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

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Accessing Specialty Care

When Care *Is* Available With A Long Wait

Jason Kurland, MD
Emergency Department Director
Past Diabetes Director
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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**)

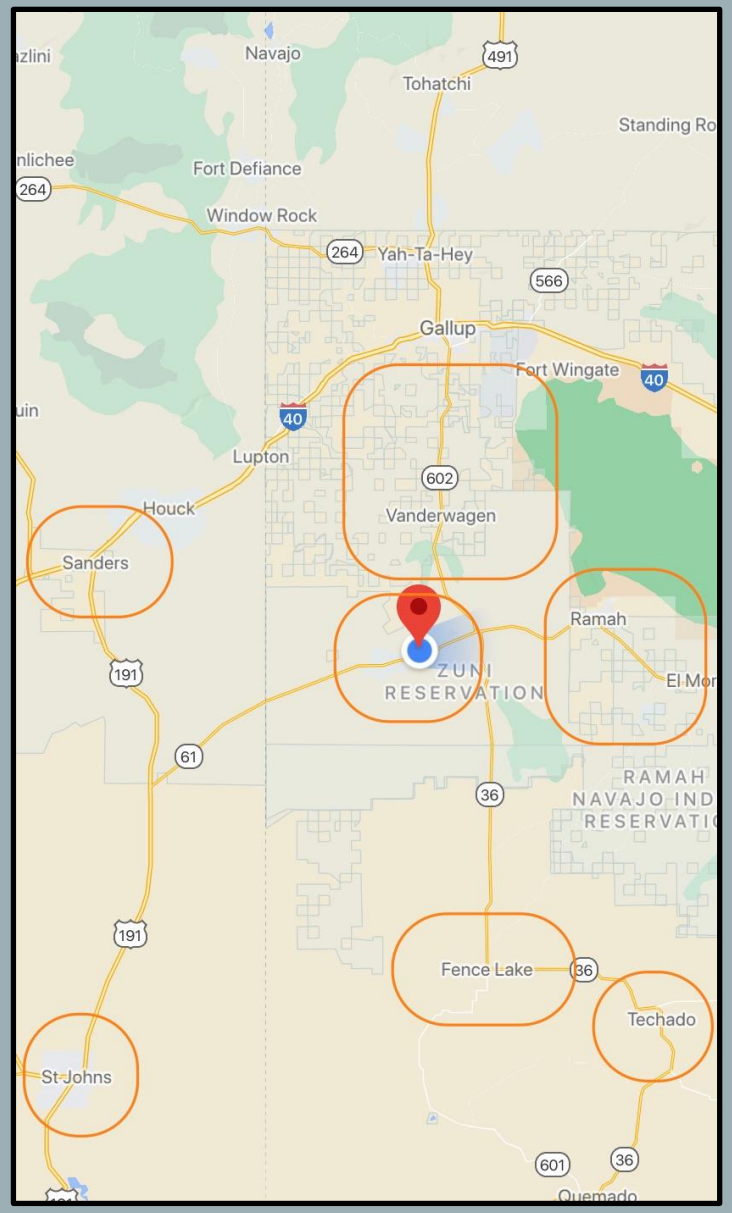
Primary care, Dental, Optometry, Podiatry, PT, Tele-psychiatry

24/7 Emergency Room, Urgent Care, OB triage

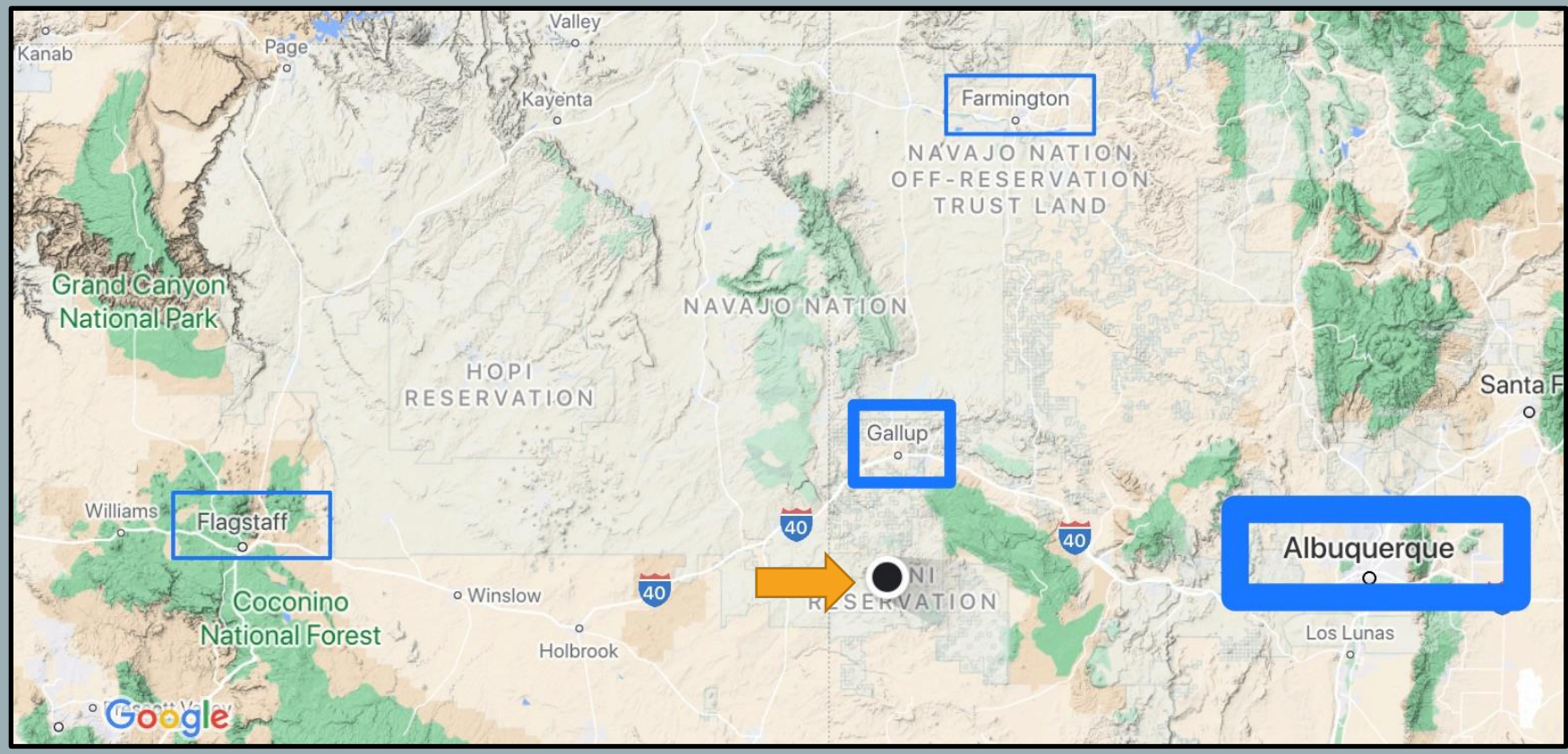
Lab (with small blood bank), **Radiology** (xray, CT much of the time, limited US), **Pharmacy**

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

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-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

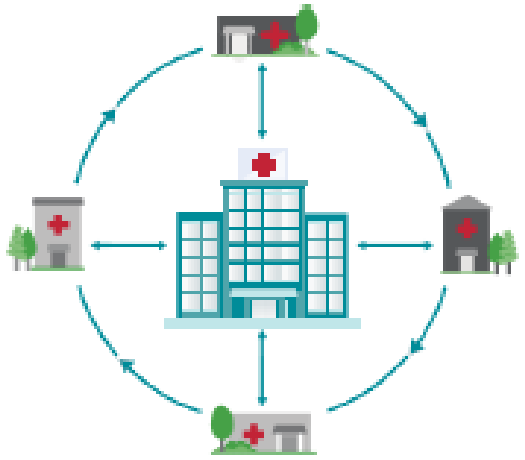
67 yo Navajo man. “It was my grandfather’s.”

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.*

Program Description

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

HEALTH SCIENCES

Project ECHO

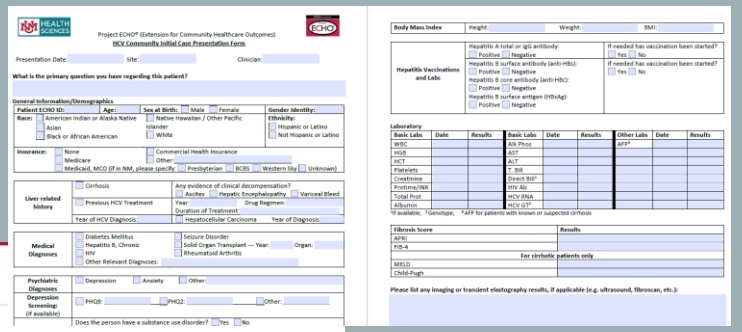
Project ECHO (Extension for Community Healthcare Outcomes)

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*



Home › ECHO Institute Programs › Hepatitis-C Community

ECHO Institute Programs

- MEPA
- Climate Change and Human Health ECHO
- COVID-19 Response
- Antimicrobial Stewardship
- Behavioral Health & Addiction
- Bone Health
- Dermatology
- Indian Country
- Medication Assisted Treatment
- Miner's Wellness
- Medicaid Quality Improvement & Health Assessment

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 1 st Monday of the Month 8:30-11:30am MST

Program Desc

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 if you have any questions or concerns.

The HCV programs address the H
HCV in under-served populations
to their peers and the hub team s
support best practice care for pa

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

Does this patient have:
- Prior HCV treatment
- Cirrhosis (on imaging or labs)
- ESRD (GFR ≤ 30 ml/min/m^2)
- HIV
- HBsAg positivity
- Prior liver transplant
- Pregnancy

NO

Check for drug-drug interactions:
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

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.”

1-888-UNM-PALS

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-ok, you knew that number

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

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-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?*

1-888-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

1-888-UNM-PALS

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-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?

1-888-UNM-PALS

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-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

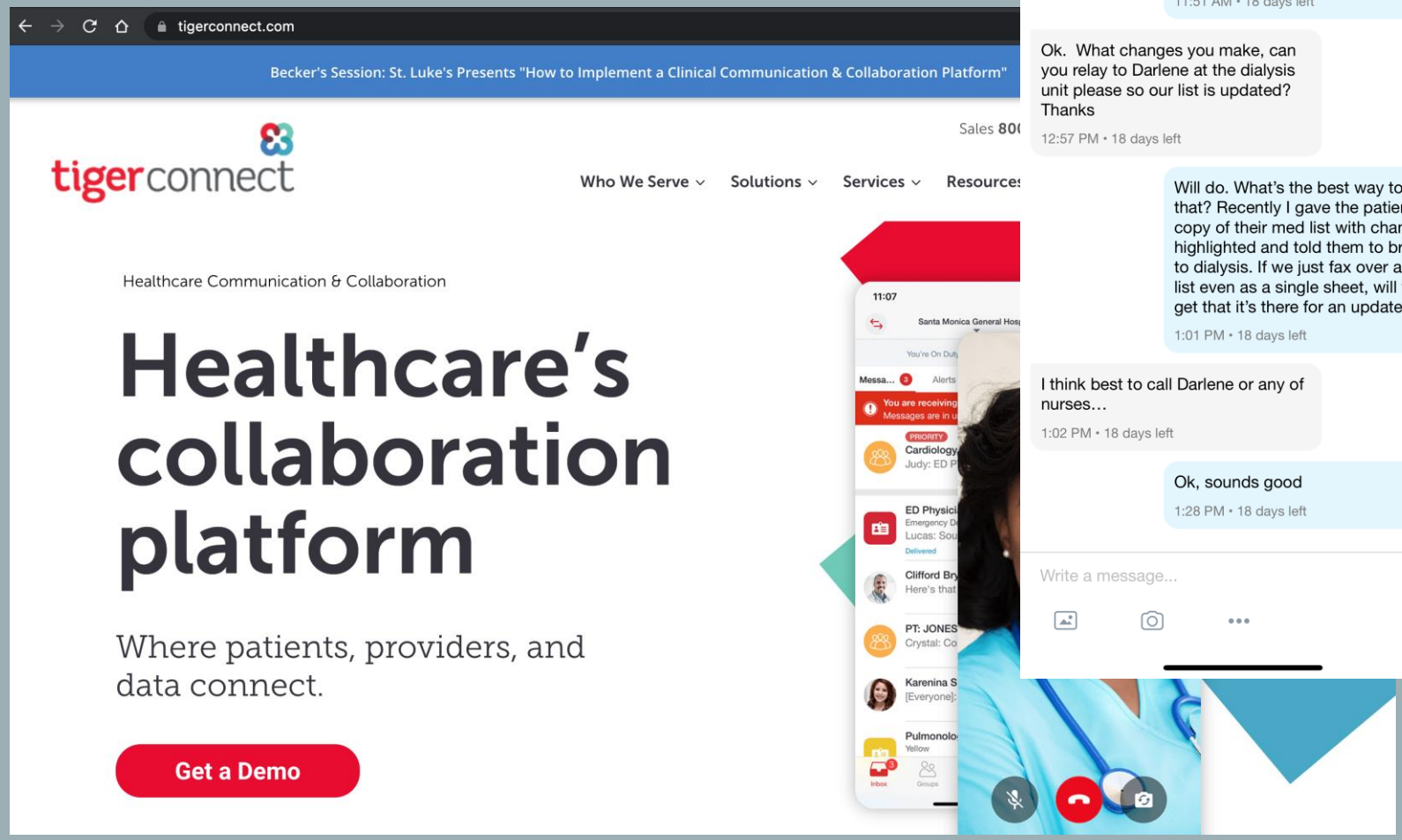
UNM signed all 11,000 employees up for **Tiger Text** ~2 years ago

-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

1-888-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 suppurtiva** (HS) but had never diagnosed or treated this

