



VOICES
FOR NON-OPIOD
CHOICES

SOLUTIONS SUMMIT:

Policies to Address Acute Pain and Opioid Addiction in America

CONSENSUS RECOMMENDATIONS

DECEMBER 5, 2019

SPIRE CONFERENCE CENTER | WASHINGTON, D.C.

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I. EXECUTIVE SUMMARY

On October 26th, 2017, President Donald Trump declared the opioid crisis a public health emergency. Every day in the United States, 130 people die from an opioid overdose – making opioid misuse one of the leading causes of injury-related deaths in the United States.¹ In fact, the White House Council of Economic Advisors estimates that the opioid crisis has cost American taxpayers \$2.5 trillion since 2015.² Clearly, this is an urgent public health challenge requiring immediate action.

On December 5th, 2019, leaders in academia, public health, recovery, family support, and industry gathered in Washington, D.C. to discuss consensus policy solutions to address opioid addiction, dependence and misuse among acute pain patients. The event – “*Solutions Summit: Policies to Address Acute Pain and Opioid Addiction in America*” – was the first of its kind to identify upstream policy measures to prevent opioid addiction by increasing access to and utilization of the wide array of non-opioid pain management approaches and, in doing so, limiting unnecessary exposure to opioids, particularly for vulnerable patient populations.

Leaders across these key sectors heard patient testimonials, clinical presentations, and recommendations from policy experts about the challenges that every day Americans experience when faced with acute pain. During the day’s deliberations, several key themes emerged, including:

- Lack of awareness of the availability of non-opioid approaches – including among patients, caregivers, and providers – allows opioids to continue to be the default treatment for acute pain;
- Limited provider education and training on the availability and effectiveness of non-opioid pain management approaches has contributed to the current overprescription of opioids following an acute pain incident; and
- Inadequate reimbursement is a significant contributing factor to limited patient and provider utilization of the wide array of non-opioid pain management approaches that have the potential to reduce unnecessary opioid exposure.³



Participants agreed that these recommendations, taken together, would have a meaningful impact on rates of opioid addiction in the United States.

To address the challenges identified, participants discussed and agreed upon a core set of recommendations to reduce rates of opioid addiction, dependence and misuse among acute pain patients, improve care for this population, and ultimately, reduce health care spending in the United States. These consensus recommendations included (*more details available in Section V*):

- Patients must be educated and informed about all available, safe, and effective options to treat acute pain;
- Federal payment policy must reflect a commitment to patient-centered care that takes into account the ongoing opioid crisis;
- Health care providers must be trained in the unique needs of patients seeking treatment for acute pain, including postsurgical pain, and the wide range of options available to them; and
- Policymakers must continue to seek solutions to the opioid crisis that support the full range of treatment options necessary for patients in pain.

Participants agreed that these recommendations, taken together, would have a meaningful impact on rates of opioid addiction in the United States. Given the urgency of the problem and the dearth of action to prevent opioid addiction for acute pain patients, participants identified a need for a collective advocacy collaborative to carry these recommendations forward. Accordingly, these consensus recommendations will make up the core public policy platform guiding the work of the Voices for Non-Opioid Choices (“Voices”) coalition in 2020 and beyond.

1. US Centers for Disease Control and Prevention. America’s Drug Overdose Epidemic - Data to Action.

<https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>.

2. The White House. The Full Cost of the Opioid Crisis: \$2.5 Trillion Over Four Years. <https://www.whitehouse.gov/articles/full-cost-opioid-crisis-2-5-trillion-four-years/>.

