A Guide and Suggested 2020 Conference Agenda

Wednesday/9.9
6:00**p**–7:00**p** EDT

Not certified for credit

Please note that PAINWeek 101 is not certified for credit.

This guide can be used by itself or in conjunction with the live virtual PAINWeek 101 session. The PAINWeek 101 live virtual session will be led by PAINWeek faculty, staff, and representatives from the CE/CME provider. No preregistration is necessary.

PAINWeek 101 Live Session

Wednesday, September 9
6:00p – 7:00p EDT

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Introduction

PAINWeek 101 was developed for first-time attendees and all others wanting to get the most from their PAINWeek Live Virtual Conference experience. This guide can be used independently or in tandem with the live virtual session.

Welcome to the PAINWeek 2020 Live Virtual Conference (PWLVC). Now in its 14th year, PAINWeek is the largest US pain conference for frontline practitioners. Due to COVID-19, over 1000 of your colleagues from many disciplines and specialties are attending this year's conference virtually—proof of the level of interest in this critical healthcare issue and of the value of PAINWeek in addressing the concern.

The PAINWeek On Demand, Enduring Content Library

Unlike many other conferences, PAINWeek provides a number of concurrent sessions during each time period. This means that you can customize your learning experience, but also means that much more content is available than you can personally attend.

You can, however, experience ALL of the accredited sessions—including those you don't get to attend during the PWLVC. If you have only purchased registration for the live virtual conference, you can upgrade to a subscription that will allow you to access all 72 hours of the PWLVC plus an additional 45 hours of on demand content. To upgrade to the On Demand package, please call (973) 415-5100.

Note: Due to copyright restrictions and other factors, certain sessions may not be available online. This should not affect more than 5% of the total agenda. Online slide content is certified for CE/CME credit.

What's at PAINWeek?

The Curriculum: An Overview

The entire 2020 PAINWeek Live Virtual Conference curriculum offers our attendees 72 hours of continuing medical education. Over the 3 days of the conference, learners may earn up to 25 credit hours. A suggested schedule for first-time attendees—PAINWeek 101: A Suggested Conference Agenda—has been compiled for your reference. You'll find it at the back of this guide.

The CE/CME core curriculum is organized into over 20 tracks/session codes covering the following fields of interest:

ACU Acute Pain Management
AHS American Headache Society
APP Advanced Practice Provider
ASPN American Society for Pain and Neuroscience
ASIPP American Society of Interventional Pain Physicians
BHV Behavioral Pain Management
CBN Medical Cannabinoids
CPS Chronic Pain Syndromes
INT Interventional Pain Management
IPPS International Pelvic Pain Society
MAS Master Class
MDL Medical/Legal
NRO Neurology
OAR Osteoarthritis Research Society International
PDM Product Theatre, Disease Awareness, and Medical Information
PEF Pain Educators Forum
PHM Pharmacotherapy
PMC Pain Management Coaching
PTH Physical Therapy
SIS Special Interest Session
SYM Satellite Events
TEL Telemedicine
VHA Veterans Health Administration

Special Full-Day Programs

As you design your individual conference schedule, you'll want to be aware of the following elements in the core curriculum. Special full-day programs:

- American Headache Society (AHS)
- American Society for Pain and Neuroscience (ASPN)
- American Society of Interventional Pain Physicians (ASIPP)
- International Pelvic Pain Society (IPPS)
- Osteoarthritis Research Society International (OARSI)

Satellite Events

Satellite events are commercially supported activities that complement the PAINWeek curriculum. Satellite events include both certified (SYM) and noncertified (PDM) programs. Session descriptions for certified activities, faculty disclosures, and protocol for obtaining CE/CME credit will be provided by individual event organizers. Please contact the organizers for further details. There are no fees to attend any of these educational activities. Satellite events are open to all PAINWeek healthcare professional registrants. You do not need to preregister for any satellite event.