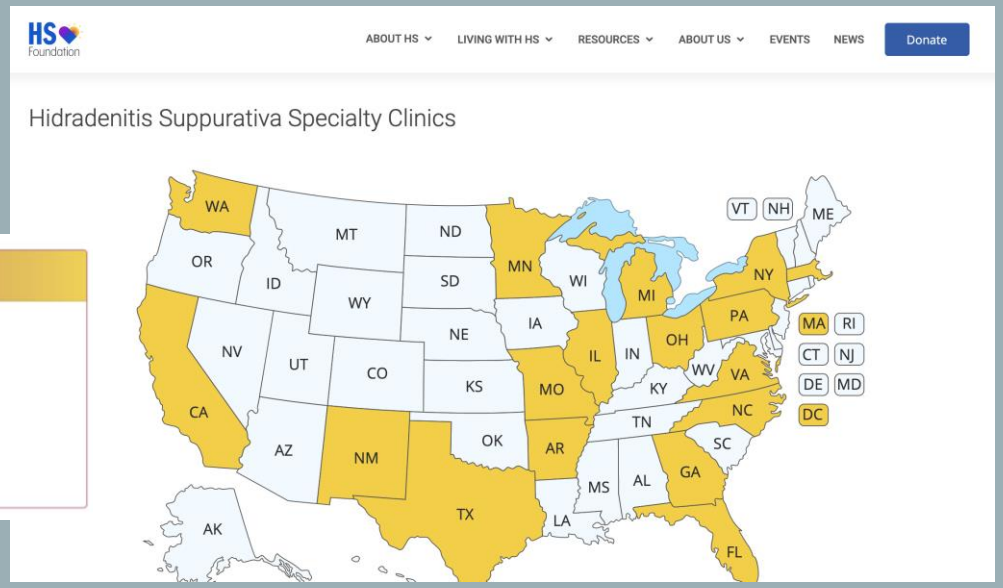
-I read about HS: **difficult** to treat, **no slam-dunk meds** and data is limited even for adalimumab (Humira) although it *does* have an FDA indication; several first and second line options

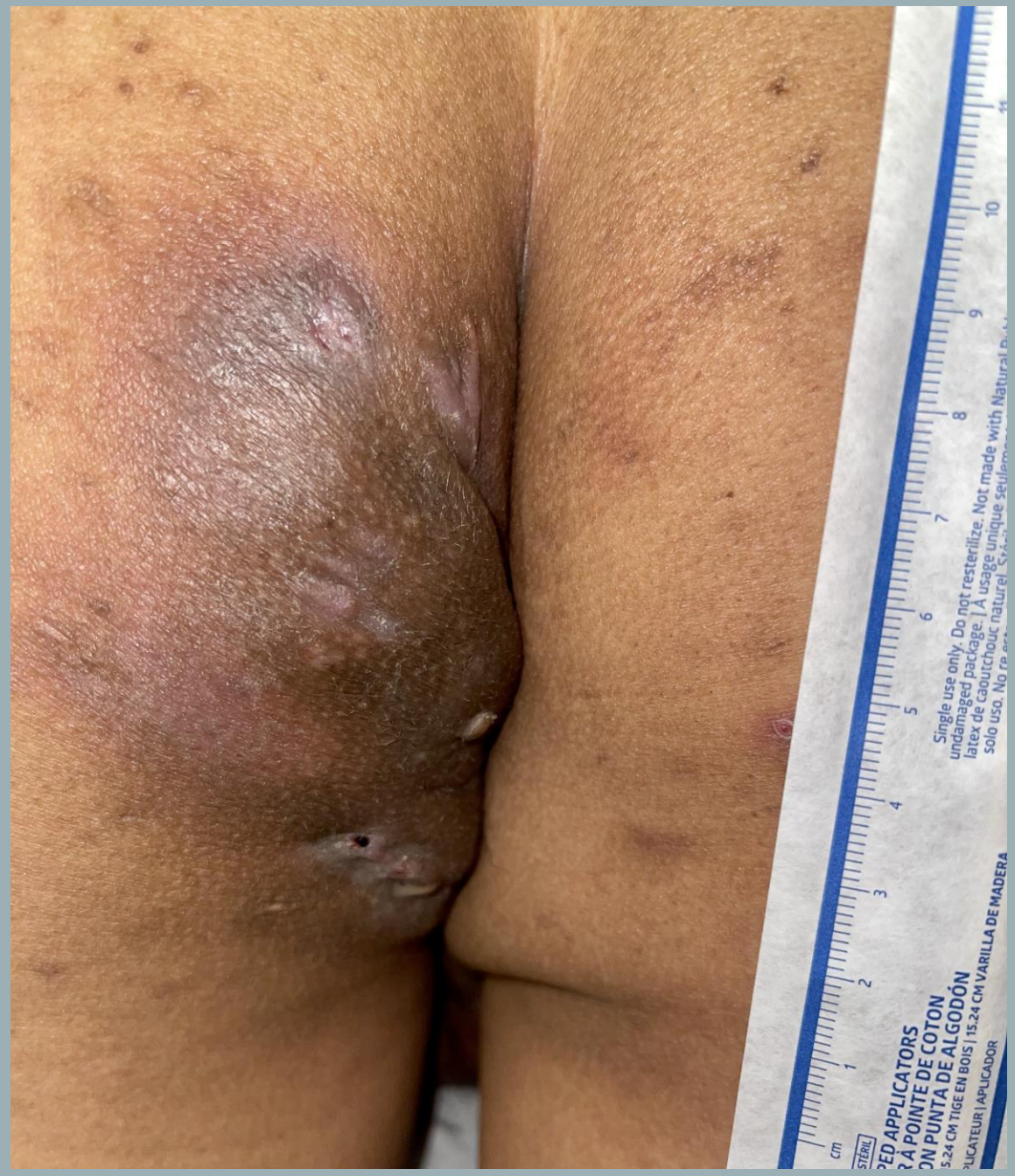
-I came across UNM Dermatologist Emily Altman's name on patient-oriented website

-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





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 deroofing 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

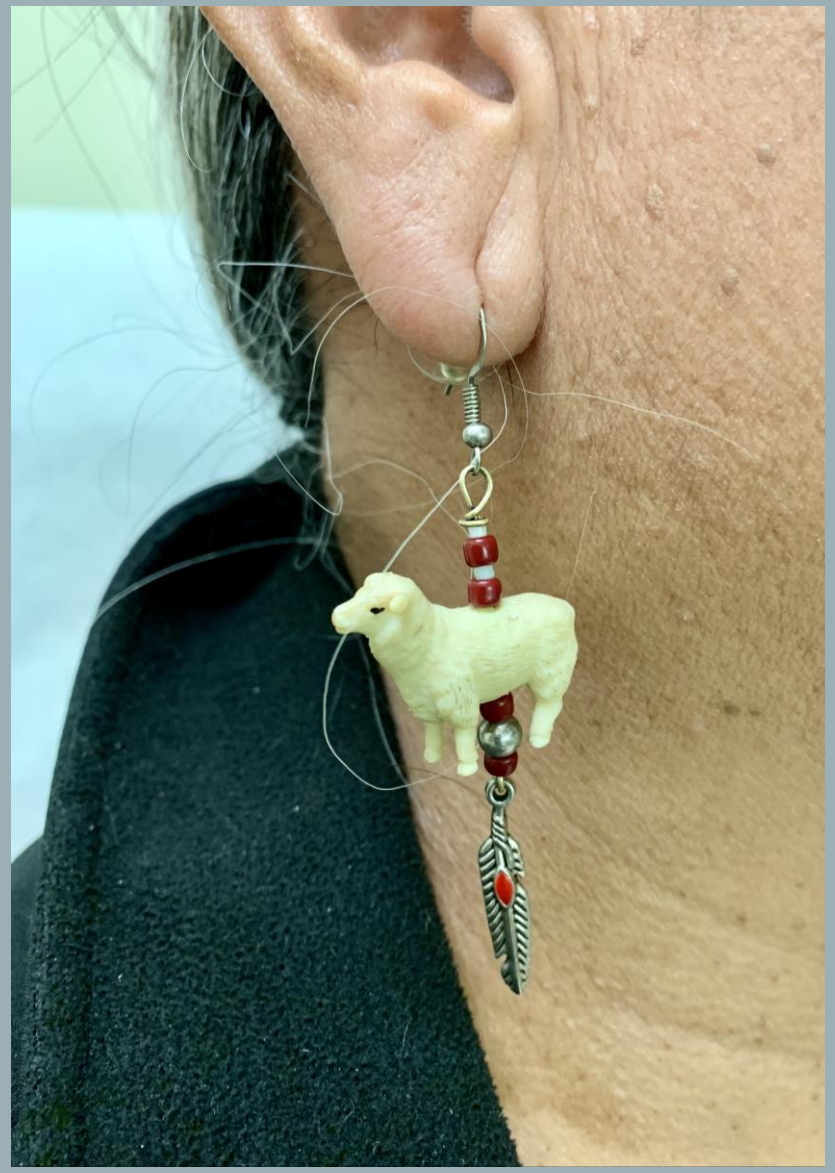
-66 yo F with DM, long hx of seronegative-rheumatoid arthritis, RA lung disease, recent acute progression to ESRD on HD

-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.”

CHILD READY

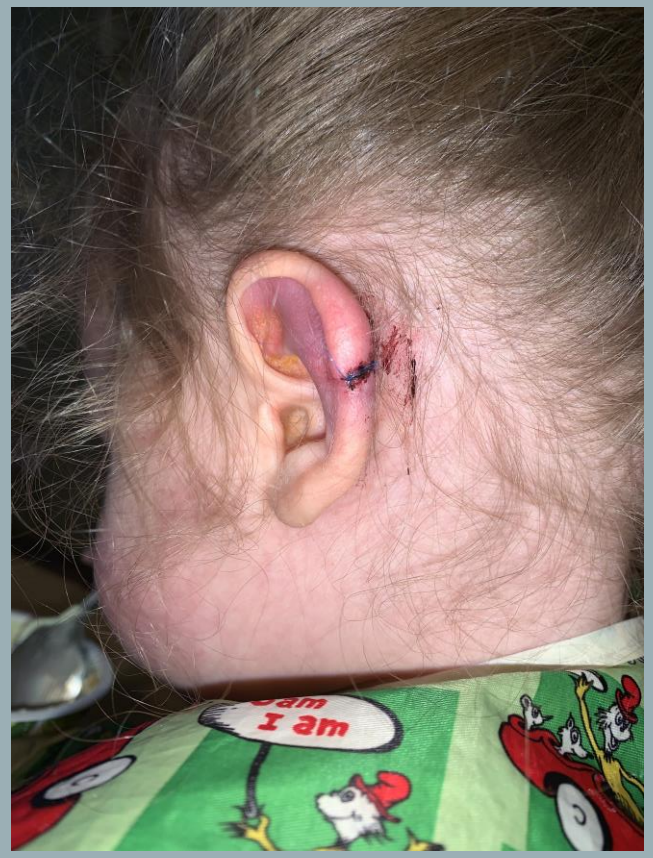
Engaging Communities to Prepare for Emergencies in Children

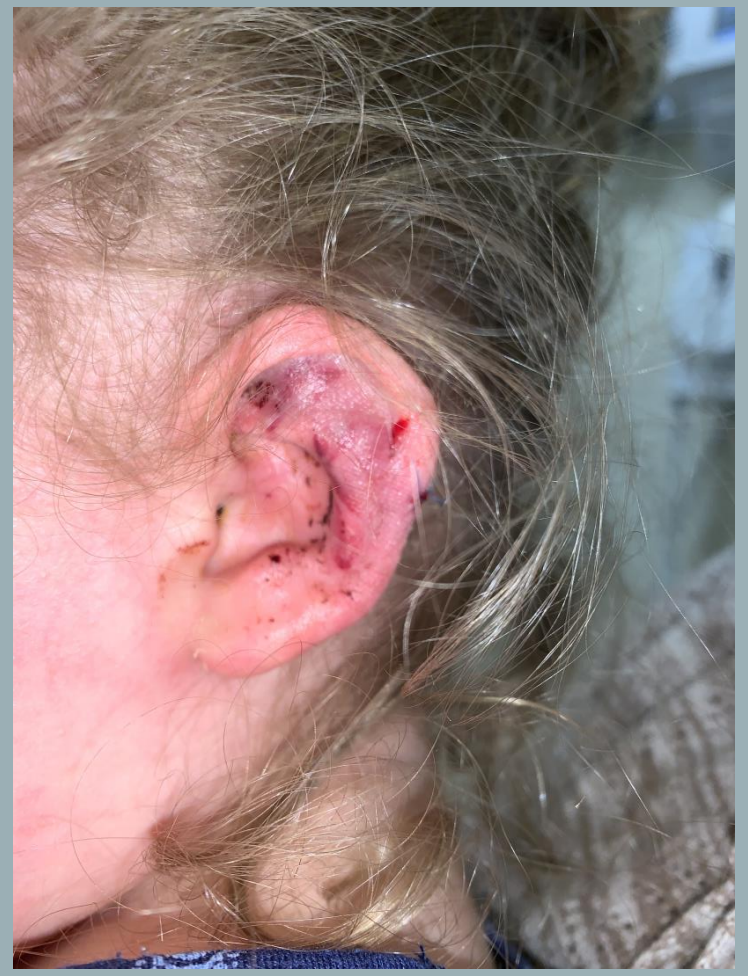
Our telehealth network allows near immediate **pediatric emergency specialist consultation** to distant hospitals, providers, and patients. This helps children **stay in their own community** by allowing face-to-face consultation.

