

Mayo Clinic Opioid Conference: Evidence, Clinical Considerations and Best Practice 2023

Scottsdale, Arizona
September 21-23, 2023
Mountain Standard Time

| Thursday, September 21, 2023 | |
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| 6:30 a.m. | <i>Registration and Breakfast</i> |
| 7:30 a.m. | <p>Welcome and Course Overview <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Ice breaker questions |
| 7:40 a.m. | <p>Current State: Guidelines, Regulations, Recommendations, and Challenges (DEA) <i>Ben Lai, M.B., B.Ch., B.A.O</i></p> <ul style="list-style-type: none"> • Discuss the current state of the opioid epidemic and how Covid has affected it • Summarize current legislative efforts to control opioid prescribing • Synthesize current major guidelines, requirements, and laws regarding chronic opioid prescribing • Risk of Opioid Use Disorder, tolerance & central sensitization/opioid-induced hyperalgesia with chronic opioid use |
| 8:20 a.m. | <p>NEW CDC Opioid Prescribing Guidelines: Summary of Changes (DEA) <i>Casey Clements, M.D., Robert Kirchoff, M.D.</i></p> <ul style="list-style-type: none"> • Outline how the guidelines differ (2016 vs 2022) and how these will affect practices for acute, subacute, and chronic prescribing • Describe why specific Morphine Equivalence recommendations have been eliminated • Despite areas of emphasis (e.g., Non-pharm & non-opioid pharm options, Regulatory/safety interventions, and screening for OUD/MOUD • Discuss the emphasize patient centered, shared decision-making approach within the guideline |
| 9:00 a.m. | <p>Opioid Stewardship Basics /Careful Model of Patient Care (DEA) <i>Holly Geyer, M.D. & Kim Bremseth, R.N.</i></p> <ul style="list-style-type: none"> • Discuss the essential and minimal aspects of an opioid stewardship program (HG) • Identify and describe major projects undertaken by the OSP at Mayo Clinic (e.g., Inpatient prescribing guidelines for discharge, Dashboard, Epic tools) HG • Based on new CDC guidelines, what needs to change for OS programs (i.e. metrics) (HG) • Careful – discuss nursing collaboration with PCP in outpatient setting (KB) |
| 9:40 a.m. | <i>Refreshment Break</i> |
| 9:55 a.m. | <p>Urine Drug Testing and Patient Conversations (DEA) <i>Loralie J. Langman, Ph.D. & Benjamin Lai, M.B., B.Ch., B.A.O</i></p> <ul style="list-style-type: none"> • Integrate urine drug testing to support the treatment and monitoring of pain management patients • Describe the limitations of various screening and quantitative urine drug tests |

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| | <ul style="list-style-type: none"> • Interpret urine drug testing results from pain management patients • Describe techniques to start conversations for unexpected UDT results |
| 10:35 a.m. | <p>Medical Marijuana and CBD Products <i>Thomas P. Pittelkow, D.O., M.P.H.</i></p> <ul style="list-style-type: none"> • Explain differences between medical marijuana and CBD • Outline challenges to medical challenges (e.g. cost, coverage, travel across state lines) • Using a case-based example, describe the steps to evaluate candidacy, monitor use and evaluate for side effects and drug interactions • Summarize the evidence for the therapeutic benefits and risks and place in therapy as pioids alternatives or adjuvants |
| 11:15 a.m. | <p>Buprenorphine and Methadone: Use in Pain Management and Opioid Use Disorder (DEA) <i>Mark E. Deyo-Svendsen, M.D.</i></p> <ul style="list-style-type: none"> • Understand the clinically relevant pharmacology of buprenorphine and methadone • Discuss legal nuances for prescribing buprenorphine and methadone • Review the available buprenorphine formulations and examine differences • Discuss Low Dose Buprenorphine dosing for opioid use disorder <p>Explore the evidence for buprenorphine for pain management</p> |
| 11:55 a.m. | <p>Buprenorphine Patient Cases at Transitions of Care: Panel Discussion (DEA) <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Describe transitioning full mu opioid agonist to Buprenorphine Case: Patient with “red flags” for opioid misuse • Discuss patients where low dosing of buprenorphine would be preferred over standard initiation dosing Case: Patient with past opioid tapering failures and high degree of distress • Outline the evidence for duration of use for buprenorphine. Case: patient stable on buprenorphine now wants to discontinue |
| 12:35 p.m. | <i>Adjourn</i> |