Exhibit Hall and Scientific Posters

Visit the exhibit hall! You'll find representatives ready to demonstrate their latest products and offer information on the most advanced equipment, supplies, and services. Breaks are built into the conference schedule, and these are good times to visit the exhibit hall.

The scientific posters are high res pdfs that you can zoom in on. Abstracts will also have an audio clip (if provided) for more information. Questions for the authors? Click on the email button!

Obtaining Credit for CE/CME Session Attendance

PAINWeek is provided by Global Education Group, certified by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education. You'll find Accreditation Statements by specialty at painweek.org in the General Information area of our conference website. A representative of Global Education Group will be available virtually throughout the conference. Please direct your questions on this topic at the conclusion of the 101 session, or to info@painweek.org.

In order to receive credit, participants must attend the session and complete the online credit application at https://virtual.painweek.org and evaluation form by **Wednesday, 9/30**. No applications for credit will be processed after this date.

Participants can only claim the hours they were actually in attendance. Statements of credit and certificates of attendance are available to download/print upon completion of online forms.

CE/CME Information for Pharmacy Learners

Instructions for Credit—In order to receive credit, pharmacist participants must attend an entire session and complete the online credit application and evaluation form. An NABP number and date of birth must have been provided during registration to obtain credit. If you did not previously provide this, please email Global at cme@globaleducationgroup.com. **This information will be needed to complete your evaluations.**

If you still need to **create an NABP e-Profile and obtain an ID number, please visit:**

nabp.net/

Notification of successful completion of sessions will be communicated by Global Education Group to the ACPE CPE Monitor system, where all pharmacy learners' credits are stored. Learner errors providing NABP numbers and/or DOB will result in unsuccessful reporting of credits to the CPE Monitor system. These credits will not be recorded. Ensuring records are accurate and complete will be the responsibility of the individual learner.

Social Media

Getting Updates

To get late-breaking news, reminders, or session changes, follow us on Twitter at twitter.com/PAINWeek. Also feel free to post on Instagram @painweek and on Facebook.

PAINWeek Conference App

Download the PAINWeek App by searching PAINWeek in the App Store or Google Play.

Note: If you have downloaded the app from 2019 or earlier, please delete it and download the new one.

FAQs

Do I need to attend everything on the schedule?

No, and with 3 offerings in each time slot, it would be impossible to do so. In the 3 days of the conference, PAINWeek offers many different types of programming and sessions totaling 72 hours of CE/CME credit. It is important to plan your personal curriculum to best suit your individual practice and educational needs. If there are sessions being presented concurrently that you would like to experience, you can purchase access to PAINWeek On Demand, the recorded package (slides and synced audio) of most CE/CME sessions, by contacting us at (973) 415-5100 or info@painweek.org.

Do I need to preregister for any sessions?

No.

Once you have registered for PAINWeek, you are free to attend any other sessions you wish. There is no preregistration required.

Tip: Keeping notes and key thoughts on the App about each session and faculty speaker during the conference will help you if you decide to do your evaluations and credit requests at a later date.

PAINWeek 101: A Suggested Conference Agenda

Global Education Group, program faculty, and PAINWeek staff have developed a recommended conference agenda for first-time attendees and those wanting to maximize their PAINWeek experience. This agenda is designed to offer the broadest possible exposure to the various tracks, faculty, and symposia that are featured at this year's PAINWeek. Keep in mind these are only suggested sessions and you are encouraged to attend any session that best fits your professional and educational needs. Please visit painweek.org to view the full list of sessions.

Note: Please check the online agenda and conference app everyday for satellite events.

Friday 9/11

CPS-01 **Neurogenic Thoracic Outlet Syndrome**
Paul J. Christo MD, MBA

Friday 9.11 9:00a – 9:50a

If you see patients with pain from the neck/shoulder, radiating down the arm and into the fingers, they may have neurogenic thoracic outlet syndrome (NTOS). Occipital headaches, arm weakness, and chest wall pain often coexist. NTOS targets women and can occur after motor vehicle accidents. It is a complex spectrum disorder that provokes controversy. In fact, it may be the most controversial diagnosis in medicine. Yet, the evidence demonstrates that if left untreated, quality of life is impaired as much as if having chronic heart failure. In this course we will talk about common symptoms, etiology, diagnosis, and current treatment options including therapy with onabotulinumtoxinA and other neurotoxins.

