminders

ECHO Hep C Simplified treat...  
Reviewed (x 5 and move to Med ...  
a few seconds ago  
Jul 21, 9:00 AM

ATLS Review Notes 9/2013  
Primary Survey AIRWAY w/ c-spine  
protection Obstruction: foreign...  
7 minutes ago Prof Dev/Study Ur...

ATLS 10th ed Field Triage Dec...  
For use in making Zuni Trauma Pr...  
7 minutes ago  
Jul 27, 9:00 AM

Hypoglycemia Protocol now ...  
Review x 73 then delete: From: Kri...  
9 minutes ago  
Jul 21, 9:00 AM

Wound culture swab shortage, 7/2021  
Reviewed x3: 7/14/21, Wound and through cultur...  
3 hours ago Delete In 2022  
Aug 6, 9:00 AM

CKD CME

Commit to Improve

Only you Share

Normal text Sans Serif 16

## ECHO Hep C Simplified treatment algorithm

Reviewed (x 5 and move to Med Ref):

[Hepatitis C Virus \(HCV\) Primer per RT 2019](#)

Simplified\_Algorithm\_for\_Non-Cirrhotic\_Patients.pdf 151 kB

Version: 3/17/2020

**Simplified HCV Treatment Algorithm, any Genotype**

**Perform Baseline Assessment**

**Within 6 months:**

1. CBC
2. Hepatic panel (albumin, AST, ALT, total & direct bilirubin)
3. Chem7
4. PT/INR

**Documentation of:**

1. HCV RNA and genotype
2. HIV Ab
3. HBsAg, anti-HBc (IgG or total), anti-HBs

Check for drug-drug interactions:  
[hep-druginteractions.org](http://hep-druginteractions.org)  
Check current medications and any over-the counter products  
Avoid herbals/supplements during HCV treatment

**Counsel on avoiding pregnancy**

**Counsel on medication adherence and follow up with patient as clinically indicated**

**Counsel on avoiding acid suppressive therapy (especially important for Epclusa)**

**Start HCV Treatment**

(Mavyret) G/P x 8 wks OR (Epclusa) SOF/VEL x 12 wks

Does this patient have:

- Prior HCV treatment
- Cirrhosis (on imaging or labs)
- ESRD (GFR  $\leq$  30 ml/min/m<sup>2</sup>)
- HIV
- HBsAg positivity
- Prior liver transplant
- Pregnancy
- Hepatocellular carcinoma (known)

NO

Jul 21, 9:00 AM Add tag

All changes saved

Evernote on my desktop

3:05
LTE

Commit to Improve

# ECHO Hep C Simplified treatment algorithm

Reviewed (x 5 and move to Med Ref):

[Hepatitis C Virus \(HCV\) Primer per RT 2019](#)  
[Screen all adults once for Hep C \(USPSTF 2020\)](#)

151 kB

"Land of the Rising Sun" ~ J...
HCV Program | ECHO Institute Pr...
Notes - Evernote

evernote.com/client/web?login=true#an=true&n=d9a9aa5d-3e0d-b132-d5f9-29c626dbaec4&

Apps
PRES
LOVELACE
UNM Mpages
EM Sim Cases - sim...
4DH
EMsono
LiverTOX

Jason Kurland

Search

+ New

Home
Shortcuts
Notes
Tasks EARLY ACCESS
Notebooks
Tags
Shared with Me
Work Chat
Trash

Notes
1145 notes

Reminders

ECHO Hep C Simplified treat...
Reviewed (x 5 and move to Med Ref):
a few seconds ago
Jul 21, 9:00 AM

ATLS Review Notes 9/2013
Primary Survey AIRWAY w/ c-spine protection Obstruction: foreign...
10 minutes ago Prof Dev/Study +1

ATLS 10th ed Field Triage Dec...
For use in making Zuni Trauma Pr...
11 minutes ago
Jul 27, 9:00 AM

Hypoglycemia Protocol now ...
Review x ?3 then delete: From: Kri...
13 minutes ago
Jul 21, 9:00 AM

Wound culture swab shortage, 7/2021
Reviewed x3: 7/14/21, Wound and through cultur...
3 hours ago Delete In 2022
Aug 6, 9:00 AM

Commit to Improve

Normal text
Sans Serif
16

## ECHO Hep C Simplified treatment algorithm

Reviewed (x 5 and move to Med Ref):

[Hepatitis C Virus \(HCV\) Primer per RT 2019](#)  
[Screen all adults once for Hep C \(USPSTF 2020\)](#)

**Simplified HCV Treatment Algorithm, any Genotype**

**Perform Baseline Assessment**

Within 6 months:

1. CBC
2. Hepatic panel (albumin, AST, ALT, total & direct bilirubin)
3. Chem7
4. PT/INR

Documentation of:

1. HCV RNA and genotype
2. HIV Ab
3. HBsAg, anti-HBc (IgG or total), anti-HBs

Check for drug-drug interactions: [hep-druginteractions.org](#)  
Check current medications and any over-the-counter products  
Avoid herbs/supplements during HCV treatment