3. This includes psychological services, physical therapy, chiropractic services, non-opioid pharmacologic approaches, devices, and other therapeutic services

II. BACKGROUND

Opioid overprescribing in America has been a significant contributor to the current opioid epidemic. In 2017, there were more than 191 million opioid prescriptions written in the US, totaling 58.7 prescriptions per 100 people.⁴

According to a recent JAMA Surgery study, more than two-thirds of postsurgical patients report unused prescription opioids—and the majority indicate that these medications are neither safely stored nor disposed of—suggesting a dangerous accumulation of opioids in the home, which are available for potential diversion or misuse.⁵ According to data from the *Annals of Internal Medicine*, nearly half of all episodes of opioid abuse start by obtaining prescription opioids from friends or relatives.⁶ Additionally, millions of opioid naïve patients are first exposed to opioids as they recover from surgery and become persistent users still taking opioids 3-6 months after surgery.⁷

The opioid crisis has garnered significant attention from lawmakers on Capitol Hill in recent years; however, very little of this attention has focused on ways that we can prevent opioid misuse stemming from the treatment of acute pain. Instead, much of the attention of Congress has focused on substance use disorder (SUD) treatment, naloxone availability, and other downstream efforts to treat individuals who are addicted to opioids or better equip those charged with treating addiction.

A wide array of proven, effective, and safe non-opioid approaches to acute pain management are currently available.



**IN 2017, 191
MILLION OPIOID
PRESCRIPTIONS
WERE WRITTEN IN
THE US.**

Voices for Non-Opioid Choices (“Voices”) was formed around the shared belief that we can help **prevent** opioid addiction before it starts by ensuring patient access to and appropriate utilization of effective non-opioid approaches to acute pain management. *Voices* – and its member organizations – seeks to advance federal policy solutions to achieve this important goal.

A wide array of proven, effective, and safe non-opioid approaches to acute pain management are currently available. Such approaches include (but are not limited to):

- Non-opioid pharmacologic approaches (IV acetaminophen, long-acting local anesthetics, injectable NSAIDs etc.);
- Medical devices; and
- Therapeutic services (i.e. physical and massage therapy, psychological support, acupuncture, and others)

These approaches are currently widely underutilized in the United States for a variety of reasons.

The Solutions Summit was designed to provide a platform for leaders to come together to discuss needed policy changes to prevent opioid addiction and to identify consensus policy approaches that, taken together, could reduce rates of unnecessary opioid exposure, and thus, opioid addiction in the country.

4. US Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

5. Bicket MC, Long JJ, Pronovost PJ, Alexander GC, and Wu CL. Prescription Opioid Analgesics Commonly Unused After Surgery: A Systematic Review. *JAMA Surg.* 2017 Nov 1;152(11):1066-1071. doi: 10.1001/jamasurg.2017.0831

6. Han B, Compton WM, Blanco C, et al. Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Ann Intern Med.* 2017;167:293–301. [Epub ahead of print 1 August 2017]. doi: <https://doi.org/10.7326/M17-0865>

7. Brummett, Chad M., Jennifer F. Waljee, Jenna Goesling, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. *JAMA Surgery* 152 (6): e170504. doi:10.1001/jamasurg.2017.0504

III. KEY PANEL OVERVIEWS

The Solutions Summit was structured as three panel discussions, followed by a consensus-finding session that recapped and highlighted areas of commonality between participating organizations. The panel presentations were designed to be iterative and build off one another to level-set understanding and knowledge prior to the consensus session.

The panel sessions were organized as follows (more information available in Appendices A and B):

THE ROLE OF OPIOID PRESCRIBING ON THE NATION'S OPIOID ADDICTION EPIDEMIC

The kick-off panel was intended to provide participants an overview of the role that opioid overprescribing in the United States has played in the opioid epidemic.

Participants heard two impactful patient stories from individuals who lost loved ones to an opioid overdose. Additionally, a representative from a leading patient and family support organization spoke about the scope of the problem and the sheer quantity of opioids that are prescribed in America.

The goal of this panel was to create a basic understanding of how certain prescribing practices for acute pain patients have, in some cases, contributed to the current public health crisis.

OVERVIEW OF EVIDENCE-BASED APPROACHES TO LIMITING POSTSURGICAL OPIOID CONSUMPTION

The goal of this panel was to level-set participant understanding of the wide array of currently available, safe, and effective non-opioid treatment options for acute pain patients.

Participants heard from a clinical pain psychologist, nurse anesthetist, physical therapist, and expert on medical technology solutions for acute pain patients. Collectively, the panel demonstrated to the delegates just how many non-opioid treatment options are available and how they can significantly improve patient pain experiences, including by minimizing postsurgical opioid consumption.