SIS-01 **Much Ado About Something:** Somatic Symptom Disorder
Robert M. McCarron DO

Friday 9.11 10:00a – 10:50a

Somatic symptom disorder is a psychiatric condition that is frequently encountered in the primary care and pain medicine settings. Unfortunately, it is often not accurately diagnosed and may complicate existing nonpsychiatric pain conditions. Patients with this disorder focus on the physical component of the pain and, as a result, the psychiatric or core pathogenesis is not effectively treated. This presentation will provide an overview of best approaches for accurately diagnosing and developing an evidence-based treatment plan. We will discuss the history of changing diagnostic criteria for somatization, review current diagnostic criteria, and discuss the treatment plan for those with a somatic symptom disorder and its relationship to chronic pain.

Visit the exhibit hall to talk to representatives and participate in the scavenger hunt. You could win a prize!

Participate in a sponsored program to learn about new products 11:00a – 11:45p

BHV-03 **Successfully Reducing Opioids:** The Critical Role of Psychology
Ravi Prasad PHD

Friday 9.11 11:50a – 12:40p

The opioid crisis led to a large number of patients being rapidly tapered off their medications. Many of these patients had developed psychological and physical dependence on their medication but did not exhibit signs of frank addiction. The abrupt discontinuation, however, had an unintended consequence of leading some of these individuals to develop substance use disorders, experience higher levels of emotional distress, and, in some cases, attempt or complete suicide. The FDA and CDC cautioned prescribers

about these potential outcomes and recommended use of supportive therapies to help make medication changes more successful. This session will review the role of psychological interventions in the realm of pain care with a specific focus on use of such tools to facilitate opioid weaning and the data supporting their use. The terms dependence, abuse, tolerance, and addiction are often used interchangeably when discussing opioid medication; however, use of the nomenclature in this fashion is erroneous. The differences between these words will be explained and the implications for treatment discussed. Clinical pathways that often lead to medication escalation will be identified.

PHM-02 **Atlas Shrugged:** Fact vs Fiction Regarding ADF Opioids
Mark Garofoli PHARMD, MBA, BCGP, CPE

Friday 9.11 1:00p – 1:50p

Challenge accepted. Our country has made numerous strides in advancing patient care, and more particularly conducting efforts to ensure that lives within the national opioid crisis are improved and/or saved. One of those positive strides involves the FDA approval of abuse-deterrent formulation (ADF) opioid medications, with the aim of preventing the transition from misuse and/or abuse of prescription opioid medications to illicit (and possibly laced) diacetylmorphine (aka: heroin). How do these formulations work, one might ask? Which are not only specifically approved as ADF opioid medications, but are also actually available on the US market? Are these ADFs really foolproof? Well, the street chemists of our country have already accepted the challenge to be knowledgeable on all of the above. Now it's our turn as healthcare professionals to get up to speed on these risk reduction entities.

TEL-02 **Telehealth Self-Care Programs to Improve Pain Outcomes**
James R. Fricton DDS, MS • **Ginevra Liptan** MD

Friday 9.11 2:00p – 2:50p

The spread of COVID-19 has caused significant stress for everyone, leading to an increase in prevalence, severity, and complexity of pain conditions, with limited access to care to help these patients. Thus, many providers have found solutions in the use of telehealth self-care training and coaching to extend their care into the daily lives of patients. This presentation focuses on the use of these strategies to engage patients in self-management to improve the outcomes of their care. Telehealth self-management employs a patient engagement platform to provide care programs that include an array of telehealth services such as pain, health, and risk assessment; patient training to reduce risk factors that contribute to their pain condition (for example, repetitive and postural strain) through online microlessons; telehealth coaching with audio-video platforms; and a patient-centered dashboard to monitor patient engagement and outcomes. The Personalized Activated Care and Training (PACT) program at www.pactforpain.com is a telehealth platform to support health professionals in implementing remote self-management for pain conditions using telehealth coaching and online training. PACT is reimbursed by health plans without adding patients to a busy clinic schedule.