**Does this patient have:**

- Prior HCV treatment
- Cirrhosis (on imaging or labs)
- ESRD (GFR  $\leq 30$  ml/min/m<sup>2</sup>)
- HIV
- HBsAg positivity
- Prior liver transplant
- Pregnancy
- Hepatocellular carcinoma (known or suspected)

**NO**

**YES**

**STOP**  
Do not use this algorithm

**Counsel on avoiding pregnancy**

**Counsel on medication adherence and follow up with patient as clinically indicated**

**Counsel on avoiding suppressive therapy (especially important for Eplclusa)**

**Start HCV Treatment**

(Mavyret) G/P x 8 wks OR (Eplclusa) SOF/VEL x 12 wks

Repeat HCV RNA and LFTs  $\geq 12$  wks after end of treatment  
(If LFTs remain elevated after SVR, investigate for other causes of liver disease)

**Start HCV Treatment**

(Mavyret) G/P x 8 wks OR (Eplclusa) SOF/VEL x 12 wks

**Check for drug-drug interactions**  
[hep-druginteractions.org](#)  
Check current medications and any over-the-counter products  
Avoid herbs/supplements during HCV treatment

**Counsel on medication adherence and follow up with patient as clinically indicated**

**Counsel on avoiding pregnancy**

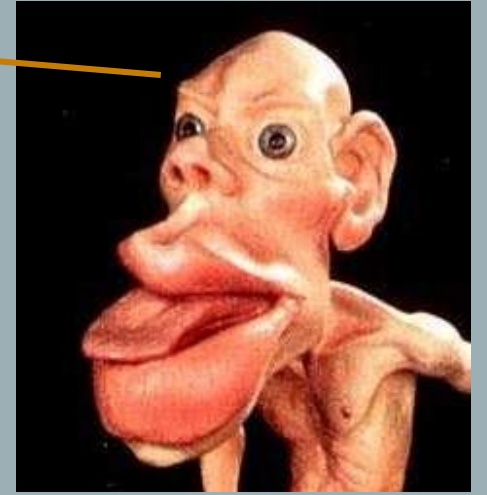
**Counsel on avoiding suppressive therapy (especially important for Eplclusa)**

Evernote on a phone

Evernote in a browser

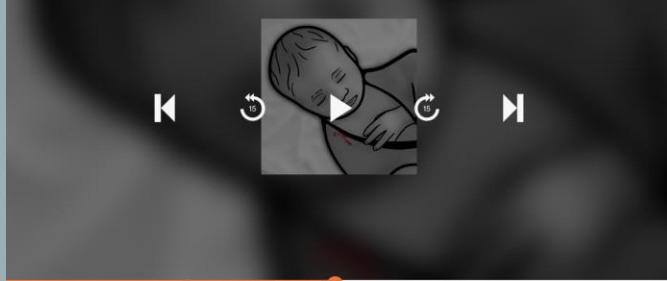
# There are some design flaws with our brains

- We forget stuff—a *lot*; or worse, we “remember” things wrong
- Our short term or working memory gets overwhelmed very quickly
- Cognitive load refers to the amount one has to hold or manipulate simultaneously; more is not better
- We think most clearly when in a low-stimulation environment with minimal stressors; you know, like clinic or the wards or COVID
- We can “understand” something intellectually *in the moment* yet our behavior patterns (practice patterns) don’t necessarily change
- Long-term memory and habit-change requires repetitive exposure to new data; **spaced repetition** improves retention; ironically, seeing something every day can make it disappear



# Where CME goes to **not** die

| < Episodes |                                                      | Episode  |
|------------|------------------------------------------------------|----------|
| APR 2021   |                                                      |          |
| Settings   | 4:02 / 4:02 hours                                    | 349.4 MB |
| 18:05      | April Introduction                                   | ♡        |
| 20:15      | Women and Chest Pain                                 | ♡        |
| 13:29      | Skin and Soft Tissue Infections                      | ♡        |
| 26:18      | Critical Care Mailbag: Vascular Access               | ♡        |
| 12:15      | EMA March Ultra Ultra Summary                        | ♡        |
| 9:49       | Pharmacology Rounds: Push Dose Antibiotics           | ♡        |
| 8:24       | CorePendium Spotlight: Thermal Burns                 | ♡        |
| 13:58      | Pediatric Pearls: Hemorrhagic Disease of the Newborn | ♡        |
| 24:54      | Adrenal Insufficiency                                | ♡        |
| 21:16      | Rural Medicine: Leg Burns                            | ♡        |
| 17:43      | TXA for Everything                                   | ♡        |



Pediatric Pearls: Hemorrhagic Disease of the Newborn  
April 2021  
EM:RAP 2021 April  
[Show more](#)