Many panelists identified and discussed the role the federal government has had in making these options and services available to patients, and highlighted opportunities for improvement.

SOLUTIONS PANEL: HEALTH SYSTEM IMPROVEMENTS TO COMBAT OPIOID ADDICTION

This panel was tasked with providing delegates a sampling of potential policy measures to consider for the consensus finding session. Speakers on this panel discussed the limited ability of all available non-opioid pain management options to provide pain relief while significantly limiting postsurgical opioid consumption.

Specifically, panelists discussed where federal policies have, in some cases, exacerbated the opioid overprescribing problem in the United States by limiting access to non-opioid solutions, as well as suggested policy changes that could enhance and improve patient access to these non-opioid approaches.

These policy considerations were discussed at length in the final consensus session.

IV. PRIMARY DISCUSSION THEMES

As participants engaged with presenters and each other through robust discussion, five key themes emerged.



1.
LACK OF PATIENT AND
PROVIDER AWARENESS



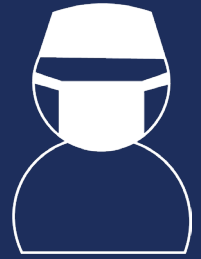
2.
DATA SHARING



3.
PAYMENT POLICY



4.
RESEARCH &
DEVELOPMENT



5.
PROVIDER
WORKFORCE

1. LACK OF PATIENT AND PROVIDER AWARENESS

Participants identified a lack of patient and provider awareness of opioid alternatives as a significant challenge to accessing and utilizing non-opioid acute pain management options.

Discussing **patients**, attendees noted that many individuals and their parents and caregivers do not know which medications are opioids — and that they have alternative options. Most of the conversation focused on the need to help set expectations following an acute pain incident or surgical procedure and providing access to other, non-opioid options to manage postsurgical pain.

Potential solutions included:

- Educational materials for families and caregivers, including questions to ask before and after an acute pain incident;
- Education for parents, families, and caregivers about risks involved when being prescribed opioids and other medications for pain management;
- Awareness of non-pharmaceutical pain management options;
- Medication safety texting initiative to be taken to the federal level; and
- Public awareness campaigns.

For **providers**, the conversation focused on how to re-educate health care professionals to be better, more responsible stewards of opioids, including increasing awareness and training on the effectiveness of non-opioid pain treatment options. It was noted that most providers have been trained to treat pain by prescribing opioids and, to overcome this, education on safe and effective non-opioid options was needed across multiple audiences.

Potential solutions included:

- Education and training to update and improve what clinicians already know about non-opioid and non-pharmaceutical approaches to acute pain management (it was noted that this was particularly important among more seasoned providers); and
- Updating federally funded or supported medical training programs to include information on pain management components, including non-opioid and non-pharmaceutical options.

IV. PRIMARY DISCUSSION THEMES

2. DATA SHARING

Prescription Drug Monitoring Programs (PDMPs) have been implemented at the state level to help health professionals identify potential issues related to the prescribing of opioids. Such programs track controlled substance prescriptions in a state and can provide health care professionals timely information about prescribing and patient behaviors that may be indicative of unsafe opioid use.

Unfortunately, such programs are monitored and implemented at only the state level, and many of these systems do not allow for sharing of information between and among providers in different states. Accordingly, some participants noted that providers do not always have a patient's full background, allowing those suffering with addiction or dependence to obtain opioids by seeing different providers in different states.

To address this challenge, participants noted the need to ensure that PDMP programs are universally used and checked by all health care providers, and that information contained therein is accessible to health providers across states.

3. PAYMENT POLICY

Payment policy was a central theme throughout the day, as it has far-reaching ramifications for patient care in the United States. In addition to having a significant impact on the type of care a patient receives, payment policy can also impact the:

- Availability of a wide array of highly trained professionals who can treat acute pain patients;
- Ability of other pain care specialists to counsel patients and provide pre- and postsurgical pain management support; and
- Reimbursement for all available pain management options for acute pain patients.