Participate in a product theater 3:00p – 3:45p

BHV-04 **The Perseverance Loop:** Inside the Psychology of Pain and Factors in Pain Perception
David Cosio PHD, ABPP

Friday 9.11 3:50p – 4:40p

Pain is a normal feature of the human experience. Commonplace pain has a particular psychology that provides the foundation for all pain management behavior. Normal psychology of pain seeks to explain the shared experience of pain that is uncomplicated and short-lived. There are core aspects beyond the sensory features of normal pain: its social or communicative function and escape or avoidance. Pain is hard-wired as a social alarm of a threat, which is then selected over other competing demands, triggering behaviors that interfere with normal life functioning. Each individual's experience of pain and its expression is a product of the sensory experience, the person's background, and interpersonal context. There appears to be a lack of awareness and understanding of the mechanisms of change involved in psychotherapy when addressing the sensory, affective, cognitive, and behavioral components of pain. This presentation will review distinct models that can help explain the patient's pain experience, expression, and ways to cope in the psychological treatment of intractable pain.

SIS-05 **Myths of Pain Management in the Critically Ill**
Michael M. Bottros MD

Friday 9.11 4:50p – 5:40p

After an ICU stay, nearly 50% of patients rate their pain intensity as moderate to severe. The aim of this course is to dispel the myths of pain management in the ICU. We will discuss healthcare system, provider, and patient barriers to receiving adequate ICU pain care, as well as the appropriate tools to use when assessing pain in critically ill patients. The consequences of inadequately treated pain will be discussed, along with alternative pain management modalities.

IPPS-04 **Twisted Sister:** Musculoskeletal Causes of Pelvic Pain
Colleen M. Fitzgerald MD, MS

Friday 9.11 5:50p – 6:40p

Chronic pelvic pain (CPP) in women is highly prevalent yet too often approached solely as a gynecological issue and with standard treatments such as surgery and hormones. Unfortunately, CPP often persists despite multimodal treatment. This session will describe the impact and significance of pelvic floor myofascial pain in the context of CPP. Anatomical, biomechanical, and visceral influences in the etiology of pelvic floor myofascial pain will be discussed along with central sensitization. Attendees will be educated on the appropriate clinical physical examination in this population along with evidence-based diagnostics and up-to-date treatment options focused on pelvic floor myofascial pain.

PHM-04 **The Wild, Wild World of Mathadone:**
Opioid Conversion Calculations and Methadone Dosing
Alexandra P. McPherson PHARMD, MPH •
Mary Lynn McPherson PHARMD, MA, MDE, BCPS, CPE

Saturday 9.12 9:00a – 9:50a

This fast-paced session will review the principles behind opioid conversion calculations, including routes of administration and switching between dosage formulations and opioids. Doing the calculations by hand and interpreting the results in a patient-centric fashion is highly preferable to an online opioid conversion calculator, which frequently yields widely disparate dosing. As a bonus, we will be discussing how to rotate to methadone and dosing guidance for using methadone in an adjunctive role.