UNM HEALTH SCIENCES | Project ECHO® | CHILD READY

CHILD READY

Engaging Communities to Prepare for Emergencies in Childre

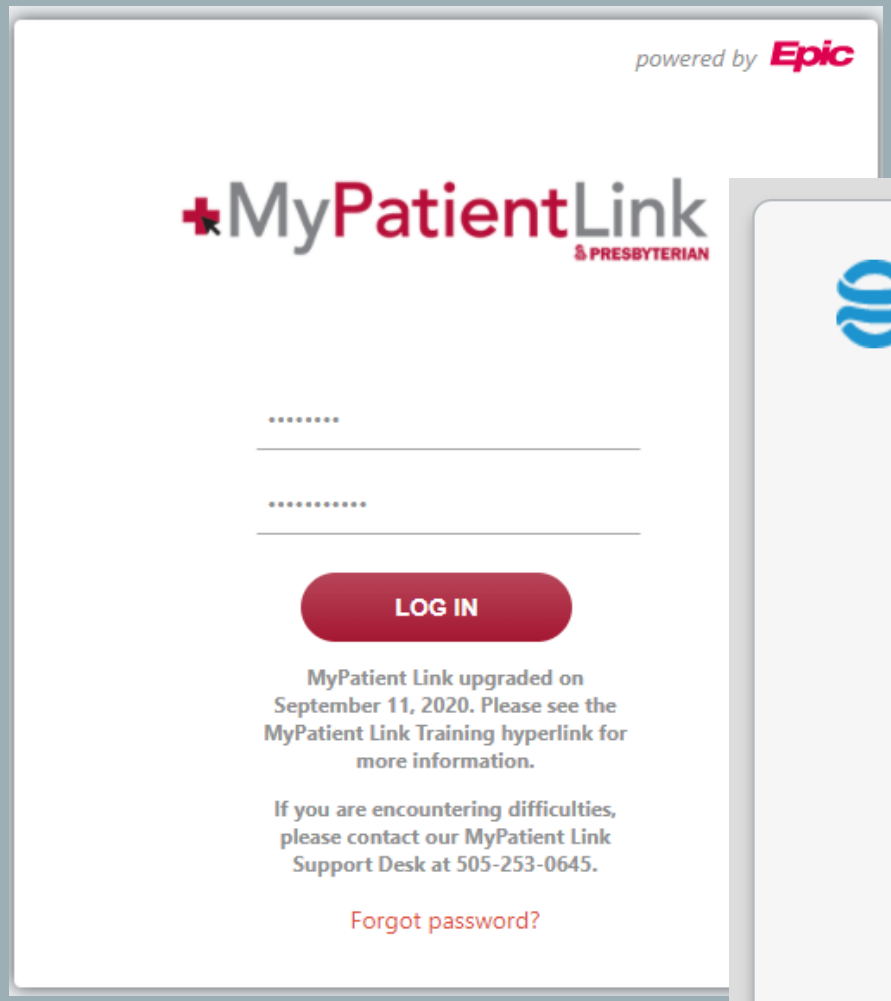


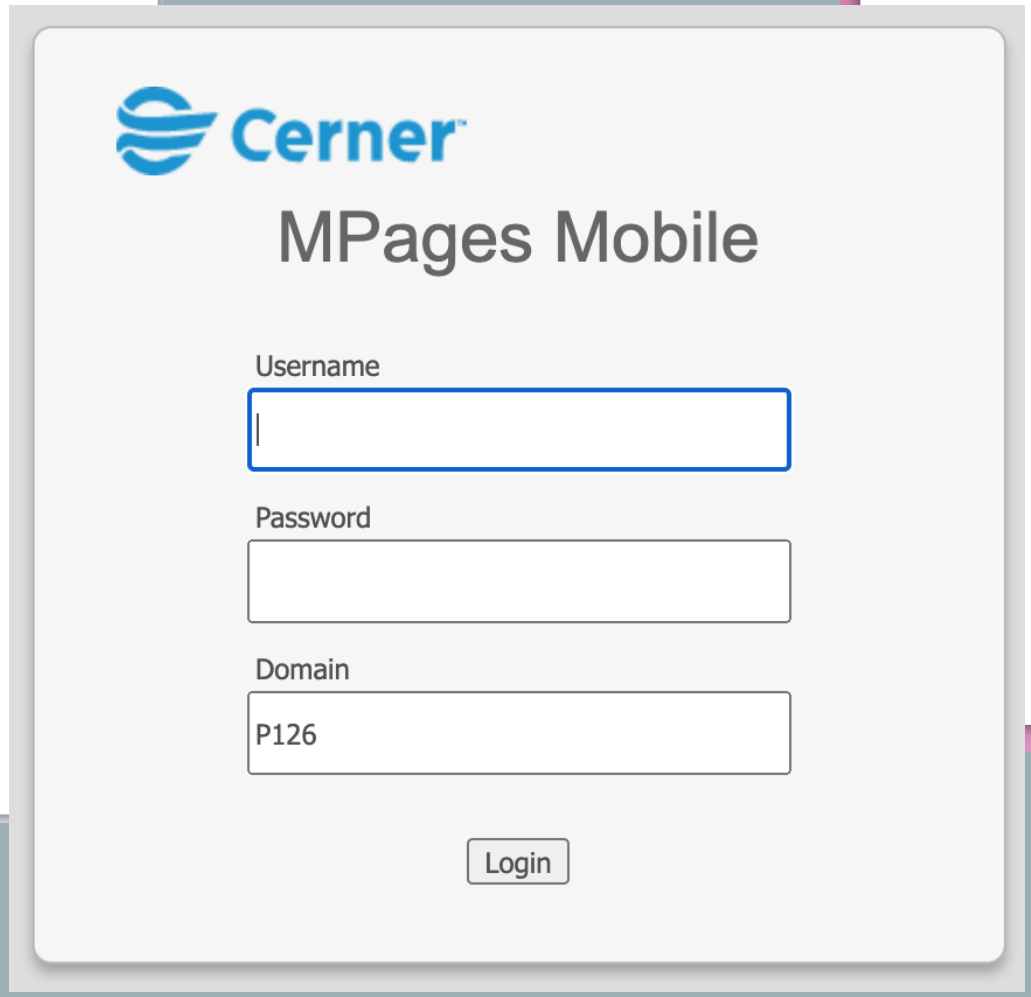


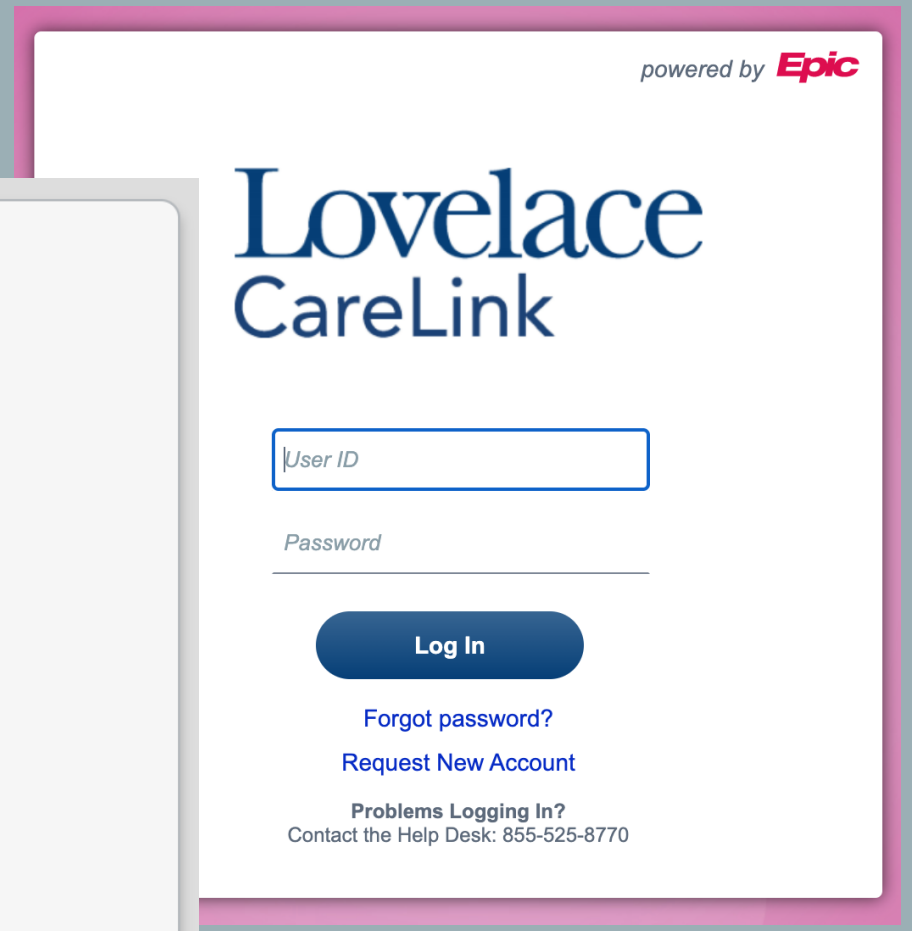
Engag

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

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







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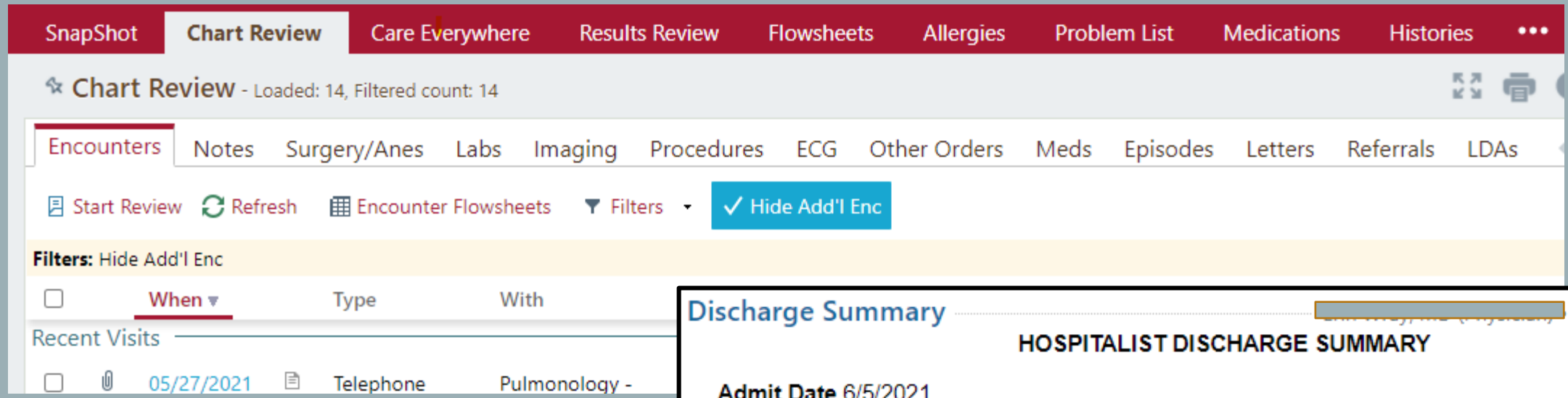