Accordingly, participants at the Solutions Summit discussed ways to realign payment policies and procedures that would make more non-opioid approaches available to patients, including, for example, utilizing non-opioid pain management approaches as a first-line therapy for acute pain patients and implementing "opioid last" policies. Such approaches are in line with the recommendations of the congressionally mandated Department of Health and Human Services' Pain Management Best Practices Inter-Agency Task Force ("Task Force"), which issued its final report in May 2019.

Participants agreed that changes were needed to reimbursement policies. In doing so, attendees noted, we can improve pain care for these patients, lower health care spending, and reduce rates of opioid overprescription and addiction in the United States.

IV. PRIMARY DISCUSSION THEMES

4. RESEARCH AND DEVELOPMENT

Many participants noted the need for additional research on pain care in the United States. One identified challenge was the pain score utilized by facilities and providers, which encourages providers to seek the lowest pain scores possible.

Rather than this approach, participants – particularly clinicians – noted that a more effective pain scale would be one that measured function rather than discomfort. Such a scale would allow providers the ability to better monitor patients' pain experiences after an acute pain incident by focusing on impact to daily function as patients are working toward recovery following surgery.

Development of such a tool was identified as one way to improve how providers measure and assess postsurgical pain.

Additional potential solutions included:

- Supporting additional cost effectiveness research, particularly as it relates to the effectiveness of therapeutic services in managing postsurgical pain;
 - Involving patients more directly in the design and execution of research studies evaluating pain management approaches; and
 - Supporting and providing funding to federal research centers tasked with conducting studies on pain management in America.
-

5. PROVIDER WORKFORCE

Participants discussed the current lack of available, qualified pain care specialists. Many participants noted that this shortage was related to inadequate reimbursement for these services, which leads to fewer providers pursuing this subspecialty.

As evidence of this, one area that was specifically referenced was the lack of support for training clinical health psychologists. Clinical Health Psychology has been demonstrated to provide effective techniques to manage pain for acute pain patients.

Potential solutions included:

- Providing incentives for students pursuing a degree in pain care, including through federal student loan forgiveness;
- Allowing health professionals to counsel patients remotely, including by making telehealth services available for these patients; and
- Promoting and encouraging a diverse workforce of qualified professionals ready and available to provide pain management services.

V. CONSENSUS POLICY PRIORITIES

The final session allowed participants to crystallize key themes into consensus statements and supporting policy recommendations.



Consensus Statement

Patients must be educated and informed about all available, safe, and effective non-opioid options to treat acute pain.

Policy Recommendations:

- Support public awareness campaigns on non-opioid pain management options;
- Encourage third-party development and dissemination of educational materials for families and caregivers; and
- Scale pilot medication safety texting initiatives to raise awareness for non-opioid approaches.



Consensus Statement

Federal payment policy must reflect a commitment to patient-centered care that accounts for the ongoing opioid crisis.

Policy Recommendations:

- Ensure appropriate reimbursement for all available, safe, and effective non-opioid approaches to acute pain management, including by creating incentives for providers and facilities that utilize such approaches;
- Revise certain reimbursement policies, including the CMS bundled payment system, that picks “winners” and “losers” among pain management approaches by incentivizing hospitals to utilize low-cost pain management approaches such as opioids; and
- Encourage and facilitate increased communications and counseling between and among patients and the wide array of pain care specialists – both before and after surgery.



Consensus Statement

Health care providers must be trained in the unique needs of patients seeking treatment for acute pain, including postsurgical pain, and the wide range of options available to them.

Policy Recommendations:

- Support additional medical training on non-opioid pain management solutions; and
- Facilitate the inclusion of additional health care training opportunities for professionals, including within the context of graduate medical education and continuing medical education sessions.

V. CONSENSUS POLICY PRIORITIES



Consensus Statement

Policymakers must continue to seek solutions to the opioid crisis that support the full range of treatment options necessary for patients in pain.