SYM-02 **Aching for Improvement:** Review of the Gaps and Latest Advances in Osteoarthritis Pain and Other Chronic Pain Management (Rockpointe)
Timothy J. Atkinson PHARMD, BCPS, CPE • **Steven P. Stanos DO**

Saturday 9.12 10:00a – 11:00a

Chronic pain, including pain from osteoarthritis (OA), plagues more than half of older adults in the US. To help alleviate this pain, PCPs, NPs, PAs, and pain specialists must be kept up to date with the recommendations for optimal assessment of, goal setting for, and monitoring of patients with OA pain and other chronic pain. This activity, Aching for Improvement: Review of the Gaps and Latest Advances in Osteoarthritis Pain and Other Chronic Pain Management, will help clinicians appropriately tailor pain management plans to their individual patients, including those in special populations, such as the elderly. PCPs, NPs, PAs, and pain specialists will better understand the safety and efficacy profiles of each of the available pain treatment options, along with the unique considerations one must take into account when treating more complex patients.

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Participate in a sponsored program to learn about new products 11:00a – 11:45p

ACU-01 **Navigating the Crystal Ball:** Drug Development for Acute Pain Management—Phase 1-4
Keith A. Candiotti MD • **Joseph V. Pergolizzi, Jr. MD** • **Robert B. Raffa PHD**

Saturday 9.12 11:50a – 12:40p

Scientists and practitioners are continually seeking new and better agents to treat diseases and reduce patient suffering. This relentless push is seen in the drive to develop new therapeutics for the treatment of acute pain. The development of new agents often begins with the most basic levels of research, identifying novel targets and improving on others. This course will discuss both early-stage research—investigating agents that work through a variety of innovative mechanisms, such as the delta and kappa opioid receptors—and reviewing agents that possess desirable characteristics and are closer to market, such as oliceridine, an agent designed to treat acute pain and reduce opioid side effects. We'll also review and discuss how older drugs are being reformulated to improve their utility and efficacy and reduce their side effect profile. One example: converting older drugs into IV forms, such as the NSAID meloxicam, or reformulating a drug, such as the NSAID ketorolac, to allow it to be used for continuous infusion.

MDL-01 **The False Claims Act and Medical Necessity:** Recent Cases Involving Clinical Labs and Drug Testing
Jennifer Bolen JD

Saturday 9.12 1:00p – 1:50p

The federal government continues to pursue physician offices and independent clinical laboratories (and the individuals associated with them) for troublesome patterns of medically unnecessary drug testing. The federal government—which has the option of filing cases it originates or which originate through "whistleblowers"—often bases false claim allegations on patterns of conduct showing deliberate ignorance or reckless disregard of applicable licensing board rules and professional standards for, and departures from, payer coverage and reimbursement policies governing drug testing. False Claims Act (FCA) cases may also involve allegations of inappropriate physician compensation schemes and other forms of inducement/kickbacks to gain test volume. Documentation of testing protocols, decisions, and use of test results is central to proving these cases. This course will examine common allegations and theories the government uses in FCA litigation. Attendees will learn the difference between an FCA and an overpayment matter and will be able to identify problematic conduct typically exposed in FCA cases. The overall goal of the course is to provide attendees with a framework by which they can evaluate their own testing patterns and processes in light of the lessons learned from a closer look at these false claims cases.

SIS-07 **Who Will Love this Child?** Advocating for Chronic Pain Patients
Kevin L. Zacharoff MD, FACIP, FACPE, FAAP

Saturday 9.12 2:00p – 2:50p

The opioid epidemic has had a significant effect on almost every aspect of our society, most notably our healthcare system. Uniformly, initiatives employed or promoted to help combat the overdose epidemic called for education as a key ingredient to safe and effective prescribing of pain medications when they are determined to be an appropriate component of a pain treatment plan. Recently, there has been a shift in regulatory strategies towards a different goal: reducing the number of opioid analgesic prescriptions and dosages prescribed. Risk/benefit analyses have been redefined to include not only patient level risk, but also community and societal level risk. Even though past recommendations have stressed the importance of maintaining access to opioids for those patients in need, current recommendations have de-emphasized that consideration. Despite data showing a disproportionate role of illicit substances contributing to the overdose epidemic, clinicians are urged to minimize prescribing or even de-prescribe opioids. This presentation will explore unintended consequences of these efforts, including abandonment of patients with pain, and outline strategies that underscore the importance of advocacy-based, ethical, and appropriate pain treatment in a safe and effective manner complementing mitigation of societal risk.