 EM:RAP 2021 April  
APR 2021 April 2021 • 21 chapters

Summary

**Hemorrhagic Disease of the Newborn**  
Ilene Claudius, MD and Robert Anderson, MD

- Case: A fussy 4 week old is referred to the ED by their primary MD. Exam reveals a dilated pupil on R side. CT Head reveals acute intracranial hemorrhage. The infant had not received vaccinations nor vitamin K after birth. Vitamin K as well as blood products are administered and the patient is transferred for neurosurgical care. The patient had a good outcome.
- Typically at birth babies get Hepatitis B vaccine, erythromycin eye ointment to prevent chlamydial conjunctivitis, and Vitamin K to prevent hemorrhagic disease of the newborn.
- Vitamin K 1 mg IM is recommended within 6 hours from birth - parents have the right to refuse.
- Vitamin K deficiency can occur in any baby under 6 months of age.
  - Humans get vitamin K via food and gut bacteria not via placenta or breast milk, so we are born deficient.

Commit to Improve

Jul 15, 9:00 AM

## In bleeding in neonate include this on differential

Reviewed x5 then med ref: 4/15/21, 4/30, 5/15, 7/12,

Or fussiness or altered mental status...

### **Hemorrhagic Disease of the Newborn** EM:Rap 4/2021

Ilene Claudius, MD and Robert Anderson, MD

- Case: A fussy 4 week old is referred to the ED by their primary MD. Exam reveals a dilated pupil on R side. CT Head reveals acute intracranial hemorrhage. The infant had not received vaccinations nor vitamin K after birth. Vitamin K as well as blood products are administered and the patient is transferred for neurosurgical care. The patient had a good outcome.
- Vitamin K 1 mg IM is recommended within 6 hours from birth - parents have the right to refuse.
- Vitamin K deficiency can occur in any baby under 6 months of age.
  - Humans get vitamin K via food and gut bacteria not via placenta or breast milk, so we are born deficient.

#### PITFALLS

- Hemorrhagic disease of the newborn can occur even if the infant has previously received vitamin K.
- Three types of bleeding are:

# Where CME goes to **not** die

Notes (115)

Notes Reminders

**Dental issues for medical providers**

07/12/2021, 8:00 AM

12/01/2020

**Basic Initial Vent Management in ED (Weingart)**

07/12/2021, 8:00 AM

Mar 15

**Tanner /puberty**

07/12/2021, 8:00 AM

04/15/2016

**REI giftcard from Mom 2/2021**

07/13/2021, 8:00 AM

Feb 27

**EKG differential for syncope (including hyper...**

07/13/2021, 8:00 AM

May 6

**EKG: Narrow-complex irregular tachycardia...**

07/13/2021, 8:00 AM

Jun 21

**Really Wide Complex Tachycardia (RWCT = Q...**

07/13/2021, 8:00 AM

Jul 6

**European Pulmonary Embolus (PE) Guidelin...**

07/14/2021, 8:00 AM

+ New

11:29

Done Everyday dental issues an MD may...

**When the patient continues to bleed after an extraction.**

This is not a common occurrence however unfortunately this does happen. The two main causes are patient post operative compliance and systemic issues. If the patient is "oozing" still hours after the extraction treatment is as follows:

1. Attempt to have pt bite on gauze (BITE HARD) 15-20 minutes, for pressure stoppage.
2. If step one doesn't produce results, if possible, have pt bite on tea bag same amount of time (tea leaves help stop bleeding by chemical compound in leaves).
3. If steps one and two do not work, place an fabric mesh oxidized cellulose polymer into the socket sutured in place or consult dentist. (see next slides)
4. If steps 1-3 don't get results consult dentist and take PT/PTT/INR, Platelet count and find out what's going on also.

**Placement of oxidized cellulose polymer mesh**



Figure 8 suture

Dental CME, Zuni, 2019

Commit to Improve Jul 14, 9:00 AM

**Salter-Harris long bone physal fractures**

Review (present, general idea): 6/26/21,

**Epiphyseal/Growth Plate**

• Can cause complications include shortened limb over time

**Salter-Harris classification of physal fractures**



**Salter Harris: Think of ME**

All SH are injuries of the Physis, then its just a decision of what other part of bone is broken.

- SH 1 is make believe, SH 5 is a crush
- 3,4, 5 are the challenge- So remember **ME!**
- **SH2 physis + M** (etaphysis) (proximal to physis)
- **SH3 physis + E** (piphysis) (distal to physis)
- **SH 4 physis + ME** (both sides of physis)

Child Ready CME 6/2021

Commit to Improve Aug 30, 9:00 AM

**Antibiotic duration, ACP guideline 2021**

Review (content) x 5 esp cellulitis: 5/4/21, 5/11, 5/30, 6/15, 6/30,

2021 ACP guideline "offers guidance on treating several common conditions, based on a review of literature and published guidelines" (JW):

- **Community-acquired pneumonia**--minimum of 5 days, with extensions guided by "validated measures of clinical stability"
- [Discontinuing antibiotics in community-acquired pneumonia inpatients](#)
- **Uncomplicated cystitis in women**--
  - nitrofurantoin for 5 days, *or*
  - TMP-SMX for 3, *or*
  - single-dose fosfomycin
- **Uncomplicated pyelonephritis**
  - fluoroquinolones x 5-7 days, *or*
  - TMP-SMX x 14 days
  - based on sensitivities
- **Cellulitis (*non*-purulent)** x 5-6 days