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| Thursday, September 21, 2023 - \$250! – 4 hours | |
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| OPIOID GUIDELINES Pain KSA (Optional Add-on, Lunch Included) (DEA) | |
| 1:00 p.m. | <p>Pain KSA <i>Benjamin Lai, M.B., B.Ch., B.A.O., Frank (Andy) A. Bock, D.O., Elizabeth W. Cozine, M.D., Dare Olatoye M.D.</i></p> <p>Learning objectives below:</p> <ul style="list-style-type: none"> • Review the role of opioids in acute, subacute and chronic pain management. • Understand the key components involved in monitoring patients on chronic opioids. • Recognize and manage patients with opioid use disorder. • Integrate the 2022 CDC opioid prescribing guidelines into clinical practice across the lifespan. |
| 5:00 p.m. | Adjourn |

| Friday, September 22, 2023 | |
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| 6:30 a.m. | <i>Breakfast</i> |
| 7:25 a.m. | <p>Welcome <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i></p> |
| 7:30 a.m. | <p>Managing Challenges: Behaviors and Conversations <i>Wesley P. Gilliam, Ph.D., L.P.</i></p> <ul style="list-style-type: none"> • Discuss case examples of difficult patient encounters • Describe the concept of pain sensitization with chronic pain • Identify factors that contribute to difficult encounters with patients • Discuss practical strategies for managing difficult patient encounters |
| 8:10 a.m. | <p>Challenging Patient Case Conversations: Panel Discussion (DEA) <i>Kimberly (Kim) A. Bremseth, M.S.N., R.N., Julie L. Cunningham, Pharm.D., R.Ph., Dare Olatoye., M.D., and Benjamin Lai, M.B., B.Ch., B.A.O.</i></p> <ul style="list-style-type: none"> • Contrast conversations resulting in negative and positive outcomes when discussing chronic opioid changes in both the inpatient and outpatient settings • Develop strategies to preserve relationships for new and existing chronic pain patients • Formulate skills and language to encourage shared decision-making discussions and avoid escalation in patients with aberrant behaviors |
| 8:50 a.m. | <p>Interventional Alternatives for Pain Management <i>Tim J. Lamer, M.D.</i></p> <ul style="list-style-type: none"> • To identify some of the most common interventional pain therapies & indications |

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| | <ul style="list-style-type: none"> To outline an algorithm or framework for incorporating interventional pain therapies Discuss ultrasound guided interventions in office and training List common precautions &/or contraindications for interventional therapies |
| 9:30 a.m. | <p>Harm Reduction: Naloxone/New Illicit Drugs/Fentanyl Strips (DEA) <i>Christopher Arndt, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> Discuss new formulations of naloxone and when to prescribe Address access to naloxone and implication of OTC status Describe the new worrisome illicit substances present and naloxone activity Describe other potential harm reduction strategies such as fentanyl strips and safe supply |
| 10:10 a.m. | <i>Refreshment Break</i> |
| 10:25 a.m. | <p>Supplements Commonly Used in Chronic Pain: What is the Evidence? <i>Linda Huang, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> Provide case base examples for considerations for supplement use in chronic pain patients Identify literature exploring the use of select supplements associated with chronic pain Review a <u>patient case</u> highlighting potential supplement use concerns |
| 11:05 a.m. | <p>Clinical Pearls for Opioid Prescribing (DEA) <i>Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> Differentiate the clinically relevant pharmacology of various commonly used opioids Identify rational opioid treatment choices based on patient and medication factors Discuss place in therapy for low dose naltrexone (LDN) (+/- if still covered in James Watson presentation) Outline the concerns with gabapentinoid risks for abuse, especially in combination with opioids |
| 11:45 a.m. | <p>Nonopioid Adjuvants <i>James C. Watson, M.D.</i></p> <ul style="list-style-type: none"> Understand common reasons patients fail first line neuropathic pain adjuvants and practical approaches to maximize the chance of success with currently available agents Understand the limitations of evidence based neuropathic pharmacologic treatment algorithms Understand Clinical and Comorbidity variables that inform selection of second line non-opioid adjuvants using a patient case |
| 12:25 p.m. | <i>Adjourn</i> |