Participate in a product theater 3:00p – 3:45p

SIS-08 **Doubling Down:** Polysubstance Abuse and Associated Respiratory Depression
Joseph V. Pergolizzi, Jr. MD • **Robert B. Raffa PHD**

Saturday 9.12 3:50p – 4:40p

Opioid related overdose deaths increasingly involve high potency drugs such as fentanyl/carfentanil. Additionally, these deaths more commonly now involve polysubstance abuse—an opioid plus another substance. This course will examine the changing dynamics of the opioid crisis; the impact of high potency substances and polysubstance

abuse on death rates; the results of drug-drug interactions amongst central nervous system (CNS) depressants and the mechanisms of their effect on respiratory depression; as well as novel ways to assess, monitor, and address respiratory status. Benzodiazepines will be used as an example. Although the capacity for benzodiazepines alone to induce respiratory depression is limited, concomitant abuse with other CNS depressants is common and can result in a deadly synergistic reaction. Benzodiazepine abuse occurs most frequently in combination with other drugs, particularly opioids and alcohol. Opioid use disorder patients receiving methadone maintenance have current benzodiazepine abuse rates of ≤50%, and 20% of benzodiazepine related deaths involve alcohol. From 2004 to 2011, the percentage of opioid analgesic overdose deaths involving benzodiazepines increased from 18% to 31%. According to the National Institute on Drug Abuse, "drug overdose deaths involving benzodiazepines rose from 1,135 in 1999 to 11,537 in 2017," with most cases involving an opioid. The opioid epidemic contains within it a polypharmacy crisis that necessitates improvements in prescribing practices and increased monitoring of pain patients.

PHM-08 **Bupe'd or Duped:** Is Buprenorphine for Everyone?

Timothy J. Atkinson PHARMD, BCPS, CPE • Jeffrey Fudin PHARMD, DAAPM, FCCP, FASHP

Saturday 9.12 4:50p – 5:40p

Buprenorphine use continues to skyrocket while traditional opioid manufacturing has decreased as mandated by DEA. Buprenorphine has formulations approved for both chronic pain and opioid use disorder (OUD), and guidelines address buprenorphine/naloxone recommendations for those with comorbid OUD and pain. Current trends in clinical care include 1) widespread adoption of medication assisted treatment use in settings outside substance abuse treatment and 2) advocacy for a new group of potential patients in the grey area between complex chronic pain and OUD, which is now referred to as complex persistent opioid dependence (CPOD). The term CPOD is often applied to those struggling with opioid tapering but without formal diagnosis of OUD. The unique pharmacology of buprenorphine will be reviewed, including characteristics that make it attractive for treatment of OUD. The common elements between guidelines will be discussed including key differences in acceptable approaches. Patient stigma, common misconceptions, and clinical conundrums will be fiercely debated.

ASIPP-04 **Regenerative Therapy for Chronic Pain:** Fact or Fiction?

Nick Knezevic MD, PHD

Saturday 9.12 5:50p – 6:40p

Regenerative medicine is a subspecialty that seeks to recruit and enhance the body's own inherent healing armamentarium in the treatment of patient pathology. This therapy's intention is to assist in the repair, and to potentially replace or restore damaged tissue, through the use of autologous or allogenic biologics. This field is rising like a phoenix from the ashes of underperforming conventional therapy midst the hopes and expectations of patients and medical personnel alike. But, because this is a relatively new area of medicine that has yet to substantiate its outcomes, care must be taken in its public presentation and promises as well as in its use. Regenerative therapy should be provided to patients following 1) diagnostic evidence of a need for biologic therapy, 2) a thorough discussion of the patient's needs and expectations, 3) educating the patient on the use and administration of biologics, and 4) in the full light of the patient's medical history. Regenerative therapy may be provided independently or in conjunction with other modalities of treatment including a structured exercise program, physical therapy, behavioral therapy, and appropriate conventional medical therapy as necessary.