Journal Watch 5/2021

# Where CME goes to be born **backwards**

11:37 ↗



📅 Commit to Improve

🔔 Dec

## Breech delivery handout

📺 Procedure videos

### Breech delivery videos

[Breech delivery handout](#)

📺 PROMPT Vaginal Breech Training.mp4 10 MB

Demo of malar pressure to flex head (MSV maneuver) ( *fast forward to ~1:20*; initial technique is supporting body and applying gentle traction in J shape)

📺 Assisted breech delivery Burns Marsh... 12 MB

3, 12/24, 2/3, 3/7, 6/7, 7/12

ginal delivery handout.pdf

### Management of Vaginal Breech Delivery: Check (CAREFUL)

- Check for complete dilation to avoid risk of entrapment by cervix
- Check for presenting part
- Check for umbilical cord prolapse

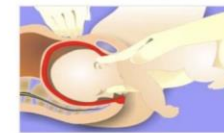
After pt is fully dilated, consider up to 1 hour of passive descent. Pushing should last no more than 60 minutes

### Rotate for Arms (CAREFUL)



- Gentle traction on the pelvis after delivery of the umbilicus
- Hands on both sides of the abdomen
- Maintain sacrum anterior

### Enter (CAREFUL)



- Enter to perform Modified Mauriceau-Smellie-Veit (MSV) Maneuver
- Hand from an assistant should be used during this step for suprapubic pressure to aid and promote flexion

### Back Up: sacrum anterior (CAREFUL)

- Normal rotation after delivery of fetal pelvis is to sacrum anterior
- Sacrum posterior will prevent flexion and present larger head diameter
- If fetus is attempting to rotate to sacrum posterior position, gently guide back Up to sacrum anterior position

### Breech Presentation



**Frank**  
Hips flexed and legs extended over anterior surface of body

**Complete**  
Hips and legs are both flexed

**Footling**  
One or both hips extended & one or both feet presenting  
----  
Vaginal delivery not possible

### Risk Factors

- Prematurity (33% of babies 21-24 weeks are breech vs. 7% of babies 37-40 weeks)
- High parity
- Uterine anomalies (i.e. fibroids)
- Fetal anomalies
- Polyhydramnios/oligohydramnios
- H/o breech

### Flex head (CAREFUL)



By placing fingers on maxilla

### Lift Baby Onto Mother (CAREFUL)

- Anticipate increased likelihood of needing resuscitation at a vaginal breech birth
- If infant is vigorous, may lift onto maternal chest for skin-to-skin contact or allow delayed cord clamping

# Clinical question: when/how to screen for multiple myeloma and how to interpret results?

2:55

<

+

+

...

Med: Reference

Jan 4, 8:00 AM

## Multiple myeloma screening: synthesis from UTD 2020

Reviewed (content) x 5 + move to med ref: 10/5/20, 10/12, 10/29, 11/25, 1/4/21, 3/20, 7/4,

### SCREENING LABS:

- SPEP** and **UPEP**—both *with immunofixation*
- serum **free light chains** assay (FLC)

*scroll down for rationale*

### When to suspect MM

- unexplained anemia, back pain, weakness, or fatigue
- osteopenia, osteolytic lesions, or spontaneous fractures
- renal insufficiency with a bland urine sediment
- heavy proteinuria (out of proportion to albuminuria per Patel) in a patient over 40
- hypercalcemia
- hypergammaglobulinemia

**Created:** 2/2021

Done with **spaced repetition:** 7/2021

**Long-term reminder:** 1/2022

**Body:** UTD

**Clarifications:**

-Dr Patel, Nephrology

-Dr McGuire, Hem-Onc

## Labs

- SPEP** positive in 82% of patients with MM
- adding **protein immunofixation** increases sensitivity to 93%
- adding **serum FLC assay** + **UPEP with immunofixation** increases sensitivity to **97%\***
- *if not already done:* CBC, CMP (calcium, Cr, albumin), UA (protein, bland UA if Cr up)

\*up to 20% of MM is characterized by only a light chain in the serum or urine, lacking expression of the heavy chain but these pts are detected readily by serum FLC and UPEP/immunofixation

-in MM pts who have a normal serum and urine immunofixation (non-secretory MM) 60% will have a detectable monoclonal FLC

-NOTE: per McGuire, hem-onc at UNM, **CKD raises free light chains** so if **both** are elevated but ratio is approximately normal **and** patient has CKD, no need for further work up

