OMED 2021
Osteopathic Medical Conference & Exposition
October 22 – October 24, 2021 – Central Time

Friday, October 22, 2021 -

Friday - 9:30am - 10:30am CT

Medications for Opioid Use Disorder (MOUD) in Incarcerated Populations

Jon Lepley, D.O.

An estimated two thirds of incarcerated people in the United States have a substance use disorder and nearly 20% of people who enter the correctional system report regular use of opioids. Despite the high burden of disease in jails and prisons, Medications for Opioid Use Disorder (MOUD) are rarely provided to patients in correctional settings. This lecture will review the epidemiology of Opioid Use Disorder and discuss the medical and legal implications of treating OUD in jails and prisons. The lecture will identify unique challenges inherent in providing MOUD in correctional settings and strategies to overcome these barriers.

Learning Ojectives:

1) Review the epidemiology of Substance Use Disorders and Opioid Use Disorders in correctional facilities.
2) Understand the medico-legal implications of the 8th amendment and the right to health care in correctional facilities.
3) Provide an overview of Medications for Opioid Use Disorder (MOUD) and review special considerations for providing treatment within correctional populations.

Friday - 10:30am - 11:30am CT

Structure and Function of Drug Courts

William Morrone, D.O.

Explaining the logistics and objectives of the NADCP model for drug treatment specialty courts and the GAP in MAT that spans our state treatment courts from coat to coast.

Learning Objectives:

1) Understand 10 components of the NADCP court
2) List the goal of an NADCP type court
3) How to optimize MAT for NADCP
4) Recognize future issues NADCP needs to improve from addiction medicine

Friday - 11:30am-12:30pm CT

JAD: Selected Publications and Interactive Quiz

R. Gregory Lande, D.O.

Peer Review
Curated Selected of Articles
Let's Play Clinical Jeopardy!

Learning Ojectives:

1) Learn about academic peer review
2) Learn about recent trends and research in addiction medicine
3) Test learning with clinical quiz

Friday - Break

Friday - 1:30pm-2:30pm CT

Substance Use Disorders in Health Care Professionals

John Tanner, D.O.

Lecture will cover the spectrum of new changes, controversies, and challenges facing assessment, treatment, and monitoring of the healthcare professional with substance use disorders and co-occurring illness.

Learning Objectives:

1) Upon completion of this activity, the participant will have a better understanding why monitoring has become more complicated and some controversies.

A) Boards may no longer accept "diagnostic" contracts which typically were shorter with early completion if there is successful monitoring. They now require a diagnosis based on criteria and therefore the participant must meet criteria, which many participants will not readily disclose.

B) Evaluations become more complicated when the given history does not match toxicology or other information gathered.

C) More often represented by lawyers who take significant money, which is then no longer available for needed evaluation or treatment. Frequently give advice that is not helpful, especially those who are not versant with this type of administrative law.

2) Upon completion of this activity, the participant will have a better understanding of the complicated intake process.

A) Information from participant who frequently is not forthcoming and the employer if they are willing.

B) Referral sources: self-referral, employer, treatment provider, Department of Health sometimes as an Emergency Restriction of Practice (ERO), spouse, friend, anonymous, etc.

C) The participant almost always must refrain from practice and, if unwilling to do so, then they cannot participate.

D) We check the available license database.

3) Upon completion of this activity, the participant will have a better understanding why the forensic evaluation process has become more complex.

A) Selecting what type of evaluation is needed (addiction, psychiatric, pain, neurocognitive, or a combination).

B) Single evaluator vs. multidisciplinary (plus neuropsychological, neurocognitive, polygraph, or comprehensive).

4) Upon completion of this activity, the participant will have a better understanding about healthcare specific treatments and approved programs vs. non-approved program.

A) Level of care recommended at a monitoring program approved program vs. non-approved program (in Florida, we only refer to approved program).

B) Outpatient, IOP, PHP w/or without housing – possibly at a health care specific treatment program.

C) Duration and further diagnostic clarification while in treatment is sometimes recommended.

D) Re-evaluation after treatment if it was at in a non-approved program.

5) Upon completion of this activity, the participant will have a better understanding about some of the newer toxicology testing being used.

A) New testing (SoberLink, saliva, routine PEth testing, hair or nail testing, and expanded profiles) helps identify a relapse early or is an incentive to discourage relapse.

B) Helps with those who have barriers to getting to the lab due to ongoing medical issues (such as the COVID pandemic).

C) COC collection is needed due to challenges which have included DNA testing.

D) Observed collections are more frequently required.

Friday - 2:45pm-3:45pm CT

Psychedelic Therapy: A Review of Evidence-Based Treatment

Philip Creps, D.O.