Sunday 9/13

PEF-01 **Pain Pathways Made Simple**

David M. Glick DC, DAAPM, CPE, FASPE

Saturday 9.13 9:00a – 9:50a

To successfully manage pain clinically, it is essential to begin with an understanding of the underlying mechanisms responsible for its generation. A skillful approach based on better knowledge concerning anatomical structures, pathways, and events that result in pain is more likely to lead to effective clinical management of pain. This discussion will include an overview of the entire pain pathway explained in simple terms to help foster improved outcomes through patient education and to offer insight as to the pharmacologic and nonpharmacological targets considered when treating pain.

PEF-02 **Chronic Pain Assessment**

Michael R. Clark MD, MPH, MBA

Saturday 9.13 10:00a – 10:50a

Effective clinical interviewing and pain assessment are critical to the appropriate diagnosis and management of pain. In this presentation, the clinician will learn how to apply principles of effective communication and utilize a framework for a comprehensive patient-centered approach to formulation and treatment planning.

Visit the exhibit hall to talk to representatives and participate in the scavenger hunt. You could win a prize!

Participate in a sponsored program to learn about new products 11:00a – 11:45p

APP-01 **On the Frontlines:**

How Advanced Practice Providers Are Managing Pain Amidst COVID-19

Jeremy A. Adler MS, PA-C • Theresa Mallick-Searle MS, NP-BC, ANP-BC

Saturday 9.13 11:50a – 12:40p

The management of chronic pain is complex enough. Add to it a worldwide epidemic and we're seeing increased anxiety, levels of despair, catastrophizing, and self-doubt. We find ourselves, as providers, often sharing these same emotions with our patients. Because of the COVID-19 pandemic, frontline providers have abruptly changed their care delivery to protect patients and themselves from infection, while trying to achieve a level of normality in patient care. Providers are facing the challenge of delivering face-to-face services through different modes, the necessity to rapidly adapt to new technologies, learning new billing codes, and coping themselves with the real-life financial burdens of not delivering "care as usual." Advanced practice providers (APPs) across the country are standing up, ready to meet the challenges of the nation, to engage with patients, communities, and organizations, and offering to practice to the full scope of their training. The Department of Health and Human Services Secretary Alex Azar urged suspension of state regulatory barriers that limit patient access to care provided by nurse practitioners and physician assistants. This timely lecture will focus on what APPs on the frontlines in healthcare need to know during this time, and beyond, when accommodating the challenges of managing their patients with acute and chronic pain.

MDL-03 **The Courtroom Crusades:**
A 20/20 Examination of Controlled Substance Prescribing Standards
Jennifer Bolen JD

Sunday 9.13 **1:00p – 1:50p**

Federal cases involving allegations of criminal prescribing usually revolve around expert testimony about controlled substance prescribing standards (CSPS). They are often nothing short of ugly when they turn on a medical expert's ability to accurately/clearly state and use CSPS to differentiate criminal behavior from medical practice, even negligent medical practice. Closer scrutiny by the pain community of expert testimony in these federal criminal cases is merited to slow/stop the erosion of medical decision-making. In fact, a virtual crusade-like approach is warranted to grow a body of experts equipped with the knowledge and skill to educate judges, juries, and prosecutors about the reality of CSPS and to ensure federal criminal cases do not become a final gateway to government control over the practice of medicine. This lecture focuses on common expert testimony challenges in federal criminal cases involving CSPS. Through a comparison of government and defense expert theories, attendees will be able to identify common weaknesses in the presentation of CSPS and how a "subjective" or "This is how I do it!" approach leads to the criminalization of medical practice and threatens access to quality pain care. Attendees will also learn to identify and use critical pieces of a practitioner's documentation trail to objectively show the reality of CSPS in existence at the time of the alleged prescribing misconduct. Finally, through close examination of expert testimony on patient risk evaluation and monitoring, attendees will learn new ways to evaluate their own documentation of critical milestones in the practitioner–patient relationship when controlled substances are part of the treatment plan. This course is appropriate for all practitioners but will most benefit those who are currently serving or wish to serve in criminal litigation and testify about controlled substance prescribing standards.