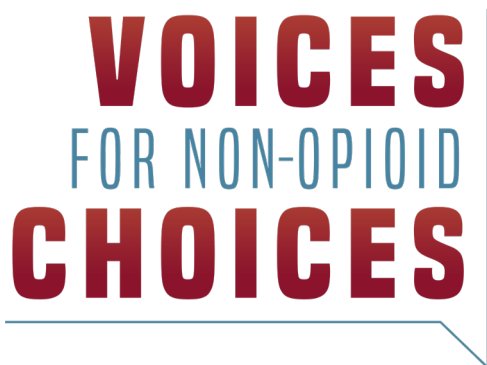
Policy Recommendations:

- Provide support for and better incentives for highly qualified individuals to enter the pain management workforce;
- Update and modernize the approval process for new, novel approaches to pain management;
- Facilitate the utilization of technology in pain counseling, including through telehealth services; and
- Support additional studies on the cost effectiveness of therapeutic services in providing effective pain relief for acute pain patients while reducing postsurgical opioid consumption.

NEXT STEPS

These consensus recommendations will guide the policy work of the Voices coalition , including which pieces of legislation Voices will support and endorse, as well as any other opportunities to engage policymakers.

More information on *Voices*, our work, our members, and our priorities will be made available on our website at www.nonopioidchoices.org.



Follow us!



@nonopioidchoice

The background of the page features a repeating pattern of stylized capsules. Each capsule is divided horizontally, with the top half being a lighter shade of maroon and the bottom half being a darker shade. A small, curved line is visible on the upper left of each capsule's top half. The pattern is arranged in a grid-like fashion across the entire page.

APPENDICES

8:00 AM | **Registration and Breakfast**

8:30 AM | **Welcome Remarks**

Speaker: Chris Fox, *Voices for Non-Opioid Choices*

9:00 AM | **Government Response to Opioid Addiction**

9:15 AM | **The Role of Opioid Prescribing on the Nation's Opioid Addiction Epidemic**

Moderated by: Raiko Mendoza, *Community Anti-Drug Coalitions of America (CADCA)*

Speakers: Courtney Hunter, *Center on Addiction*
Jennifer Weiss-Burke, *Serenity Mesa Recovery Center*
Janet Edwards, *Magellan Healthcare*

10:00 AM | **Q&A**

Moderated by: Raiko Mendoza, *CADCA*

10:15 AM | **Overview of Evidence-Based Approaches to Limiting Postsurgical Opioid Consumption**

Moderated by: Tom Baribeault, *The Society for Opioid-Free Anesthesia (SOFA)*

Speakers: Dr. Stuart Lieblisch, *Avon Oral, Facial, and Dental Implant Surgery*
Dr. Bruce Schoneboom, *American Association of Nurse Anesthetists*
Dr. Amy Wachholtz, *American Psychological Association*
Dr. Roy Film, *University of Maryland School of Medicine*
Brian O'Connor, *AdvaMed*

11:00 AM | **Q&A**

Moderated by: Tom Baribeault, *SOFA*

11:30 AM | **Congressional Approaches to Combating Opioid Addiction**

Speaker: Steve LaPierre, *Boston Scientific*

12:00 PM | **Lunch**

12:30 PM | **Solutions Panel: Policy Changes to Combat Opioid Addiction**

Speakers: Cheri Lattimer, *National Transitions of Care Coalition (NTOCC)*
Meghan O'Brien, *American Chiropractic Association*
Dr. Shariff Bishai, *Associated Orthopedists of Detroit PC*
Dr. Danielle Friend, *Biotechnology Innovation Organization*

1:15 PM | **Q&A**

Moderated by: Cheri Lattimer, *NTOCC*

2:00 PM | **Moderated Discussion and Consensus Development**

Moderated by: Stephanie Silverman, *Venn Strategies*

3:30 PM | **Next Steps/Adjourn**

Speaker: Chris Fox, *Voices for Non-Opioid Choices*



Tom Baribeault, CRNA, MSN

| The Society for Opioid-Free Anesthesia | @baribeaultedu | @goopioidfree

Thomas Baribeault is the founder of the Society for Opioid-Free Anesthesia (SOFA) and is currently serving as President. SOFA is a non-profit organization dedicated to education and research on opioid-free anesthesia and post-operative pain management. Thomas currently practices in Atlanta, Georgia and is responsible for implementing opioid-free anesthesia and post-operative pain protocols. He received a bachelor's degree in nursing from the Ohio State University, a master's of science in nursing and anesthesia residency from Case Western Reserve University, and a doctorate in nursing practice and pain management fellowship from the University of South Florida.