# 45 yo M with long hx of AUD admitted overnight for seizure

## D/c summary

# Alcohol abuse  
# ETOH withdrawal  
# ETOH withdrawal seizure  
- seizure would explain AMS and elevated lactic acid  
- overnight CIWA 0-1 and not needing chlordiazepoxide  
- last chlodiazepoxide was yesterday at 2 pm for CIWA of 9  
- continue CIWA with PRN chlodiazepoxide 25 mg PRN CIWA >8  
- discussion re assistance with cessation today patient interested in medication therapy  
- will trial acamprosate 666 TID, preferred over naltrexate in setting of liver cirrhosis

| BLOOD   | 06/23<br>2021<br>07:00 | 06/22<br>2021<br>18:29 | 06/22<br>2021<br>13:34 | 06/22<br>2021<br>13:33 | 06/22<br>2021<br>13:33 | Reference<br>Units Ranges |
|---------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------------|
| GLU-R   | 96                     | 100                    |                        |                        | 132 H                  | mg/dL 70 - 115            |
| BUN-R   | 9.0                    | 12.0                   |                        |                        | 15.0                   | mg/dL 6.0 - 20.0          |
| CREAT-R | 0.6 L                  | 0.7                    |                        |                        | 1.0                    | mg/dL 0.7 - 1.2           |
| eGFR    | >60                    | >60                    |                        |                        | >60                    | mL/min Ref: >60           |
| NA-R    | 137                    | 134 L                  |                        |                        | 137                    | mmol/L 136 - 145          |
| K+-R    | 3.1 L                  | 3.4                    |                        |                        | 3.4                    | mmol/L 3.4 - 4.5          |
| CL-R    | 103                    | 101                    |                        |                        | 99                     | mmol/L 98 - 107           |
| CO2-R   | 22.0                   | 23.0                   |                        |                        | 14.0 L                 | mmol/L 22.0 - 29.0        |
| AGAP-R  | 12                     | 10                     |                        |                        | 24 H                   | mmol/L 8 - 16             |
| ALP-R   |                        |                        |                        |                        | 102                    | U/L 35 - 129              |
| AST-R   |                        |                        |                        |                        | 74 H                   | U/L 0 - 40                |
| TBI-R   |                        |                        |                        |                        | 2.1 H                  | mg/dL 0 - 1.2             |
| DBI-R   |                        |                        |                        |                        |                        | mg/dL 0.0 - 0.30          |
| ALT-R   |                        |                        |                        |                        | 34                     | U/L 0 - 41                |
| CA-R    | 8.1 L                  | 8.0 L                  |                        |                        | 8.5 L                  | mg/dL 8.6 - 10.2          |
| ALB-R   |                        |                        |                        |                        | 4.0                    | g/dL 3.5 - 5.2            |
| TP-R    |                        |                        |                        |                        | 7.9                    | g/dL 6.6 - 8.7            |

## Alcohol cessation meds

2/22/19, 3/24/19, 4/29/19, 5/30/19, 7/3/19, 8/3/19, 9/6/19,  
11/23/19, 3/26/20; 6/30/21

### Summary of Medically Assisted Treatment for Alcohol Dependence

- **Naltrexone**
  - First line therapy (unless severe liver disease or opioid use)
- Acamprosate
  - First line if contraindicated to naltrexone
  - Second line if patient not responding to naltrexone
- Disulfiram
  - Must be motivated to abstain from alcohol
  - Use as adjunct to other medications
  - Use to support long-term abstinence

### Naltrexone

- Take 25mg per day
- Best to abstain from alcohol to use in supervised setting
- Mild side effects
- Severe side effects at high doses

### When to Use Naltrexone?

- First line treatment (unless severe liver disease or opioid use)
- Decreases cravings, enhances ability to abstain from drinking, reduces heavy drinking
- **Contraindications:** severe liver disease (AST, ALT or GGT > 6xULN), acute or chronic opioid use
- **Monitoring:** baseline LFTs, then q1-3months (Black Box Warning for hepatocellular injury **REMOVED** in 2013)

CME by Jennie Wei, head of SUD clinic, GMC 2018

45 yo M with long hx of AUD  
admitted overnight for seizure

D/c summary

# Alcohol abuse  
# ETOH withdrawal  
# ETOH withdrawal seizure  
- seizure would explain AMS and  
- overnight CIWA 0-1 and not ne  
- last chlordiazepoxide was yest  
- continue CIWA with PRN chloda  
- discussion re assistance with  
therapy  
- will trial acamprosate 666 T  
cirrhosis