CBN-02 **Behind the Green Door:**
Drug Testing Medical Cannabis and CBD in Chronic Pain Patients
Douglas L. Gourlay MD, MSC, FRCPC, FASAM

Sunday 9.13 **2:00p – 2:50p**

The recent changes in many state laws around the use of cannabis and cannabis- containing products has markedly changed the landscape around drug testing. False positives—and even false negatives—can lead to a lack of confidence in the entire drug testing process. In this presentation, there we will discuss the impact of cannabidiol-containing products (CBD) on the interpretation of both presumptive and definitive testing. Particular emphasis will be applied to test interpretation of positive results in the context of "allowable or prescribed" confounding drugs.

Participate in a product theater **3:00p – 3:45p**

CBN-03 **Opioids vs Cannabis for Treating Chronic Pain**
Paul J. Christo MD, MBA

Sunday 9.13 **3:50p – 4:40p**

Following the 2016 CDC Guideline publication, many practitioners abandoned prescription opioids for treating chronic noncancer pain. Many patients have felt abandoned as well, reporting higher levels of pain, heightened suffering, and no alternatives. Medicinal cannabis has been offered as an opioid alternative that is safe and effective… but is it? This presentation will discuss the evidence base for both opioids and cannabis

for the relief of chronic pain.

ASPN-03 **Peripheral Nerve Stimulations:** Indications and Evidence

Sean Li MD

Sunday 9.13 4:50p – 5:40p

Peripheral nerve stimulation (PNS) is a form of neuromodulation therapy used to treat chronic pain conditions. The application of an electrical field in the peripheral nervous system was first introduced in 1967, prior to the application of spinal cord stimulation. Until recently the treatment of various chronic pain conditions with PNS had been delivered with equipment designed for spinal cord stimulation. The application of PNS for chronic pain has re-emerged as a viable neuromodulation therapy option due to the advancement of dedicated PNS equipment, increased awareness of ultrasonography, and improved reimbursement. This presentation will focus on the fundamental concepts of PNS in terms of indications, proposed mechanisms of action, application for common chronic pain conditions, and supporting evidence. The topics introduced will help both interventional and noninterventional pain physicians understand the application of PNS for chronic pain conditions.

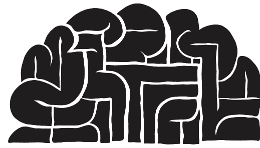
VHA-02 **Whole Lotta Health and Then Some**

Friedhelm Sandbrink MD • **Robert D. Sproul** PHARMD

Sunday 9.12 5:50p – 6:40p

This session will address the challenges and successes of the VA's pain care transformation to a patient-centered and biopsychosocial model of care. Whole Health for Veterans will be reviewed, and we'll discuss how interdisciplinary pain management teams were restructured to include medical providers, behavioral health personnel, addictionologists, and providers with pain expertise. The course will review evidence-based behavioral therapies for pain, exercise and restorative movement therapies, and integrated access for opioid use disorder. Attendees will also learn how to anticipate challenges and minimize risks when implementing a treatment plan that tapers opioids and focuses on function. VA has greatly expanded access to evidence-based behavioral therapies, exercise/movement, and complementary and integrative health (CIH) approaches. We will share guidance with attendees about CIH modalities that should be included into clinical care. At the same time, this holistic Whole Health approach provides personalized healthcare that teaches self-management and self-efficacy. Briefly, the stepped care model for integrated pain care will be reviewed, as well as the need for well-trained primary care providers working in collaboration with interdisciplinary pain teams at all facilities.

If you registered only for the live conference, for $300 you may upgrade to access all 117.5 CE/CME credits. Call (973) 415-5100 to upgrade!



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