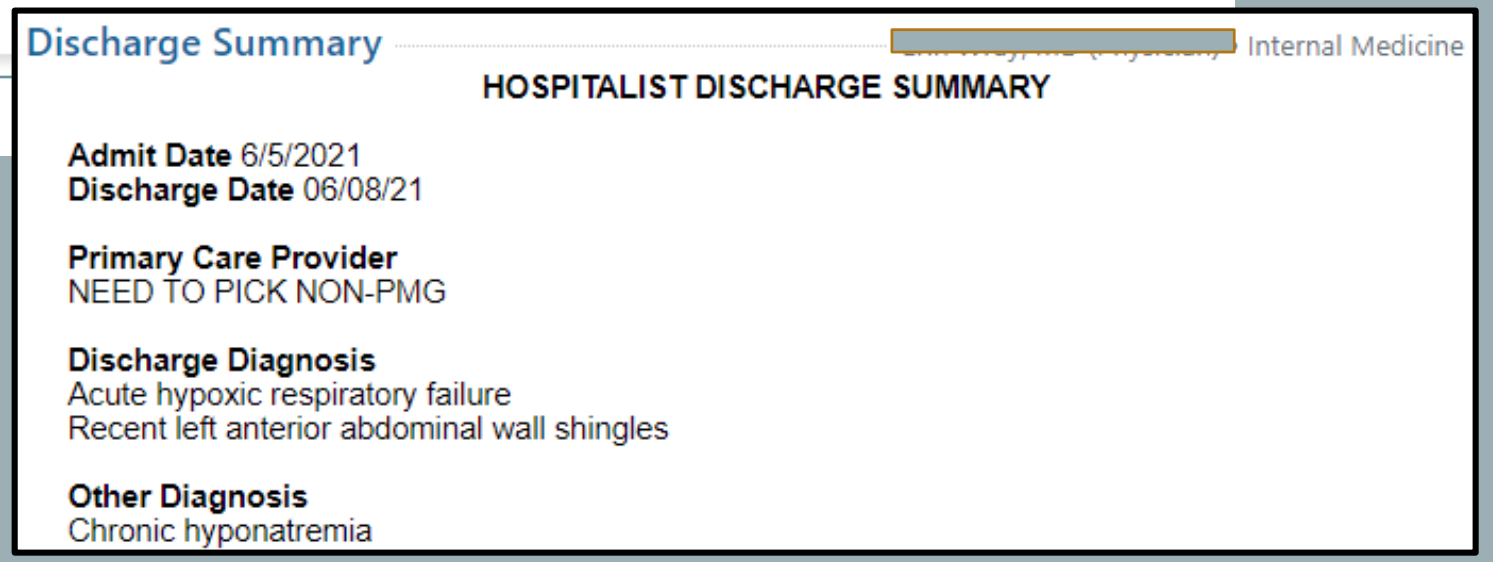

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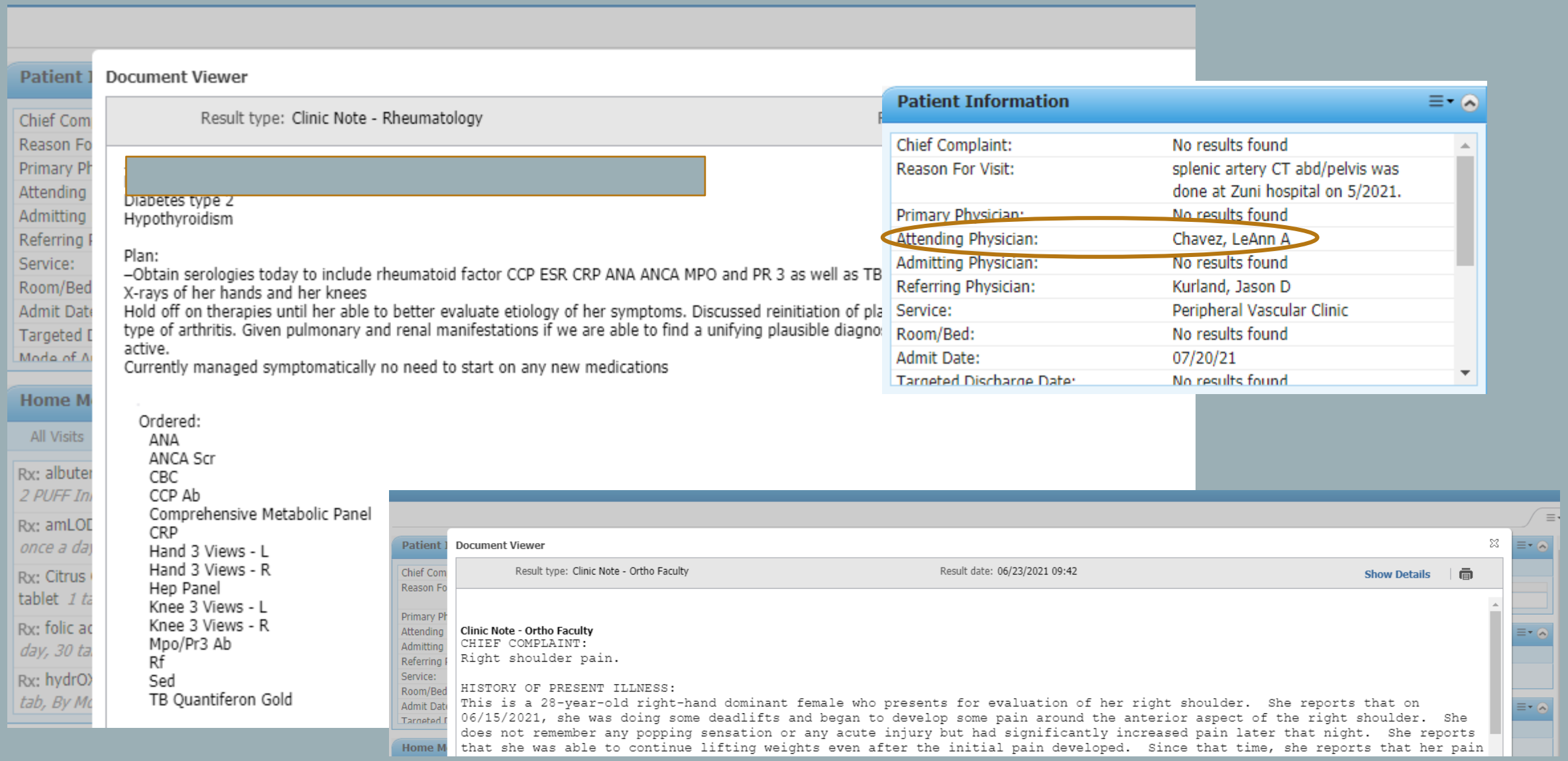
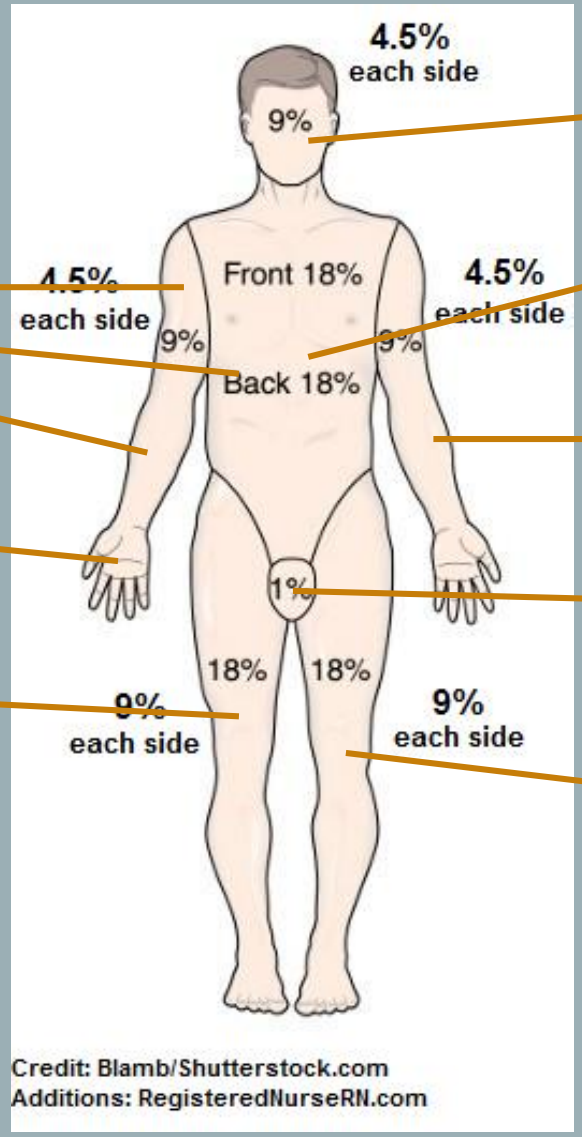


81 yo Navajo woman. When I asked to take a picture of her jewelry, she said yes but then "wait" and rummaged in her purse to pull out the bracelet on her right wrist. "This is the *old* one." (1960s)

Family medicine providers are like stem cells…



Behavioral health

Internal medicine

Inpatient medicine

Peds

Emergency/Critical Care

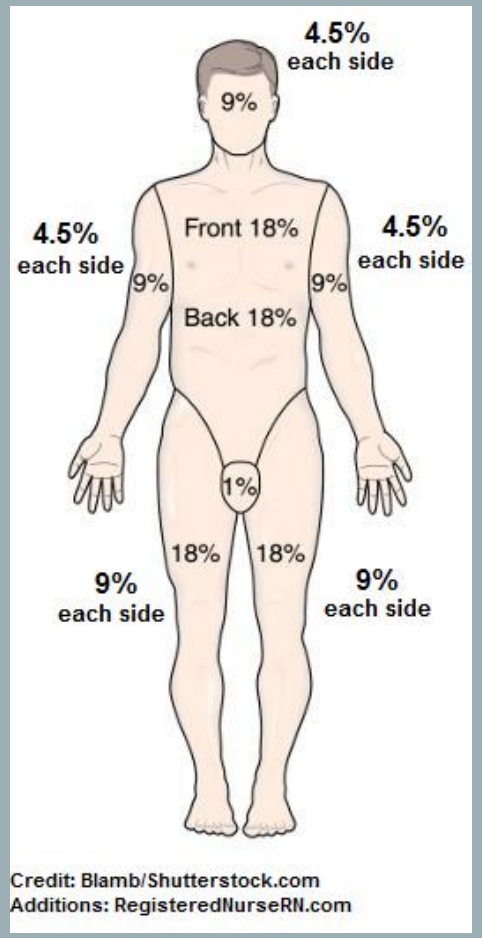
Practice management, QI

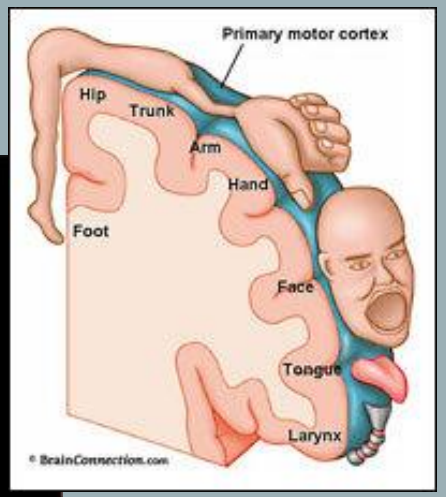
Clinic

OB, women's health

Residency

Family medicine providers are like stem cells…





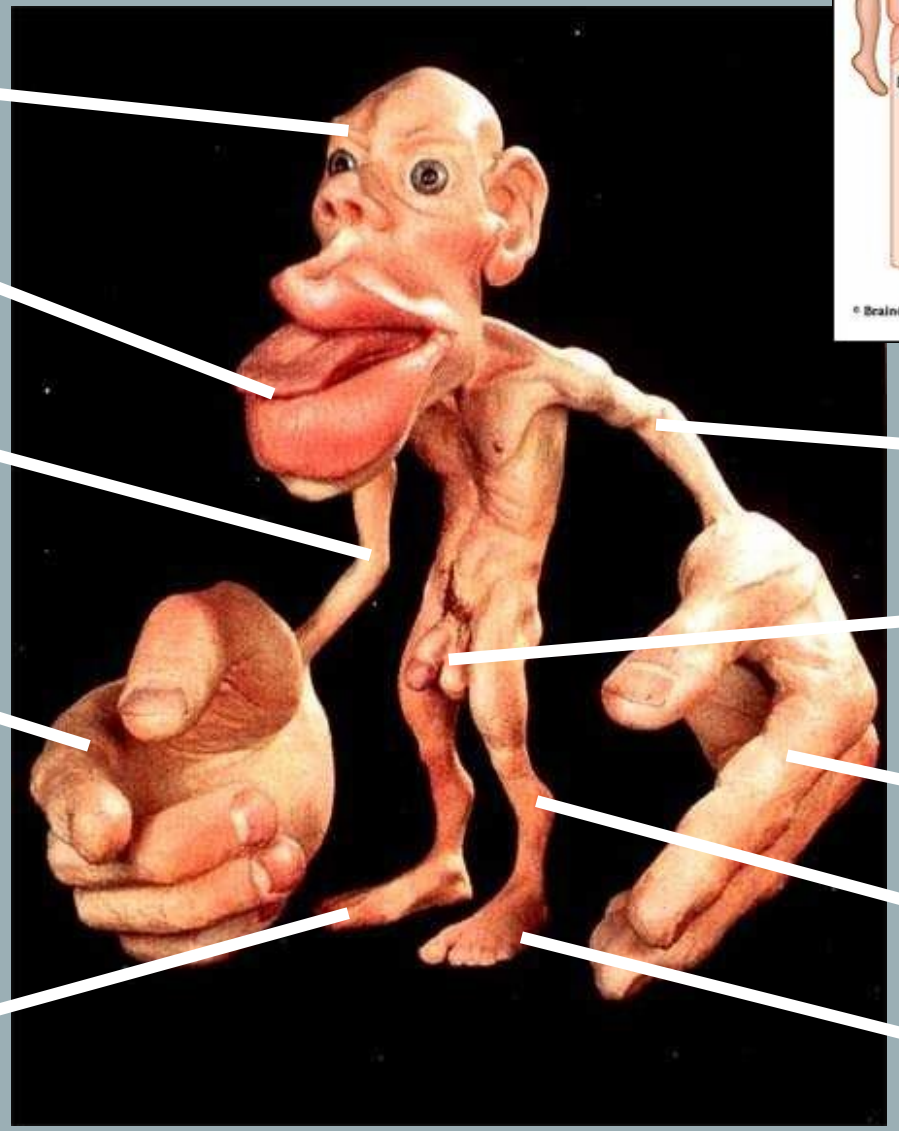
Behavioral health

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

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-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")

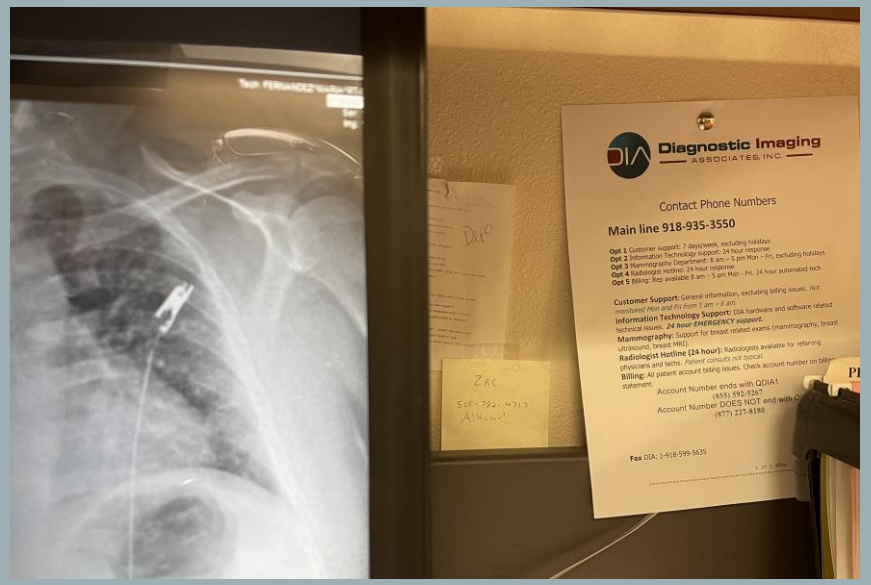
Up to Date–good, sometimes too much, struggles to be concise, opinionated

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

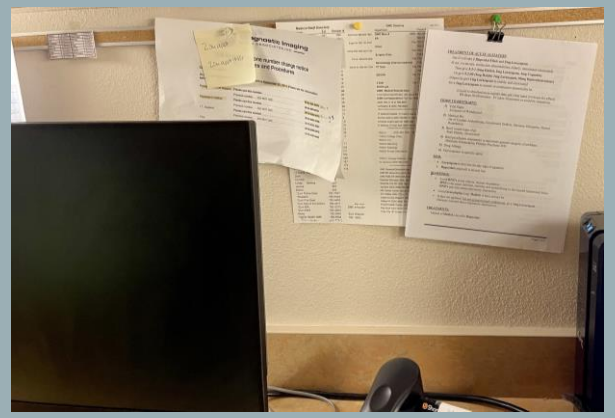
Practice partner– "she does a lot of x"