|         |                        |                        |                        |       |            |
|---------|------------------------|------------------------|------------------------|-------|------------|
| BLOOD   | 06/23<br>2021<br>07:00 | 06/22<br>2021<br>18:29 | 06/21<br>2021<br>13:30 |       |            |
| GLU-R   | 96                     | 100                    | 132 H                  | mg/dL | 70 - 115   |
| BUN-R   | 9.0                    | 12.0                   | 15.0                   | mg/dL | 6.0 - 20.0 |
| CREAT-R | 0.6 L                  | 0.7                    | 1.0                    | mg/dL | 0.7 - 1.2  |
| eGFR    | >60                    |                        |                        |       |            |
| NA-R    | 137                    |                        |                        |       |            |
| K+-R    | 3.1 L                  |                        |                        |       |            |
| CL-R    | 103                    |                        |                        |       |            |
| CO2-R   | 22.0                   |                        |                        |       |            |
| AGAP-R  | 12                     |                        |                        |       |            |
| ALP-R   |                        |                        |                        |       |            |
| AST-R   |                        |                        |                        |       |            |
| TBI-R   |                        |                        |                        |       |            |
| DBI-R   |                        |                        |                        |       |            |
| ALT-R   |                        |                        |                        |       |            |
| CA-R    | 8.1 L                  | 8.0 L                  | 8.5 L                  | mg/dL | 8.6 - 10.2 |
| ALB-R   |                        |                        | 4.0                    | g/dL  | 3.5 - 5.2  |
| TP-R    |                        |                        | 7.9                    | g/dL  | 6.6 - 8.7  |

hepatic dosing

not defined

hepatic impairment: caution advised

Dosing: Hepatic Impairment: Adult

Mild to moderate impairment: No dosage adjustment necessary.

Severe impairment: No dosage adjustment provided in manufacturer's labeling (has not been studied); naltrexone AUC increased ~5- and 10-fold in patients with compensated or decompensated hepatic cirrhosis respectively. Use is not recommended in acute hepatitis or hepatic failure (APA [Reus 2018]).

Alcohol cessation meds

2/22/19. 3/24/19. 4/29/19. 5/30/19. 7/3/19. 8/3/19. 9/6/19,

CME by Jennie  
Wei, head of SUD  
clinic, GMC 2018

Use Naltrexone?

(unless severe liver disease or

- Decreases cravings, enhances ability to abstain

(AST, ALT  
oid use  
nths (Black  
EMOVED

- Mild side effects
- Severe side effects at high doses



40 yo Navajo woman. “My mom gave them to me. I’m not sure what the stones are.”

# One phone list to rule them all



3:38

< Zuni Med Staff

## ZCCHC and Referral #s

**Page Overhead:** 600 (2 beeps overhead) 00 (1 beep overhead) now TALK

**Page Someone:** 381, pager #, beep, TALK

**Call park**-to pick up call: \*12 then dial call park (eg 710, 711) and TALK

ER and OPD extensions

**Inpatient** 386, 387; SCN offc 547

**TKB** 302, p118 (C) [870-9084](tel:870-9084)

**IT group** extension 603  
Roxanne 303, p 173; Keith 345; Aaron 579

**Security** p 167 or 140?

**Behavioral Health**  
Joy McQuery **remote** ext: 370

**Optometry** on-call cell #s:  
June Morikawa, resident 2020-21: [310-940-2141](tel:310-940-2141)

Iris Huang [916-600-7169](tel:916-600-7169)  
Celia Baker [502-472-7317](tel:502-472-7317)  
Erelida Gene [928-675-0440](tel:928-675-0440)

3:38

< Radiology at Zuni 534, CT area 573  
PACS/to view images-pwd "ramsoft/111"  
DIA Provider Line (call the teleradiologist)  
[918-935-3570](tel:918-935-3570) option 4

**Fax #s**  
Charting rm [782-7406](tel:782-7406)  
MR fax [782-4502](tel:782-4502)

**COVID Vaccine Hotline:** 782-7590

**Zuni Home Health** [782-5544/5545](tel:782-5544/5545)  
Nene (c) [870-5852](tel:870-5852)

**Zuni Medical Supply** 782-2434

**New Beginnings** [24/7 782-4600](tel:24-7-782-4600) COVID #: 879-876

**WIC** [782-2929](tel:782-2929)  
Lynelle, BF Peer Counselor after hours  
[879-1137](tel:879-1137)

**Zuni Police** Dispatch: [782-4494](tel:782-4494)  
**Ramah Navajo Police** (to reach PH EMS): 775-32  
**PH EMS direct:** 806-0081

**TSS** (v) [782-7166](tel:782-7166), (fax) [782-7221](tel:782-7221)

**ZRC** (main) [782-4717](tel:782-4717); in BH x313

**Teen Health Clinic** [782-5719](tel:782-5719)

3:39

< **OUTSIDE Hospitals/Facilities**

**Zuni Dialysis** [782-5663](tel:782-5663)  
**High Desert Nephrology:** [863-7993](tel:863-7993)  
**PD Clinic** 726-7801  
**Dr Patel** (c) [317-417-6069](tel:317-417-6069) (its pts—m  
(best way to contact re: mutual pts is to text)

**NM Cancer Center** Gallup [726-2400](tel:726-2400) or ge  
in ABQ [842-8171](tel:842-8171) or after hours 857-3877

**GIMC** [722-1000](tel:722-1000)  
MR [722-1108](tel:722-1108)  
MR fax [722-1490](tel:722-1490)  
Labor and Delivery [722-1301](tel:722-1301)  
**Radiology** [722-1162](tel:722-1162)  
**Ultrasound** [722-1155](tel:722-1155) or [722-1161](tel:722-1161)  
**CT** [722-1466](tel:722-1466)