Shariff Bishai, D.O., M.S., FAOAO

| Associated Orthopedists of Detroit PC | @skbishai

Board-certified orthopedic surgeon and board certified in Sports Medicine, Shariff K. Bishai, brings nearly 20 years of experience in arthroscopic surgery of the shoulder, knee, and hip, shoulder and knee reconstructions, as well as shoulder replacements to Associated Orthopedists of Detroit PC in St. Clair Shores and Shelby Township.

Dr. Bishai earned his bachelor's and master's degrees in science at Michigan State University. After graduation, Dr. Bishai received his Doctor of Osteopathic Medicine from the Michigan State University College of Osteopathic Medicine. Dr. Bishai continued his professional training, enrolling in an orthopedic surgery residency at Henry Ford Macomb Hospital and participating in an orthopedic sports medicine fellowship at Plancher Orthopaedics and Sports Medicine.

Dr. Bishai is a fellow of the American Osteopathic Academy of Orthopedics (FAOAO) and regularly shares his knowledge with fellow professionals and students. He serves as an assistant professor for the Michigan State University College of Osteopathic Medicine in East Lansing, assistant professor for Oakland University William Beaumont Hospital School of Medicine in Rochester, Michigan, and is a professor at the Detroit Medical Center for the Sports Medicine Fellowship. Dr. Bishai previously served as the medical director of the McLaren Macomb Athletic Medicine Institute.



Janet Edwards, RN

| Magellan Healthcare

Janet Edwards is a registered nurse and the Senior Director of Clinical Operations at Magellan Healthcare. Janet has over 20 years experience in medical and behavioral health case management. She has worked in a variety of settings including hospitals, insurance companies, and managed care organizations. In particular, she has focused on opioid management, substance use disorder, and mental illness.

For the past five years, Janet has been sharing her personal story. She has turned tragedy into hope after losing her daughter in 2014 to an accidental opioid overdose. She shares her story through speaking engagements with hospitals, schools, child advocacy programs, support groups, and community organizations.

SPEAKERS



Roy J. Film, PT, MPT, DPT, OCS, FAAOMPT

| **University of Maryland School of Medicine** | **@RoyFilmDPT** | **@UMmedschool**

Dr. Roy Film is an assistant professor at the School of Medicine in the Department of Physical Therapy & Rehabilitation Science (PTRS) where he teaches primarily in the areas of orthopedic PT, manual therapy, chronic pain, and evidence-based practice. Roy's interests focus on the conservative management of pain and musculoskeletal conditions. His personal mission is to help elevate the clinical practice of physical therapists throughout the spectrum by teaching entry-level PT students, residents, fellows, and practicing clinicians.



Danielle Friend, PhD

| **Biotechnology Innovation Organization (BIO)** | **@IAmBiotech**

Dr. Danielle Friend joined the Biotechnology Innovation Organization (BIO) as a Director of Science and Regulatory Affairs in 2017. In this role, Dr. Friend develops and advocates for policies that support the development of innovative therapies. Her portfolio includes work on issues pertaining to rare diseases and orphan drugs, pediatric drug development, and PDUFA and 21st Century Cures Act implementation, including patient-focused drug development. She also leads BIO's work related to the current opioid crisis. Prior to joining BIO, Dr. Friend was selected as a Science and Technology Policy Fellow with the American Association for the Advancement of Science (AAAS). During her fellowship, she developed policies related to genomic and scientific data sharing within the Office of the Director, in the Office of Science Policy at the National Institutes of Health (NIH). Dr. Friend received her Ph.D. in neuroscience in 2013 from the University of Utah. After completing her graduate work, Dr. Friend conducted postdoctoral research at the NIH. Dr. Friend has published papers in peer-reviewed science journals on drug addiction and toxicity and the relationship between obesity and reward circuitry in the brain.