Understand that this is a review of the potential uses of psychedelics, that may be illegal or schedule I's. The psychedelics, or hallucinogens usually require special licensing to currently prescribe, except for ketamine (approved as a class III by DEA). Psilocybin is in phase III clinical trials for mood and anxiety disorders. Highly scheduled psychedelics include MDMA tried for PTSD, and LSD is being tried for autism, schizophrenia, cancer pain, and alcohol use disorder. In many cases they are potent serotonergic agents with long-lasting beneficial effects.

LSD was first used in the 1940's as a treatment adjunct , but became a street drug in the 1960's. However, in recent yearsthere is renewed interest Other botanicals are also represented in the psychedelics, including cannabis, ibogaine, peyote, ololiuqua or morning glory seeds.

This review does not necessarily endorse use of psychedelics, but provides awaremess of a burgeoning field of study. Risks of clinical use of psychedelics include: 1) preciptation of psychosis or a psychiatric disorder; or 2) Hallucinogen Persisting Perception Disorder (HPPD).

Disclaimer: I have not received any support from other sources.

Learning Objective:

1) The attendee will be able to explain the legal, regulatory, historical, ethical, risk and controversial issues around the use of psychedelics in psychiatry

2) The attendee will be able to elaborate the indications, dosage and potential side effects of Ketamine (with Class III DEA approval), cannabis (now limited legal availability in most states)and those in stage III clinical trials (psilocybin, MDMA, and LSD)

3) The attendee will know of other hallucinogens and their effects adn potential treatment.

Friday - 4:00pm-5:00pm CT

Buprenorphine in Chronic Pain Management: Transforming one life at a time

Kathleen Farrell, D.O.

Patients on opioids are often seen as our most challenging patients. Buprenorphine has been proven to treat pain, Opioid Dependence/OUD and patient outcomes. Yet, as promising as this drug is, we are constantly facing barriers when we start using Buprenorphine. This lecture discusses using Buprenorphine for chronic pain so it can be used in any practice to improve care.

Learning Ojectives:

1) Why it is critical for us to use Buprenorphine effectively

2) Why Buprenorphine is a different kind of opioid and why it works

3) Buccal and Transdermal Buprenorphine indicated for pain and when useful

4) Buprenorphine/Naloxone which is not indicated for pain but needed to treat Pain Patients

Saturday, October 23, 2021 -

Saturday - 9:30am-10:30am CT

Buprenorphine Micro-Induction Protocol: Evidence-Based Review

MJ Silva, D.O.

Highlights of this lecture include a review of buprenorphine micro-induction indications and protocols for the purpose of medication for opioid use disorder (MOUD) found in current peer-reviewed literature. Also, a unique micro-induction protocol successfully used in a program transitioning patients from methadone to buprenorphine for the treatment of chronic pain, with associated cases, will be presented. This lecture provides a brief review of the pharmacological profile of buprenorphine and clinical considerations for appropriate treatment candidacy.

Learning Ojectives:

1) Review buprenorphine micro-induction rationale and techniques for MOUD, as represented in current literature
2) Describe a micro-induction protocol used in a highly successful program designed to help patients with chronic pain transition off full mu agonist opioids
3) Summarize differences in application and treatment goals of buprenorphine for pain vs for MOUD, both in the induction and the maintenance phases of treatment

Saturday - 10:30am-11:30am CT

Kratom Use Disorder: Considerations in the Primary Care Setting

Curtis Bone, M.D.

Kratom is a substance similar to opioids that is often used for its euphoric effects, however it can be obtained legally in most of the United States. This lecture offers a review of the epidemiology and pharmacology of kratom, along with guidance for care of individuals with kratom use disorder in the primary care setting.

Learning Objectives:

1) Describe the epidemiology of kratom and kratom use disorder
2) Discuss the pharmacology of mitragynine
3) Utilize the biopsychosocial model and theory of planned behavior to development an assessment and plan for patients with kratom use disorder

Saturday - 11:30am-12:30pm CT

Stimulant Use Disorder: An Overview of the Treatment Landscape

James Latronica, D.O.

As the rate of Stimulant Use Disorder (StUD) continues to climb, so too does the poisoning/overdose rate. To date, there are no FDA-approved therapies for the treatment of StUD. This session will discuss the evidence in the literature for various classes of medications that have been studied, their efficacy, and how prior knowledge may inform current and future clinical practice.