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

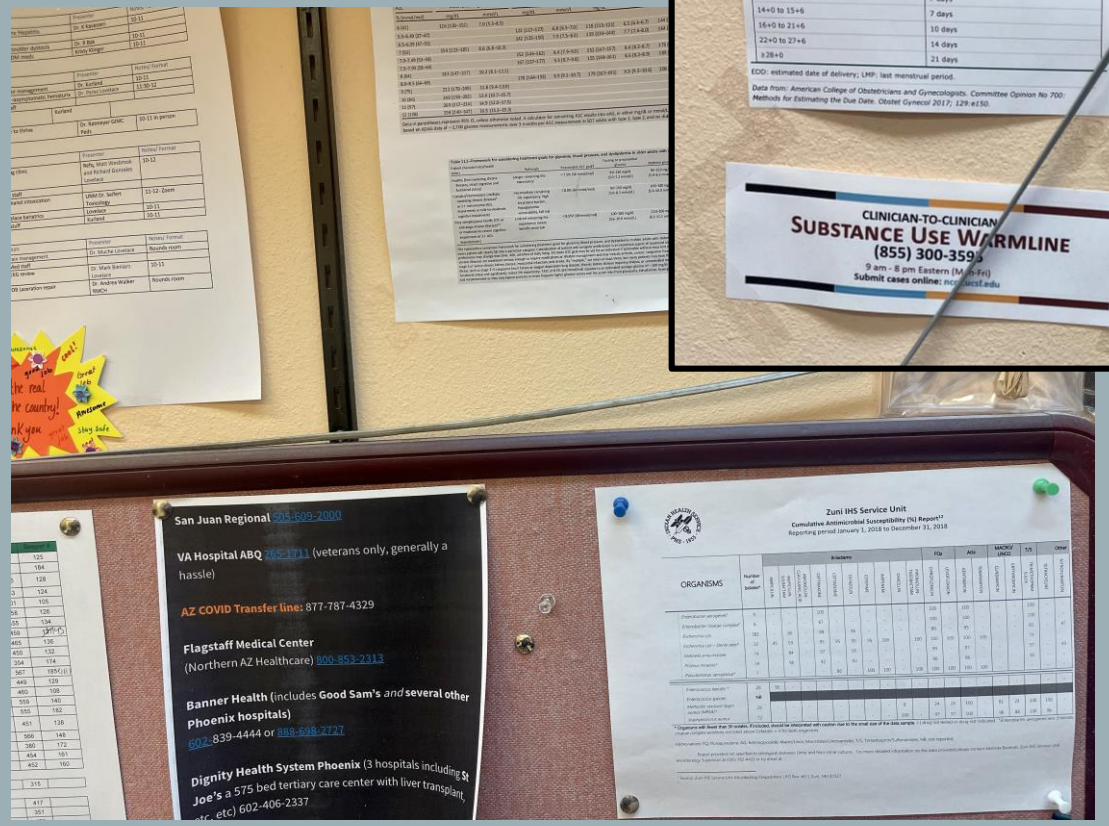
You need a peripheral brain: *some options*



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



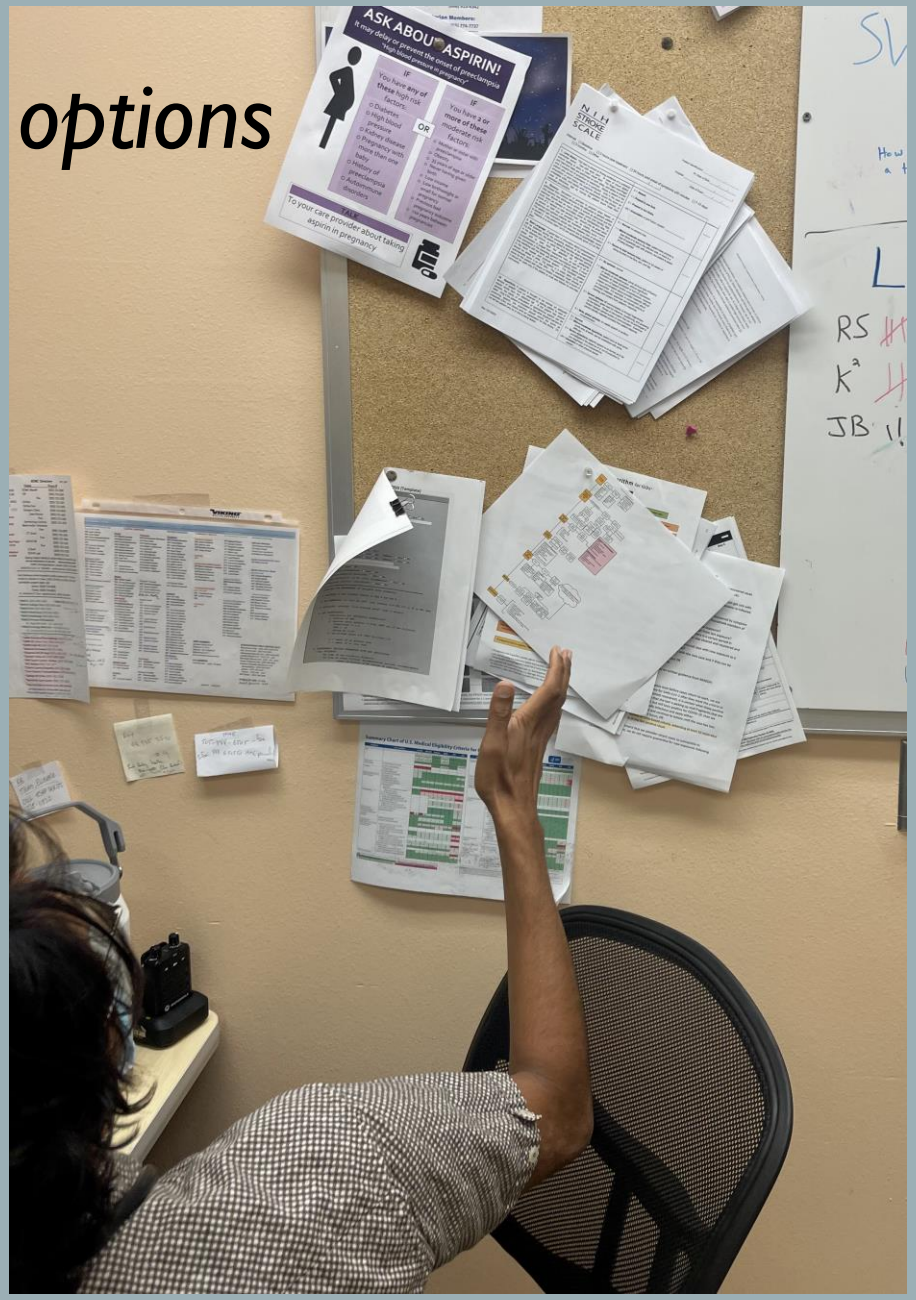
Clinic charting room, L to R: vaccine timing chart, post-it with detox number, radiology number (as 8.5x11" print out), outdated phone list, 3 page document on treating acute agitation



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
- …
- …

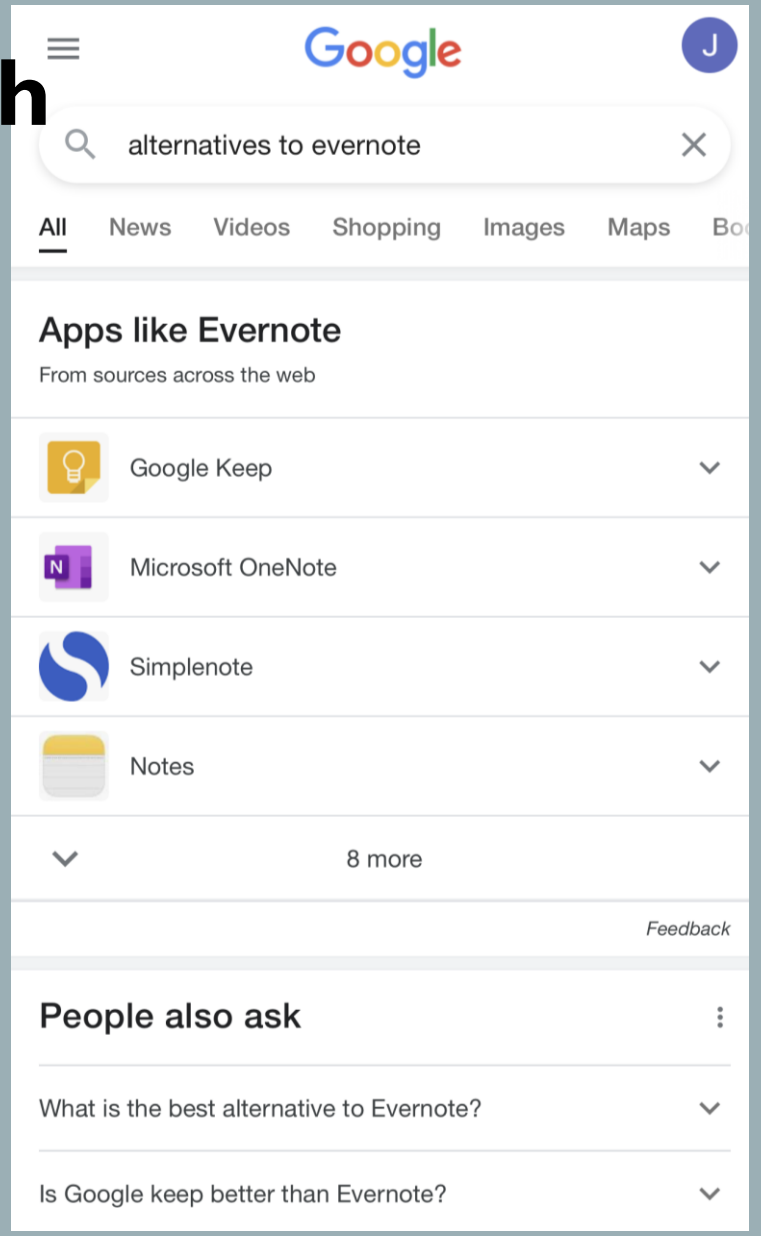


"I know where everything is!"

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

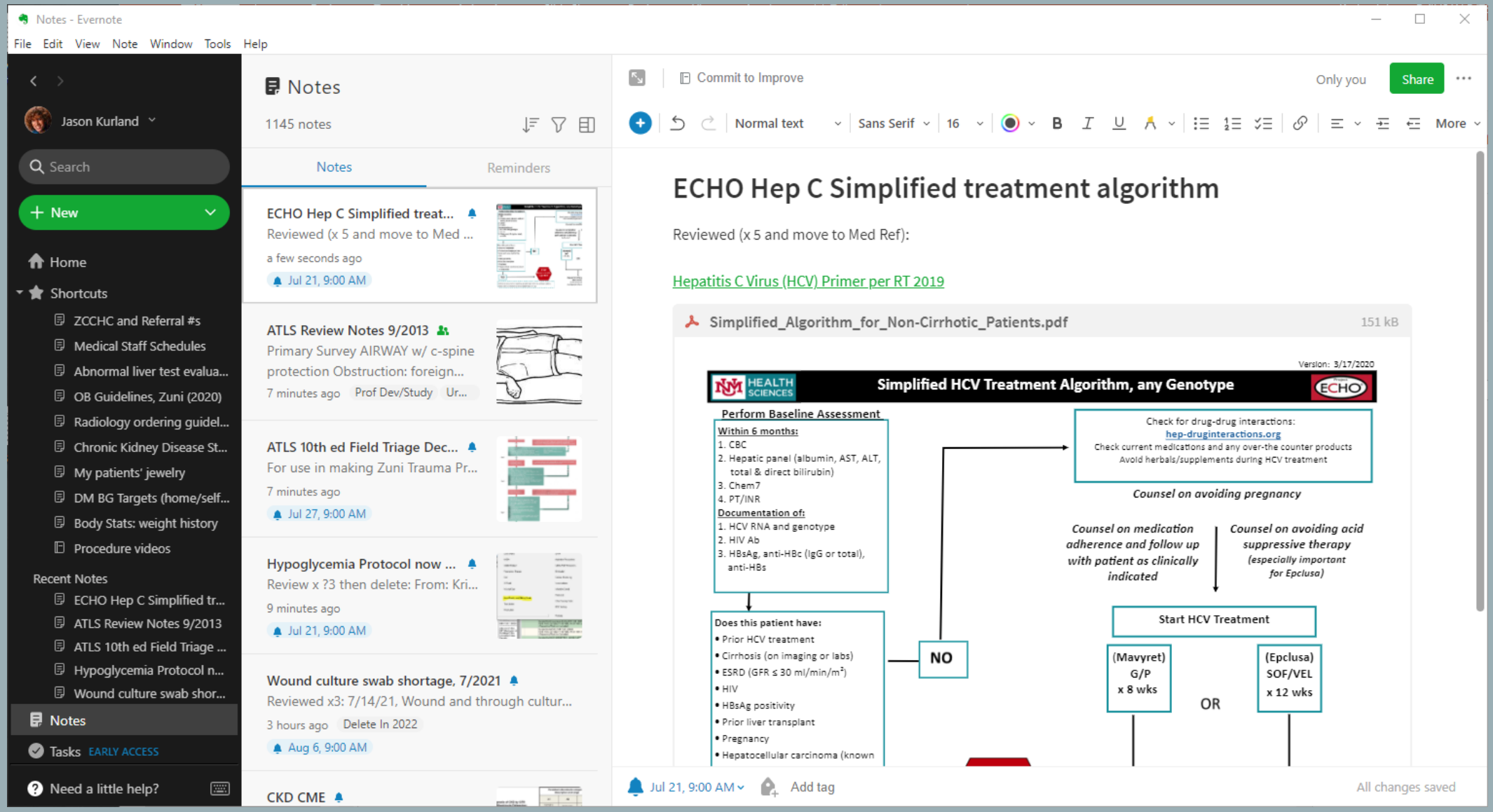
-is full of hacks and tricks but it *does take work* if you do it well

-is selectively applied based on patient need, my energy

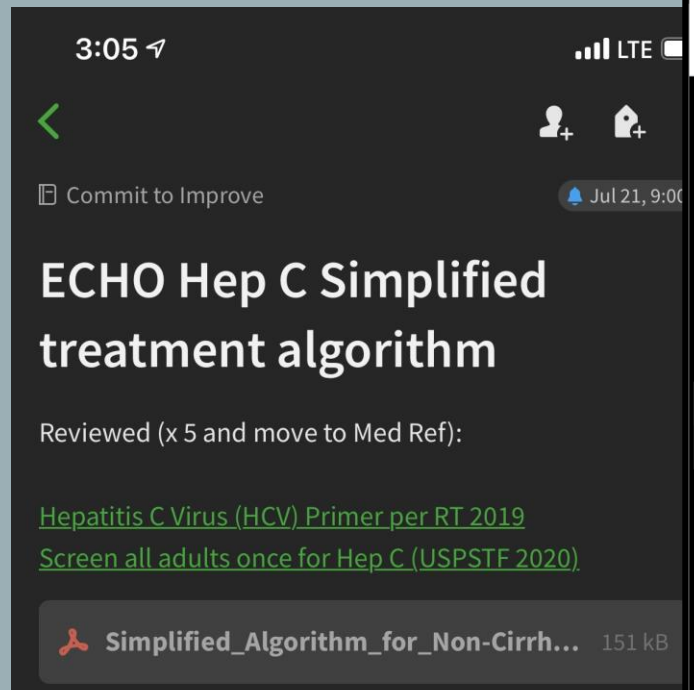
-may or may not make *you* a better doctor