**RMCH** [863-7000](tel:863-7000)  
L+D [863-7025](tel:863-7025)  
Radiology [863-7015](tel:863-7015)  
Red Rock Clinic [863-7200](tel:863-7200)

**UNM**  
**PALS** [888-866-7257](tel:888-866-7257) (888 -UNM-PALS)  
Main Operator [505-272-2111](tel:505-272-2111)  
**EHR:** [https://univnmea.cernerworks.com/mp\\_mobi](https://univnmea.cernerworks.com/mp_mobi)  
**UNM MFM Outreach Clinic** Gallup: 925-6235

3:39

< **Poison Control** [800-222-1222](tel:800-222-1222)  
**PEP for HIV** (sexual assault, needle stick)  
<http://nccc.ucsf.edu>  
-----

**OTHER TRANSFER OPTIONS:**  
**San Juan Regional** [505-609-2000](tel:505-609-2000)

**St. Vincents** 505-983-3361

**VA Hospital ABQ** [265-1711](tel:265-1711) (veterans only, generally a  
hassle to transfer)

**Flagstaff Medical Center**  
(Northern AZ Healthcare) [800-853-2313](tel:800-853-2313)

**Banner Health** (includes **Good Sam's** and several other  
**Phoenix hospitals**)  
[602-839-4444](tel:602-839-4444) or [888-698-2727](tel:888-698-2727)

**Dignity Health System Phoenix** (3 hospitals including **St  
Joe's** a 575 bed tertiary care center with liver transplant,  
etc, etc) 602-406-2337

**Honor Health Phoenix** (large multi-hospital system) 480-  
323-7363

**U of Colorado Denver** (hepatology, transplant center) 720-  
848-2828

Explore how intentionally building a peripheral brain can help you integrate standards of care, specialist insights, new research and **pesky logistics** into your everyday practice.

### Four Corners Detox referral info

Review (present and contents) x 3: 4/2, 4/20, 4/26, 5/18

FOUR CORNERS DETOX  
Recovery Center  
THE PATH TO RECOVERY

Medical Detoxification Withdrawal Management • 2105 Hasler Valley Rd. Gallup, NM  
Phone: 505-413-3447 • CELL PHONE: 505-490-7270 • Fax: 505-808-4929

**Intake team contact information:**

Lucille Willie. [lwillie@fcdrecovery.org](mailto:lwillie@fcdrecovery.org) Intake Coordinator  
Vanessa Bowekaty. [vbowekaty@fcdrecovery.org](mailto:vbowekaty@fcdrecovery.org) Med Tech Lead  
Lita Bailly. [lbailly@fcdrecovery.org](mailto:lbailly@fcdrecovery.org) Nurse Practitioner  
William Burrola. [wburrola@fcdrecovery.org](mailto:wburrola@fcdrecovery.org) Case Manager  
Yuri Findlay. [yfindlay@fcdrecovery.org](mailto:yfindlay@fcdrecovery.org) Operations Manager  
Lydia Joe. [ljoe@fcdrecovery.org](mailto:ljoe@fcdrecovery.org) Admin Assistant  
Barry Ore. [bore@fcdrecovery.org](mailto:bore@fcdrecovery.org) Program Director

Before admission the following documents/records might be needed. Please fax/email if applicable. Our team can coordinate care with providers.

- From hospital:
  - ER/hospital progress notes, discharge summary
  - Recent labs, including COVID-19 test results
    - (negative within the last two weeks, PCR Test only; (or) documentation that shows COVID-recovered, e.g. positive test more than 10 days ago)
  - Current medication list.
  - Medical records pertaining to chronic conditions
- From community referrals/walk-ins:
  - Ask us about getting COVID test here, or provide documentation of COVID-recovery)
  - Most recent primary care notes for those with chronic medical conditions
  - A current/2020 flu vaccination is required

### Where to find formula in hospital at Zuni, 2021

Reviewed (that in dietary, that this is there) x 5: 5/18/21, 6/3, 7/3,

Per RB, updated as of 6/2021:

we have?  
only have ready-made formula.  
(less)  
available  
in urge  
ounce bo  
nda's of  
of the kit  
straight  
sitting ri  
urs:  
they wi

### Tier I notes for Zuni employees

Review (charting option):

Progress Note Properties

Progress Note Title: PRIMARY <PRIMARY CARE TIER I>

PRIMARY <PRIMARY CARE - TELEPHONE CALL>

PRIMARY <PRIMARY CARE TIER I>

PRIMARY CARE

PRIMARY CARE <PRIMARY CARE>

PRIMARY CARE - TELEPHONE CALL

PRIMARY CARE TIER I

Date/Time of Note: 14-Jun-2021 14:56

Author: Urbanski, Laura MD

Progress Note Properties

Progress Note Title: URGENT <URGENT CARE TIER I>

URGENT <URGENT CARE TIER I>

URGENT <URGENT CARE>

URGENT CARE

URGENT CARE <URGENT CARE>

URGENT CARE TIER I

### Developmental delay, early childhood referral options as of 2021

Review x 5 (present and vaguely what avail): 5/31/21, 6/17, 6/30,

[Avenues Early Childhood](#)  
[MCHAT, autism referral](#)  
[Program at UNM](#)