Courtney Hunter

| **Center on Addiction** | **@CntrOnAddiction**

Courtney joined Center on Addiction (formerly the Partnership for Drug-Free Kids) in July of 2009, a national nonprofit that is committed to transforming the way our nation addresses addiction. Courtney has worked in various roles at the Partnership with the media relations department, the state alliance program and running a teen meth prevention campaign, The Meth Project. In her current role as Director of Advocacy and Government Affairs, Courtney works on national advocacy campaigns that enlist parents and families across the country. The Center empowers families to promote greater understanding of the disease of addiction and fight for more effective programs to provide family support services.

Courtney graduated magna cum laude with a bachelor's degree in Political Science and Spanish Studies from the University of Minnesota. Courtney received her Master's in Public Administration from the School of International and Public Affairs (SIPA) at Columbia University in 2013.

SPEAKERS



Steve LaPierre

| Boston Scientific | @bostonsci

Since joining Boston Scientific in 2004, Steve LaPierre has served as the company's Washington DC-based senior lobbyist. Steve specializes in health care policy, tax, trade, regulatory, veterans and other issues important to this diverse global medical technology company. Steve has nearly 30 years of public policy, issues management, and political experience. He has played a leadership role in passing several important laws including: improving pain management/access to non-opioid therapies, suspension of the medical device tax, as well as FDA, VA and CMS regulatory and payment reforms.

Steve leads several trade association and coalition initiatives to ensure that Boston Scientific has a voice in public policy that affects the company and the medical device industry. Prior to joining Boston Scientific, Steve served as a lobbyist for the Blue Cross Blue Shield Association, the American Chiropractic Association, and the International Telemessaging Association. He is also a veteran of several political and public affairs advocacy campaigns and served as a political appointee in the Administration of President George H.W. Bush.

Steve earned a bachelor's from Syracuse University and a master's from George Washington University's Graduate School of Political Management.



Cheri Lattimer, RN, BSN

| National Transitions of Care Coalition | @NTOCC

Cheri Lattimer, RN, BSN, is Executive Director for the National Transitions of Care Coalition (NTOCC) and President/CEO of Integrity Advocacy & Management. Her leadership in quality improvement, case management, care coordination, and transitions of care is known on the national and international landscape. Her work has been featured in several publications, including the Healthcare Executive, Dorland's Case in Point, Professional Case Management, Social Work Today and Seniority. She is affiliated with various professional organizations and maintains active roles on several national boards and committees including CMS Advisory Panel on Outreach and Education, CMS Caregiver Workgroup, ACHIEVE, ABQAURP CME Committee, and American Nurses Association.



Stuart Lieblich, DMD

| Avon Oral, Facial and Dental Implant Surgery

Dr. Lieblich is board-certified in oral and maxillofacial surgery by the American Board of Oral and Maxillofacial Surgery. He has served as a director and president of the American Dental Society of Anesthesiology. Following a six-year term as a member of the examination committee of the American Board of Oral and Maxillofacial Surgery (chair of the medicine and anesthesia sections), he was elected to an eight-year term of the ABOMS board of directors (President 2009-2010).

Dr. Lieblich graduated from Rutgers University with highest honors in 1977 and the University of Pennsylvania School of Dental Medicine in 1981. For his oral and maxillofacial surgery residency, Dr. Lieblich focused on treating facial trauma at Kings County/Downstate Medical Center in New York.

Dr. Lieblich serves on many local, state, and national committees in his specialty. He is a current member of the American Dental Association's Commission on Accreditation (oral and maxillofacial surgery) and is co-chair of the American Association of Oral and Maxillofacial Surgeons Parameters of Care Committee.

SPEAKERS



Raiko Mendoza

| Community Anti-Drug Coalitions of America (CADCA) | @CADCA

Raiko Mendoza joined Community Anti-Drug Coalitions of America (CADCA) in March 2013 as the Director of Development. Raiko's responsibilities include seeking out, evaluating and building new business relationships, alliances, opportunities and partnerships in support of CADCA's mission, vision and strategic objectives. This includes collaborating with many internal and external stakeholders for the development and stewardship of corporate partnerships, event sponsors, fundraising campaigns and other opportunities for development.