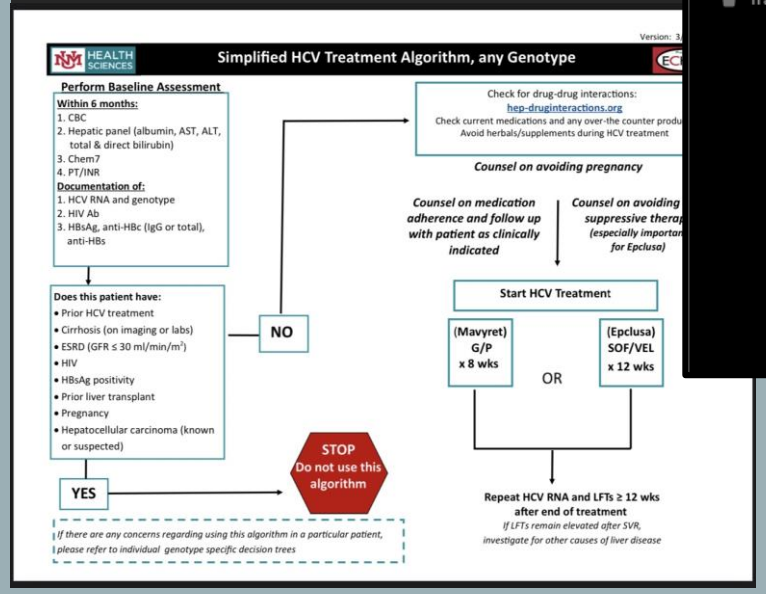
-definitely makes *me* better than I would be otherwise

Ubiquitously available

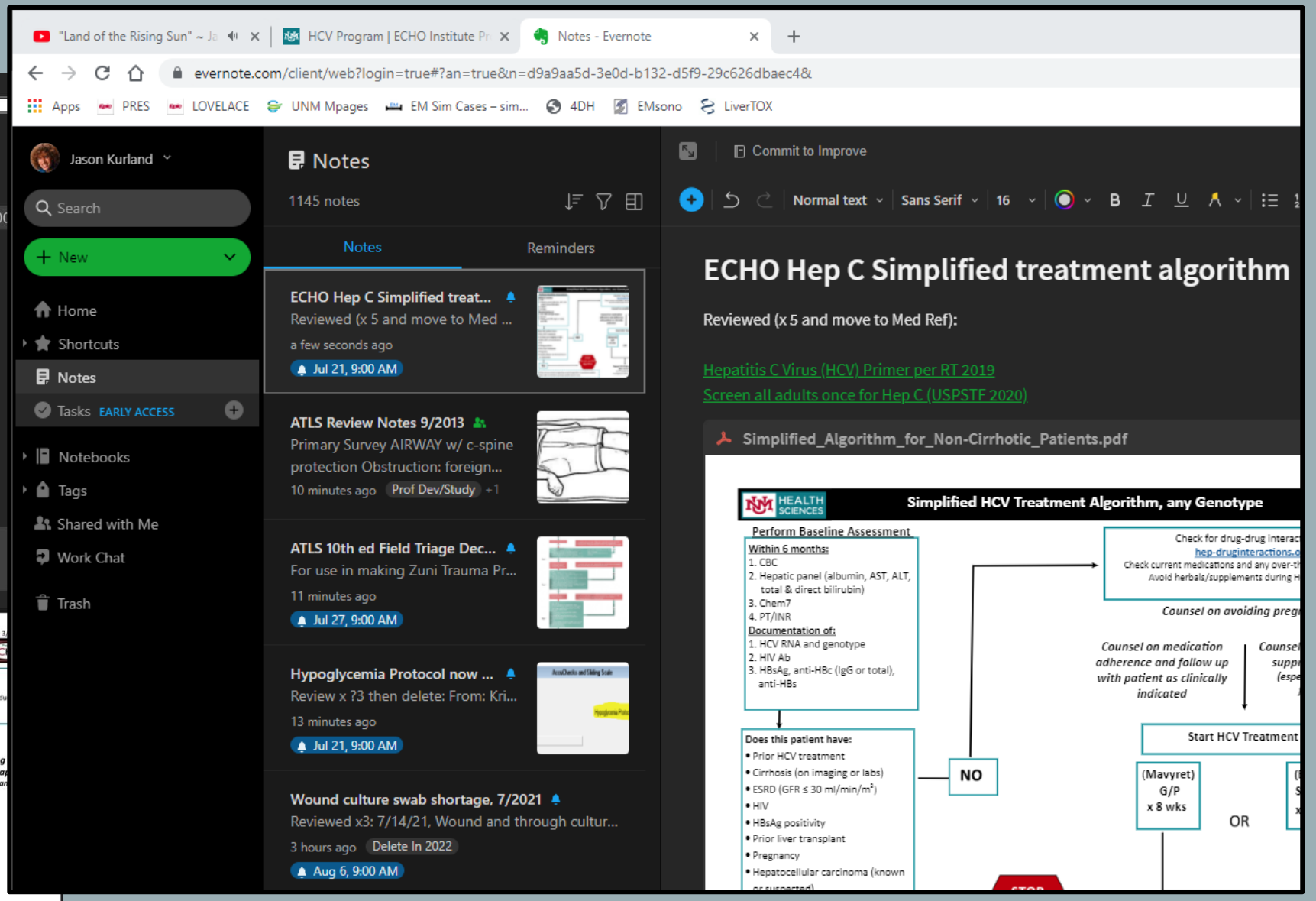


Evernote on my **desktop**



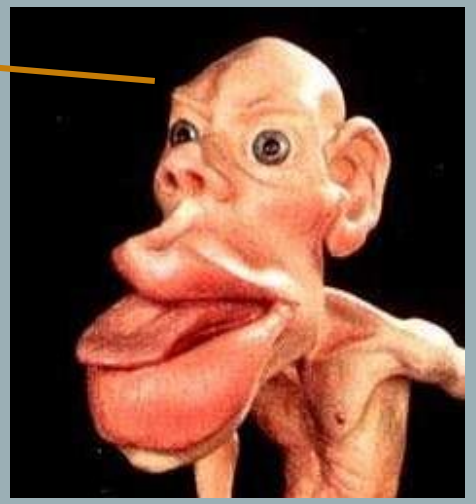


Evernote on a **phone**



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

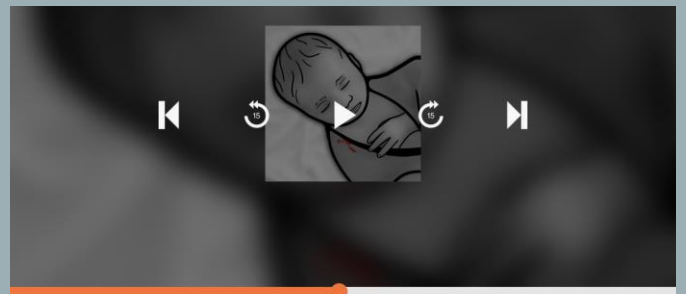
Where CME goes to **not** die

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**

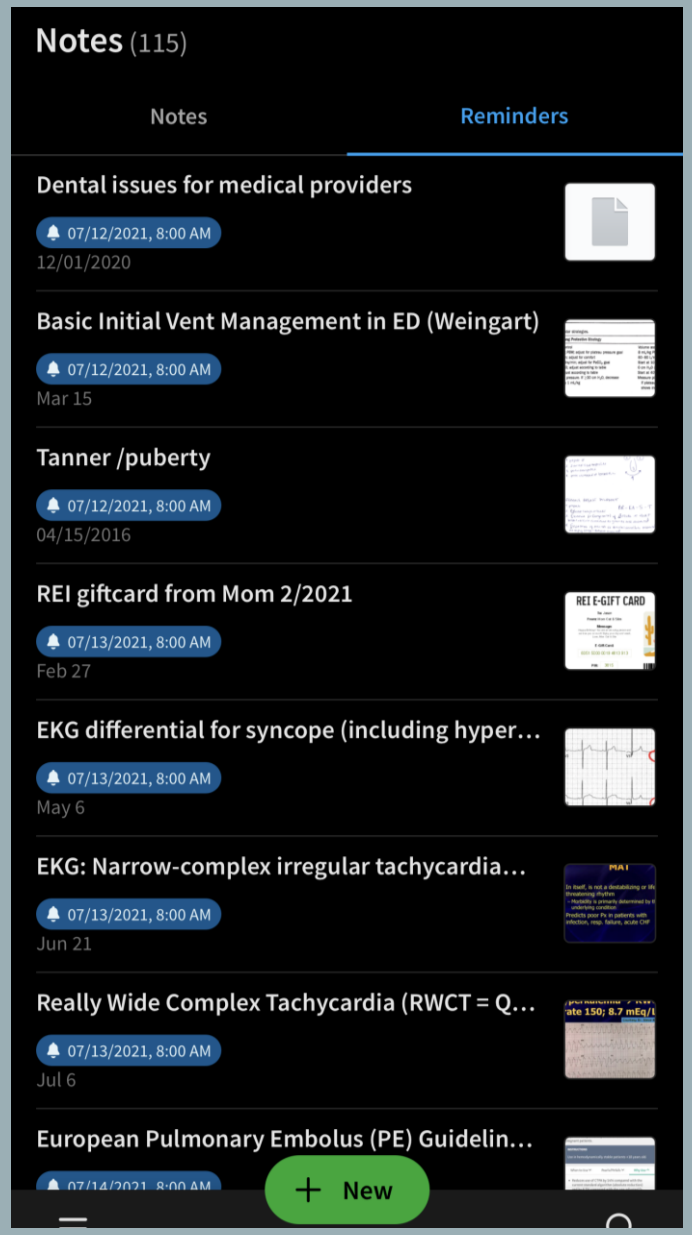
Ilene Claudius, MD and Robert Anderson,

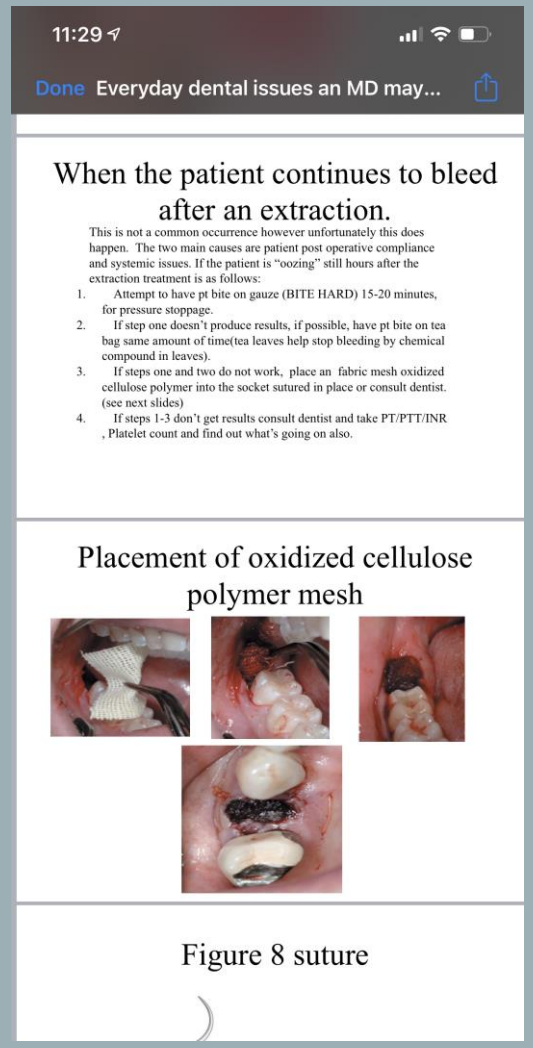
- Case: A fussy 4 week old is referred to the ED by their primary MD. Exam reveals a dilated pupil on R side. CT Head reveals acute intracranial hemorrhage. The infant had not received vaccinations nor vitamin K after birth. Vitamin K as well as blood products are administered and the patient is transferred 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

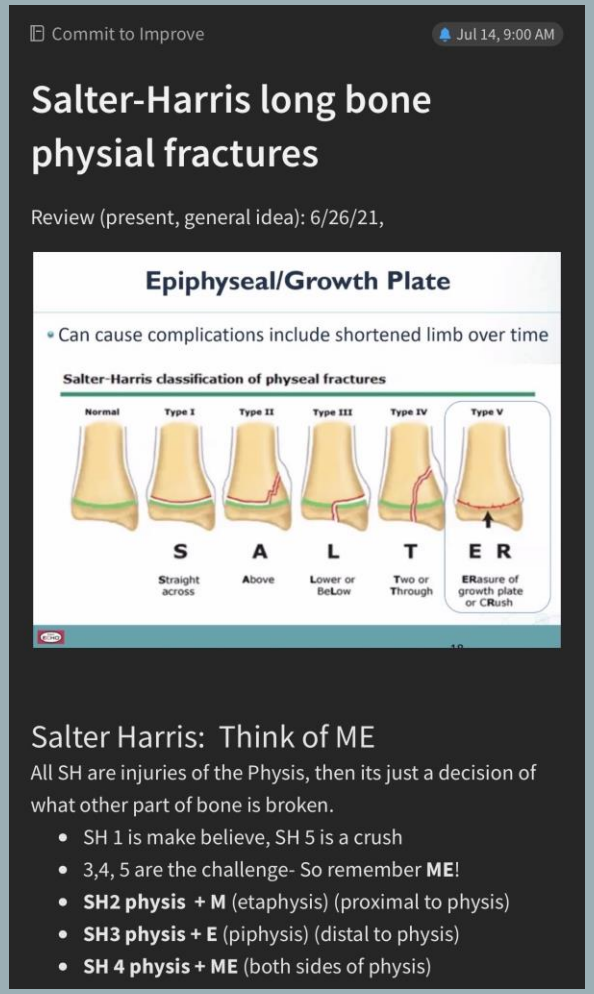
- Hemorrhagic disease of the newborn can occur even if the infant has previously received vitamin K.
- Three types of bleeding are:

Where CME goes to **not** die

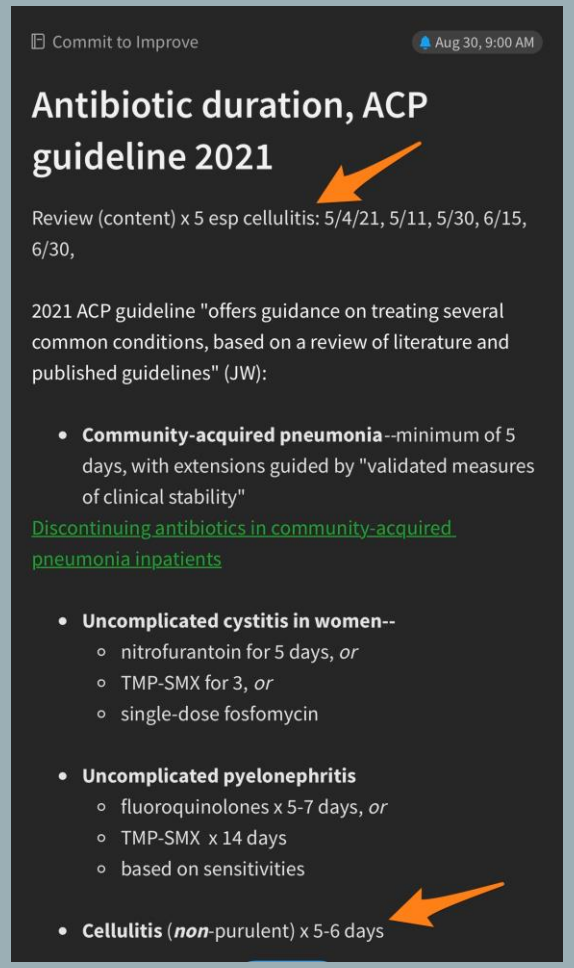




Dental CME, Zuni, 2019



Child Ready CME 6/2021



Journal Watch 5/2021

Where CME goes to be born **backwards**

11:37

Commit to Improve

Dec

Breech delivery handout

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

ginal delivery handout.pdf

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)

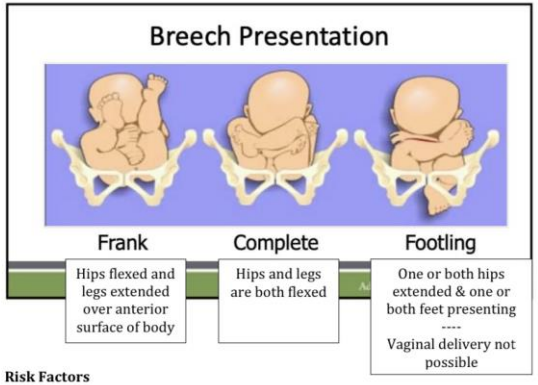
Assisted breech delivery Burns Marsh... 12 MB

Breech Vaginal Delivery and Malpresentation
Skills review

Compiled by Dr. Rebecca Ryan, updated by Dr. Rebecca Bak
Taken from Advanced Life Support in Obstetrics 2016 Syllabus

Terminology:

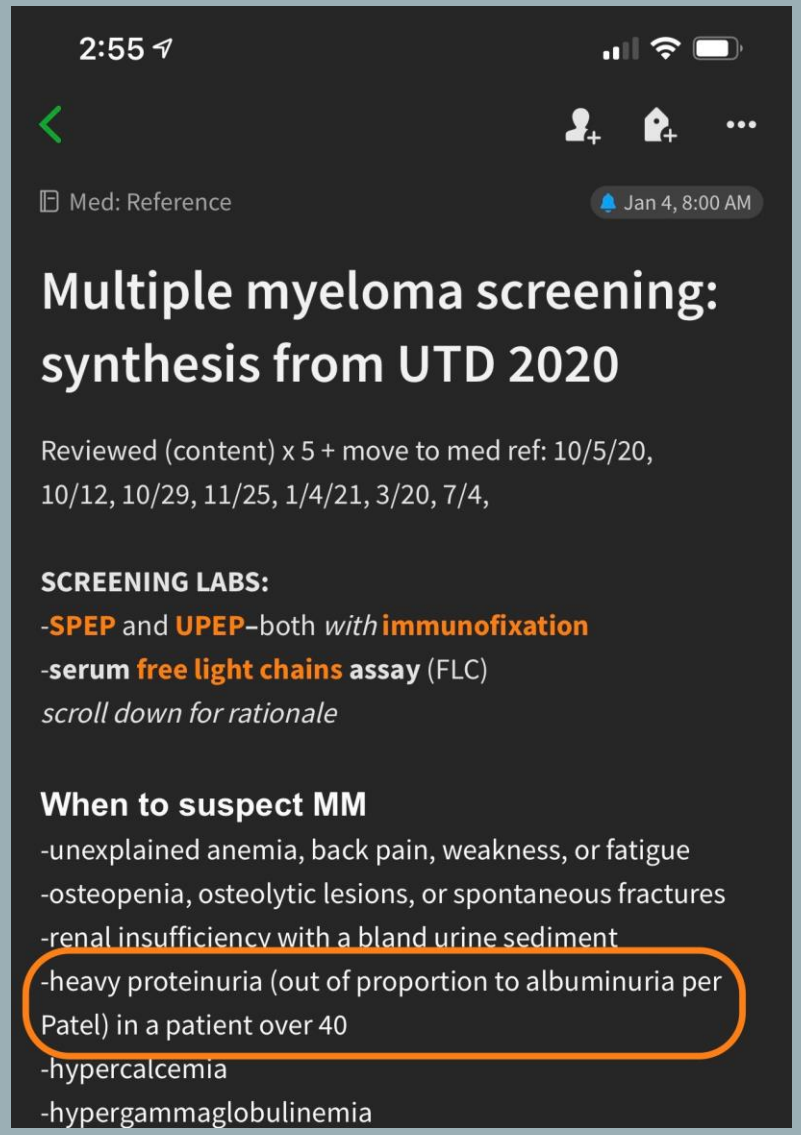
- Lie: long axis of the fetus in relationship to the woman
  - Longitudinal, transverse, oblique
- Presentation: part of the fetus foremost presenting in the birth canal
  - Vertex
  - Breech
  - Face
  - Brow
  - Shoulder
- Position: reference point on the presenting part and how it relates to the maternal pelvis
  - If vertex, reference point is occiput. Example: occiput anterior vs. occiput posterior



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

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



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

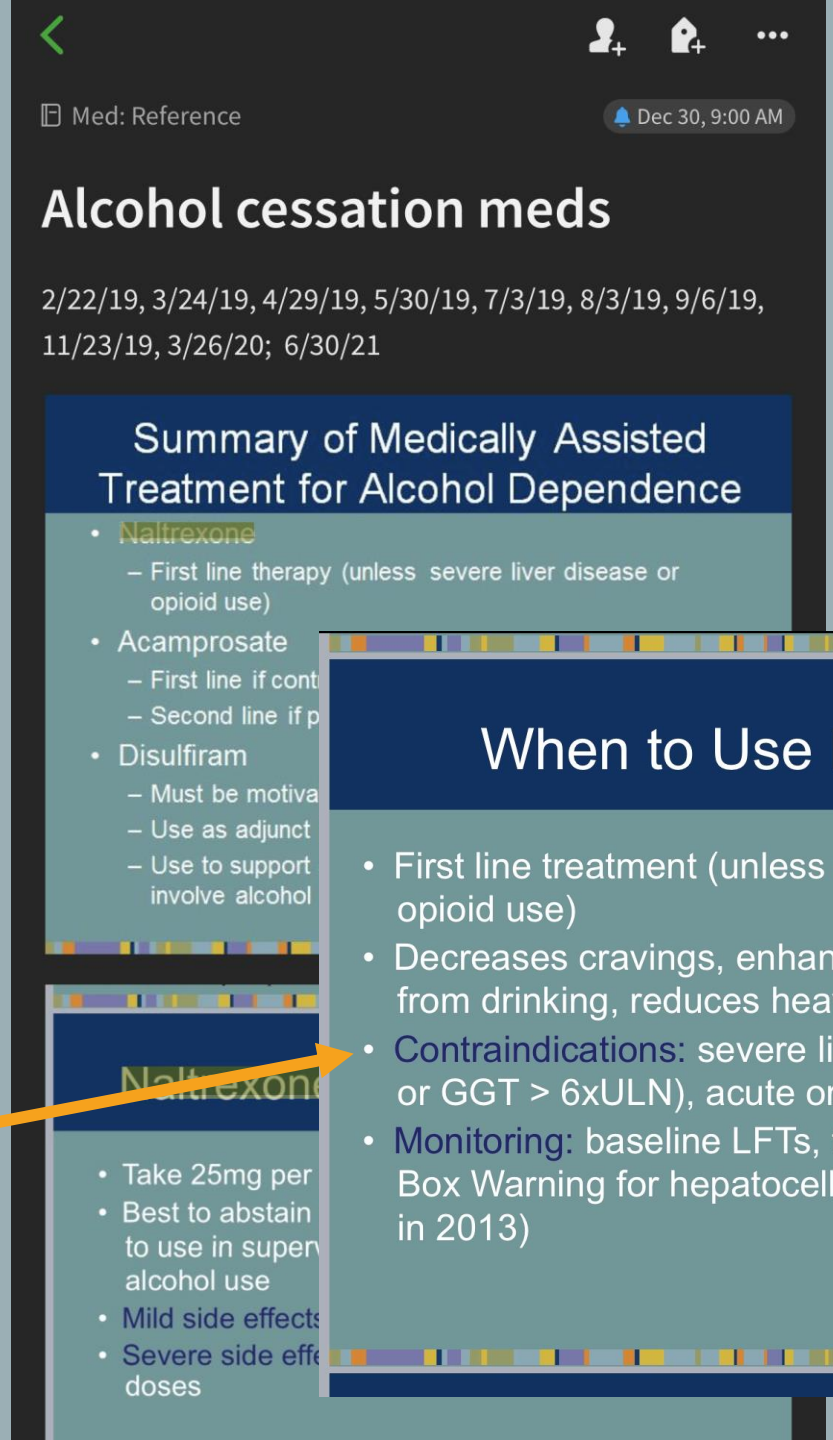
-NOTE: per McGuire, hem-onc at UNM, **CKD raises free light chains** so if ***both*** are elevated but ratio is approximately normal **and** patient has CKD, no need for further work up

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 2021 07:00	06/22 2021 18:29	06/22 2021 13:34	06/22 2021 13:33	06/22 2021 13:33	Units	Reference 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	[illegible] - 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



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

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)

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

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# ETOH withdrawal
# ETOH withdrawal seizure
- seizure would explain AMS and
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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

Med: Reference

Dec 30, 9:00 AM

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, GIMC 2018

involve alcohol

Use Naltrexone?

t (unless severe liver disease or opioid use)

- Decreases cravings, enhances ability to abstain

(AST, ALT
oid use
nths (Black
EMOVED

- Mild side effects
- Severe side effe
doses

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]).

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 b
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

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: 310-940-214

Iris Huang 916-600-7169
Celia Baker 502-472-7317
Erelda Gene 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 *option* 4

Fax #s
Charting rm 782-7406
MR fax 782-4502

COVID **Vaccine Hotline**: 782-7590

Zuni Home Health 782-5544/5545
Nene (c) 870-5852
Zuni Medical Supply 782-2434

New Beginnings 24/7 782-4600 COVID #: 879-87

WIC 782-2929
Lynelle, BF Peer Counselor after hours
879-1137

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

TSS (v) 782-7166, (fax) 782-7221

ZRC (main) 782-4717; in BH x313

Teen Health Clinic 782-5719

3:39

OUTSIDE Hospitals/Facilities
Zuni Dialysis 782-5663
High Desert Nephrology: 863-7993
PD Clinic 726-7801
Dr Patel (c) (317) 417-6068 (tts pts—m
(best way to contact re: mutual pts is to text)

NM Cancer Center *Gallup* 726-2400 or ge
in ABQ 842-8171 or after hours 857-3877

GIMC 722-1000
MR 722-1108
MR **fax** 722-1490
Labor and Delivery 722-1301
Radiology 722-1162
Ultrasound 722-1155 or 722-1161
CT 722-1466

RMCH 863-7000
L+D 863-7025
Radiology 863-7015
Red Rock Clinic 863-7200

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

3:39

Poison Control 800-222-1222
PEP for HIV (sexual assault, needle stick)
http://nccc.ucsf.edu
————————

OTHER TRANSFER OPTIONS:
San Juan Regional 505-609-2000

St. Vincents 505-983-3361

VA Hospital ABQ 265-1711 (veterans only, generally a hassle to transfer)

Flagstaff Medical Center
(Northern AZ Healthcare) 800-853-2313

Banner Health (includes **Good Sam's** *and* **several other Phoenix hospitals)**
602-839-4444 or 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.