**W Pediatric ther**

### Wound culture swab shortage, 7/2021

Reviewed x3: 7/14/21,

- Wound and through cultures are being sent out to Quest M-Sat due to blue swab shortage.
- Swabs for Quest must reach them within 48h.
- If you will be doing wound/throat culture collections on Saturdays after 10am to Sunday morning, please obtain a **blue swab** from the lab.
- Lab will perform in-house testing on these Saturday-Sun AM specimens

**From:** Banteah, Melinda (IHS/ALB/ZSU)  
**Sent:** Monday, July 12, 2021 11:30 AM  
**Subject:** Wound culture Swabs clarification

As stated before, we are out of the blue cap swabs until further notice. We were able to get a very limited supply

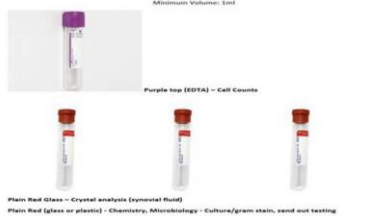
### Letter to revoke NM driver license

MVD, DMV, DL

to revoke DL  
send  
"Letter of Cancellation"  
Driver Services  
1100  
Sant

### Synovial fluid, paracentesis collection tubes

Tubes required for Body Fluids (all except CSF)  
CSF - use the numbered tubes from the collection kit.  
Minimum Volume: 1ml



THIS IS NOT THE PLASTIC RED TOP YOU SEE IN UC - IT IS A REAL GLASS WITH THE ENTIRE TOP MADE WITH REAL RED RUBBER.

**From:** Kanteena, Angela (IHS/ALB/ZSU)  
**Sent:** Thursday, February 21, 2019 5:21 PM

Many of these were emails...

More pesky logistics...

GIMC recredentialing effective through 6/2023

From: York, Julie A (IHS/NAV) <Julie.York@ihs.gov>  
Sent: Thursday, June 24, 2021 5:28 PM  
To: Kurland, Jason D (IHS/ALB/ZSU)  
Subject: REAPPOINTMENT----J. KURLAND, MD  
Priority: High

Afternoon Dr. Kurland,

The Credentialing Committee convened 6/16/21 to review your reappointment application. Your file was approved with privileges effective **June 21, 2021** through **June 20, 2023**. A copy of your new privileges is attached for your records.

Thank you for completing the reappointment application on J

York  
Scheduling Specialist  
Indian Medical Center  
Staff Office  
2-1790  
2-1771 (Fax)  
@ihs.gov

PRIVILEGES (KURLAND).pdf

- Professional Documents
- ### Credentials and expiration dates
- NM License: 4/2/2013-7/1/2024
  - NM Controlled Substance: 12/31/2021
  - DEA: 12/31/2021
  - ABFM: 12/31/2022
  - NRP: 9/30/2022
  - BLS: 6/2023
  - ACLS: 11/2022
  - PALS: 11/2021
  - ALSO: 8/31/2021; course at Zuni fall 2021
  - ATLS: 3/12/2021
  - GIMC OB Credentialing 6/2023
  - IHS PIV card: 6/30/2024

3:50

Professional Documents

### PALS exp 11/2021

 **KurlandPALS.pdf** 151 kB

 **KurlandPALSWallet.pdf** 148 kB

Older cards

**PEDIATRIC ADVANCED LIFE SUPPORT**

**American Heart Association**

American Academy of Pediatrics 

**DAI S Provider**

11:45

Professional Documents

### Medical License exp 7/1/2024



 **Kurland NMMB\_NewMDCertificate\_18...** 63 kB



58yo Zuni Man; "I made it myself."

# Things to *consider* to bridge the divide between patients and specialty care

- join an **ECHO** <https://hsc.unm.edu/echo/>
- I-888-UNM PALS** not just for transfers, on-call provider access (but don't call with trifling nonsense, either 😊 )
- if appropriate, talk to **Child Ready** about your site [HSC-ChildReady@salud.unm.edu](mailto:HSC-ChildReady@salud.unm.edu)
- sign up for **referring provider access** at the ABQ hospitals; if elsewhere in state, ask your referral sites
  - they don't make it super obvious how to do this; email me at [jason.kurland@ihs.gov](mailto:jason.kurland@ihs.gov) for specific information
- assess your current **peripheral brain**
  - is what you need *immediately* and *ubiquitously* available?
  - do you trust it? *do you remember what's in it?* can you find everything fast?
  - does your peripheral brain reduce your **cognitive load**? <http://www.emdocs.net/cognitiveload/>
- if not, consider a **trial** of doing more work *up front* to be more comfortable, confident and up-to-date in the day-to-day bustle of clinical work: <https://evernote.com/> <https://www.onenote.com/>

There will be a learning curve...or six, or...infinity symbol