Learning Objectives:

1) Briefly review the pharmacology and neurobiology of stimulants
2) Discuss the epidemiology of stimulant use and Stimulant Use Disorder in the United States
3) Explore the history of stimulant use and the medico-legal considerations in treating Stimulant Use Disorder
4) Review various pharmacological interventions that have been studied for the treatment of Stimulant Use Disorder

Saturday - Break

Saturday - 1:30pm-2:30pm CT

Practical Clinical Updates in Cannabis and Cannabis Derivatives: Hemp-Derived Cannabinoids, Delta 8, and Beyond

Veronica Ridpath, DO

An overview of advanced topics in recent cannabis research over the last five years as well as an introduction into the new hemp-derived cannabinoids that have emerged as substances of use and abuse since the legalization and emergence of cannabidiol (CBD). Participants will learn about the new research regarding cannabis, emerging trends in alternative cannabinoid use, medical implications, and novel cannabinoids.

Learning Objectives:

1) Increase awareness of the impact of legalization status on attitudes, accessibility, and use of various cannabinoids.
2) Improve understanding of hemp based cannabis products including novel cannabinoids, their psychotropic and physiologic effects, and their interactions with various medical treatments.
3) Understand the shifting patterns of information exchange and substance procurement and how this affects use patterns.
4) Identify knowledge gaps and how patients are obtaining information about products, and how we as clinicians can combat misinformation.

Saturday - 2:45pm-3:45pm CT

Body Fluid Toxicological Testing: Use and Limitations

Anthony Dekker, DO

Learning Objectives:

1) Identify opioid use, misuse and dependence.
2) Provide agonist therapies for opioid withdrawal and dependence.
3) Recognized and prevent signs of overdose and suicide when treating opioid use disorders.

Sunday, October 24, 2021 -

Sunday - 8:00am-12:30pm CT

The Office-Based Treatment for Opioid Use Disorders -Waiver Eligibility Training Part 1

Stephen Wyatt, DO & Jon Lepley, DO

The Drug Addiction Treatment Act of 2000 (DATA 2000), the Comprehensive Addiction and Recovery Act (CARA) and the Substance Use-Disorder Prevention Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act allows qualified practitioners to dispense or prescribe buprenorphine for the treatment of opioid use disorders (OUD) in settings other than opioid treatment programs (OTP), upon completion of specialized training.

To receive a practitioner waiver to administer, dispense, and prescribe buprenorphine, practitioners must notify SAMHSA's Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies (DPT) of their intent to practice this form of medication-assisted treatment (MAT). Qualified practitioners include physicians, Nurse Practitioners (NPs), Physician Assistants (PAs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetist (CRNAs), and Certified Nurse-Midwifes (CNMs).

Physicians are required to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine, one of three medications approved by the FDA for the treatment of opioid use disorder. Those physicians who want to treat more than 30 patients at any one time, must take the 8-hour waiver course

To treat more than 30 patients, Advanced Practice Registered Nurses (APRN) (NP/CNM/CNS/CRNA) and Physician Assistants (PAs) must complete 24 hours of specialized training to prescribe buprenorphine. The training includes 8 hours of waiver training and an additional 16 hours of training Students can take the course during their educational program and apply for their waiver when they obtain their full DEA license. The course certificate of completion does not expire.

The 1st half of the training is a 4.25-hour live training. The 2nd half of the course is a 3.75-hour on-your-own online study. An exam on Part 2 must be completed within 30 days of the webinar session.

Agenda

- Overview: Opioid Use Disorder Treatment with Buprenorphine/Naloxone - (0.5 hours)
- Patient Evaluation - (0.75 hours)
- Specialty Topics- (0.75 hours)
- Case Study - (0.25 hours)
- Clinical Uses of Buprenorphine- (0.5 hours)
- Case Study - (0.25 hours)
- Urine Drug Testing - (0.5 hours)
- Case Study - (0.25 hours)
- Overview of Clinical Tools - (0.25 hours)
- Guidelines/NOI Form - (0.25 hours)

Learning Ojectives:

1) To understand the federal Drug Abuse Treatment Act (DATA) of 2000 and the subsequent revisions that lists the criteria needed for Office Based Opioid Treatment (OBOT) utilizing buprenorphine for opioid dependence and the new changes/guidelines
2) To distinguish between spontaneous withdrawal and precipitated withdrawal and the appropriate methods of buprenorphine induction
3) To describe and contrast the functions of full mu agonists, partial agonists and antagonists
4) To describe the basic approach used in at least three different types of non-pharmacological treatment of opioid dependence
5) To describe three symptoms of opioid withdrawal or intoxication that mimic symptoms of a psychiatric disorder
6) To list the criteria for establishing the diagnosis of opioid dependence
7) To describe at least three factors to consider in determining if the patient is an appropriate candidate for office-based treatment with buprenorphine
8) To describe at least three areas that should be covered in the rules and expectations that are communicated to patients during the patient assessment process
9) To list at least three situations in which patient information, with patient identity, can be shared under current laws protecting the patient's confidentiality
10) To understand and minimize buprenorphine misuse and diversion. To be aware of the issues of drug interactions of buprenorphine and pediatric exposures