Where to find formula in hospital at Zuni, 2021

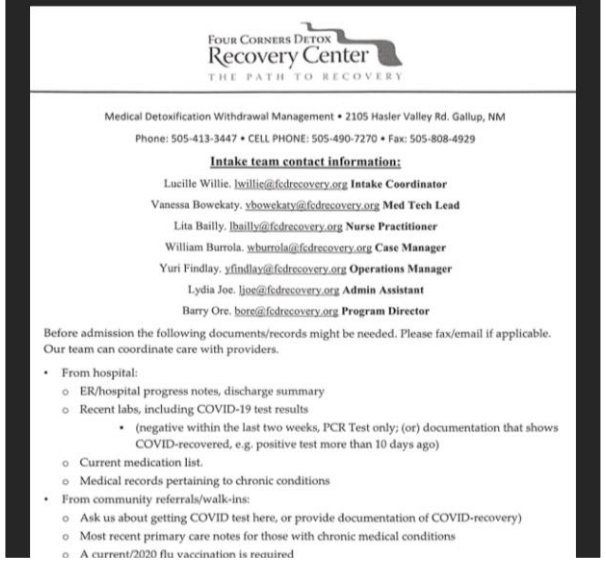
Reviewed (that in dietary, that this is there) x 5: 5/18/21, 6/3, 7/3,

Per RB, updated as of 6/2021:

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

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 **Intake Coordinator**
Vanessa Bowekaty. vbowekaty@fcdrecovery.org **Med Tech Lead**
Lita Bailly. lbailly@fcdrecovery.org **Nurse Practitioner**
William Burrola. wburrola@fcdrecovery.org **Case Manager**
Yuri Findlay. yfindlay@fcdrecovery.org **Operations Manager**
Lydia Joe. ljoe@fcdrecovery.org **Admin Assistant**
Barry Ore. 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

Med: Logistics — Jul 28, 9:00 AM

Developmental delay, early childhood referral options as of 2021

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

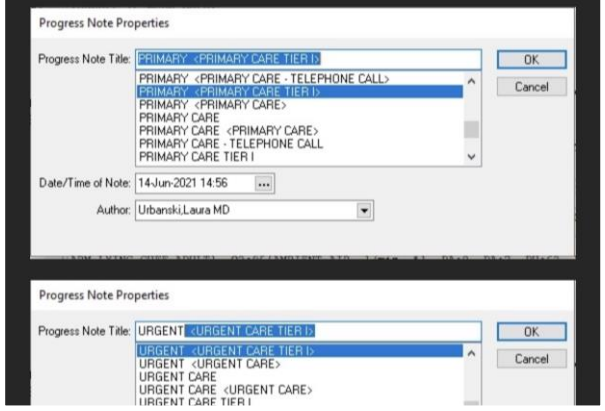
Avenues Early Child
MCHAT, autism refer
Program at UNM

Pediatric ther

Med: Logistics — Jul 15, 9:00 AM

Tier I notes for Zuni employees

Review (charting option):



Progress Note Properties

Progress Note Title: PRIMARY <PRIMARY CARE TIER I> — OK / Cancel

PRIMARY <PRIMARY CARE - TELEPHONE CALL>
PRIMARY <PRIMARY CARE TIER I>
PRIMARY <PRIMARY CARE>
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> — OK / Cancel

URGENT <URGENT CARE TIER I>
URGENT <URGENT CARE>
URGENT CARE
URGENT CARE <URGENT CARE>
URGENT CARE TIER I

11:07

Med: Logistics — Delete In 2022 — Aug 6, 9:00 AM

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

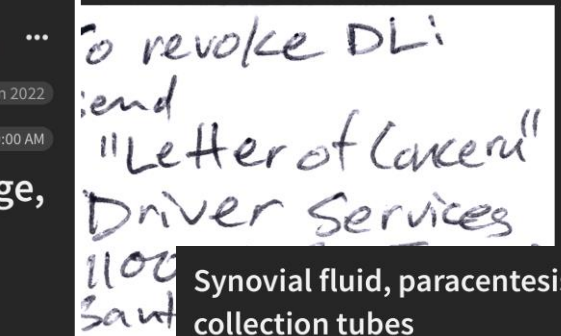
As stated before, we are out of the blue cap swabs until further notice. We were able to get a very limited supply

3:31

Med: Logistics

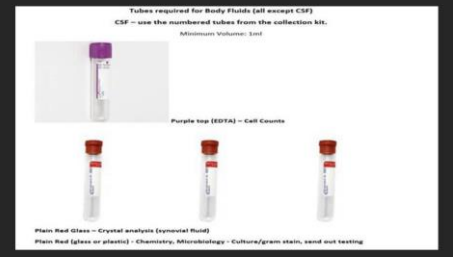
Letter to revoke NM driver license

MVD, DMV, DL



to revoke DL:
send
"Letter of Concern"
Driver Services

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
Purple top (EDTA) – Cell Counts
Plain Red Glass – Crystal analysis (synovial fluid)
Plain Red (glass or plastic) - Chemistry, Microbiology - Culture/gram stain, send out testing

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
nd, Jason D (IHS/ALB/ZSU)
REAPPOINTMENT----J. KURLAND, MD
nce: High

ernoon Dr. Kurland,

dentialing Committee convened 6/16/21
our reappointment application. Your file
d with privileges effective ***June 21, 202***
June 20, 2023. A copy of your new pri
ed for your records.

u for completing the reappointment
on J

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

VILEGES (KURLAND).pdf 241

11:45

Professional Documents

Medical License exp 7/1/2024


Jason Kurland, MD
Licensed Physician #MD2013-0169
Issue Date 04/02/2013 Expiration Date 07/01/2024
Signature of Holder

New Mexico Medical Board
Triennial Renewal Certificate

This is to certify that

Jason Kurland, MD
License Number: MD2013-0169
Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 04/02/2013 Date Expires: 07/01/2024*

*A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

This License Must Be Conspicuously Posted In Each Practice Location

Kurland NMMB_NewMDCertificate_18... 63 kB

Professional Documents

Credentials and expir 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
PALS Provider

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/

-1-888-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

-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 for specific information

-assess your current peripheral brain

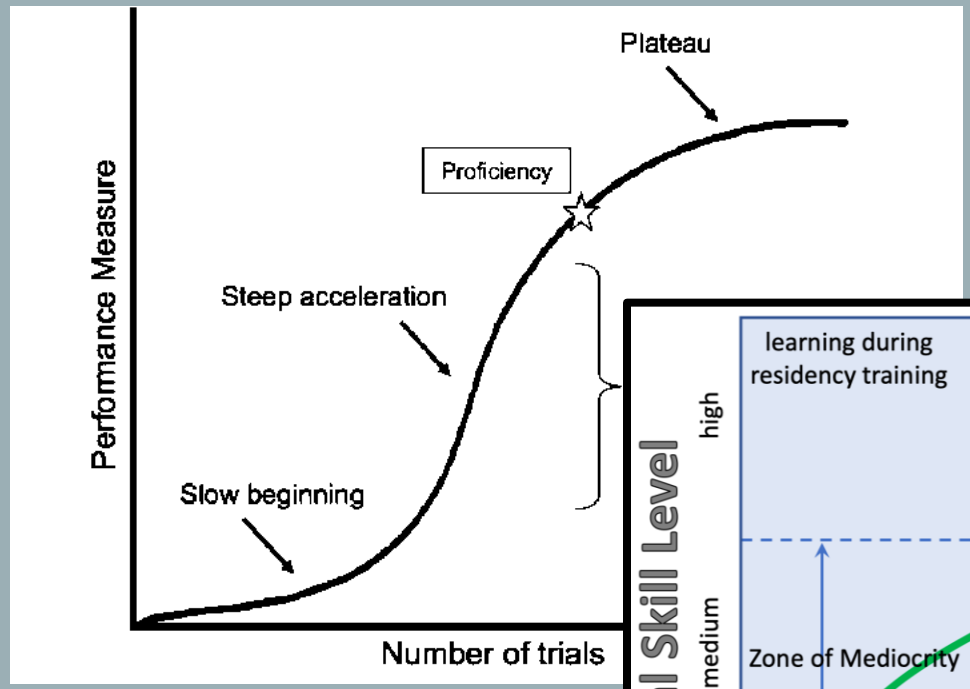
-is what you need *immediately* and *ubiquitously* available?

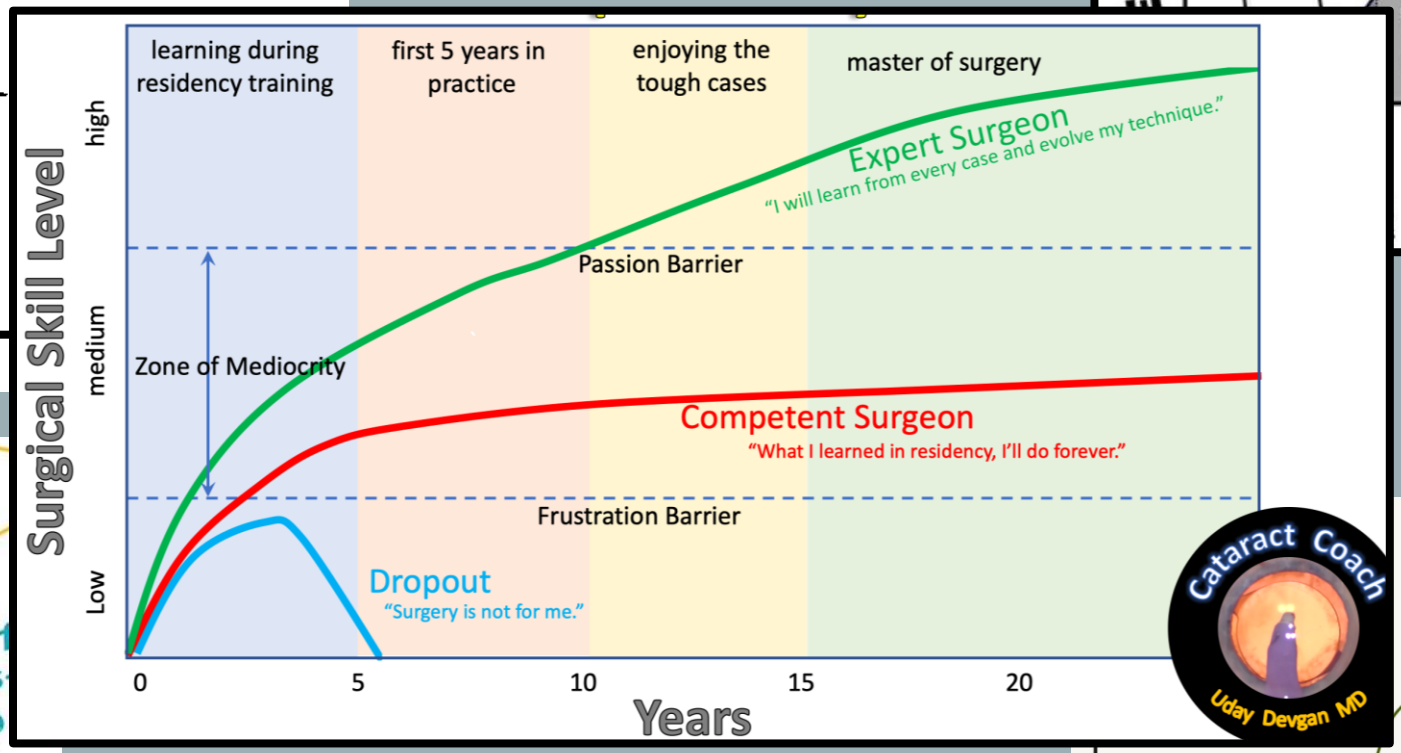
-do you trust it? *do you remember what's in it*? can you find everything fast?

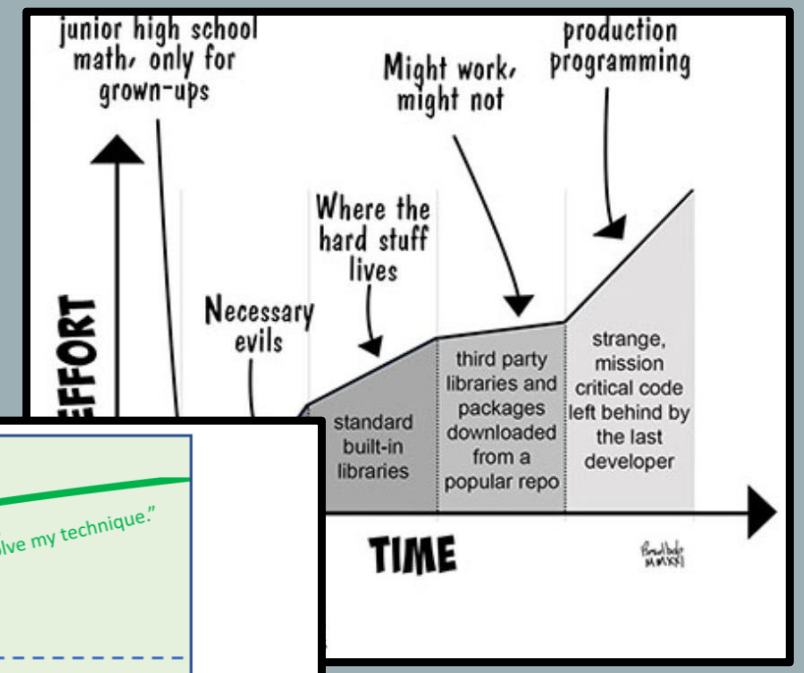
-does your peripheral brain reduce your **cognitive load**? http://www.emdocs.net/cognitiveload/

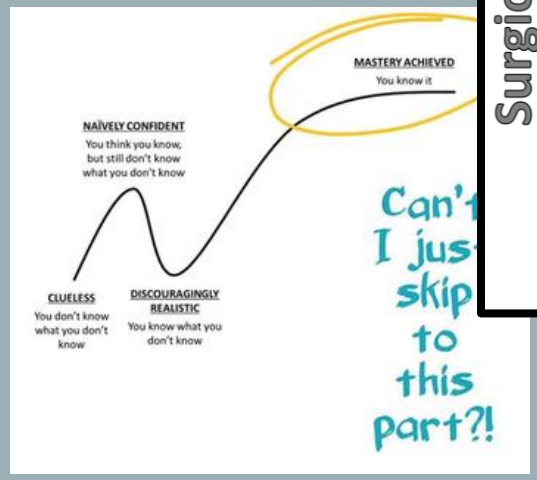
-if not, consider a **trial** of doing more work *up front* to be more comfortable, confident and up-to-date in the day-to-day bustle of clinical work: https://evernote.com/ https://www.onenote.com/

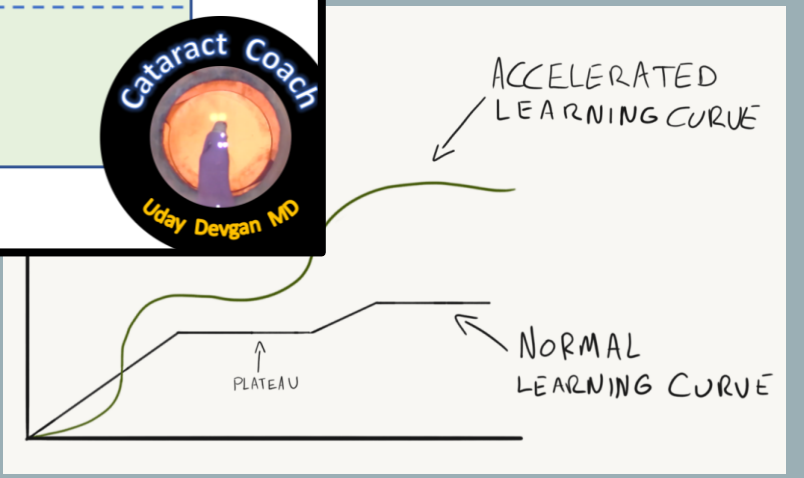
There will be a learning curve…or six, or…infinity symbol











www.google.com: "learning curve"