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| 7:25 a.m. | Welcome <i>Dare Olatoye, M.D., Benjamin Lai, M.B., B.Ch., B.A.O., and Julie L. Cunningham, Pharm.D., R.Ph.</i> |
| 7:30 a.m. | Opioids in Medical Illness/Complex Pain Scenarios <i>Jacob J. Strand, M.D.</i> <ul style="list-style-type: none"> • Prevent avoidable side effects in patients with a serious illness who are being treated with opioids. • Develop a stepwise approach to the use of opioids in patients with liver & renal failure. • Choose safe prescribing options for opioids in the treatment of non-pain symptoms. |
| 8:10 a.m. | Explain the tapering differences with the new CDC opioid prescribing guideline recommendations Using Opioids in Older Adults (DEA) <i>Daniel E. Sanchez Pellecer, M.D.</i> <ul style="list-style-type: none"> • Provide a general framework to use opioids in older adults by • Reviewing normal physiology changes of aging • Understand polypharmacy implications when treating pain in older adults • Learn a practical approach to assess pain in cognitively impaired older adults • Review common opioid side effects in older adults • Retain pearls to the use of non-opioid pain adjuvants |
| 8:50 a.m. | Opioid Side Effects and Management (DEA) <i>Molly A. Feely, M.D.</i> <ul style="list-style-type: none"> • Recognize which opioid side effects are typically transient and which are pervasive. • List management options for each opioid side effect discussed (remove testosterone) • Distinguish when to rotate opioid vs. when to treat the symptom. • Identify the risk for depression with opioid use, how to evaluate and treatment strategies |
| 9:30 a.m. | Endocrine Side Effects with Opioids (DEA) <i>Irina Bancos, M.D.</i> <ul style="list-style-type: none"> • Outline treatment Goals: Identify signs & symptoms for endocrine related issues for patients on opioids (Testosterone, Estrogen, and cortisol abnormalities) • Describe appropriate monitoring consideration for endocrine related problems in patients on chronic opioids • Provide treatment options when endocrine related abnormalities are identified |
| 10:10 a.m. | <i>Refreshment Break</i> |
| 10:25 a.m. | Acute Pain Management for the Patient on Chronic Opioids (DEA) <i>Oludare (Dare) O. Olatoye, M.D.</i> <ul style="list-style-type: none"> • Discuss the clinical burden of patients on chronic opioid Therapy • Describe medication options used by patients on chronic opioid Therapy |

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| | <ul style="list-style-type: none"> • Discuss implications of patients on MOUD • Review acute pain management strategies of patients on Chronic Opioid Therapy |
| Saturday, September 23, 2023 (Cont.) | |
| 11:05 a.m. | <p>Tapering Opioids (DEA) <i>Julie L. Cunningham, Pharm.D., R.Ph.</i></p> <ul style="list-style-type: none"> • Review and discuss the evidence-based literature and guidelines regarding opioid tapering • Describe the primary risks associated with opioid tapering • Discuss opioid tapering tips, tricks, barriers, and pitfalls • Describe best practices for communicating with patients before and during opioid tapering |
| 11:45 a.m. | <p>Legal Implications of Opioid Prescribing (DEA) <i>Maureen F. Kwiecinski, J.D.</i></p> <ul style="list-style-type: none"> • Overview of potential legal implications of opioid prescribing in a case-based scenario • Review special considerations for chronic pain prescribing • Review special considerations for hospice and palliative care patients • Detail current state of telemedicine prescribing for opioids • Overview opioid prescribing and provider responsibility to document and prescribe risk mitigation strategies |
| 12:25 p.m. | Closing Remarks |
| 12:30 p.m. | <i>Adjourn</i> |