With almost 20 years of experience, Raiko has held many positions in marketing, development and business development. Her previous positions include Director of Sales and Marketing for 15 years within the newspaper industry in Chicago and Director of Business Development for Anixter Center in Chicago, which she held for five years before relocating to Washington D.C. Raiko received her Bachelor of Science in Marketing from the University of Illinois at Chicago and her MBA from Ohio University.



Meghan O'Brien

| American Chiropractor Association | @MeghanACA | @ACAtoday

Meghan O'Brien is Associate Director of Federal Government Relations at the American Chiropractic Association (ACA), the largest professional chiropractic organization in the US, where she focuses on legislative and regulatory issues impacting the chiropractic profession. She has professional expertise in science and healthcare policy and volunteers with organizations that advocate for women's rights and those battling substance use disorder (SUD).

Ms. O'Brien earned an M.A. in Politics from Catholic University, is a long-term DC resident and avid Washington Nationals fan.



Brian O'Connor

| AdvaMed | @AdvaMedUpdate

Since joining AdvaMed in 2016, Brian leads the association's work in building alliances with patient groups, medical and professional societies, and other advocacy organizations and stakeholders to advance shared goals, including expanded patient access to life-saving and life-improving medical technology innovations. In this role, Brian also partners with other AdvaMed staff to lead the association's State Medical Technology Alliance, a coalition of state-based life science trade associations.

Previously, Brian was the managing director of public affairs at the Biotechnology Innovation Organization (BIO), where he directed all aspects of BIO's state and federal grassroots advocacy activity. He also developed and led strategic coalitions with member companies, associations, and other third-party stakeholders to advance consensus-based advocacy goals and educational efforts regarding legislative and other activities.

Prior to his most recent role, Brian served as BIO's director of alliance development and grassroots advocacy, where he engaged on key legislative issues and coordinated the organization's relationships with legislative, policy and patient advocacy groups. He has also served as BIO's manager of state government relations, and as national finance director of the Democratic Legislative Campaign Committee.

SPEAKERS



Bruce Schoneboom, PhD, MHS, CRNA, FAAN

| **Johns Hopkins School of Nursing** | **@bschoneboom** | **@JHUNursing**

Retired Colonel Bruce Schoneboom has been appointed to serve as inaugural associate dean for practice, innovation and leadership. Dr. Schoneboom will advance collaborations with the Johns Hopkins Health System, particularly in anesthesiology, pain management, and global surgery and expand practice innovation and leadership within JHSON's Doctor of Nursing Practice Program. With the Army, Dr. Schoneboom cared for patients in West Germany, joined the Army's nurse anesthesia program, and earned his PhD in neuroscience from the Uniformed Services University of the Health Sciences. He commanded all surgical hospitals on the Afghanistan-Pakistan border in 2006, where he cared for soldiers and provided humanitarian help to local nationals. He currently serves on the U.S. Department of Health and Human Services (HHS), National Advisory Council for Nursing Education and Practice, and the HHS Inter-Agency Pain Management Best Practices Task Force.



Stephanie Silverman

| **Venn Strategies** | **@VennStrategies**

Stephanie Silverman is the founder and chief executive officer of Venn Strategies.

Ms. Silverman's practice focuses on working with clients, largely in the areas of tax, economic and health policy, to optimize their positioning, alliances, messages and objectives in key national policy arenas. Stephanie has three decades of experience advising major corporations, trade associations, advocacy enterprises and foundations in sophisticated public affairs strategies and policy campaigns. A frequent speaker on federal public affairs and political strategy, Ms. Silverman formerly was senior advisor in the Washington, DC office of Manatt, Phelps & Phillips and prior to that was with the global finance division of Citibank, N.A.

Ms. Silverman holds an M.B.A. from the Wharton School of Business and an undergraduate degree from Duke University.



Amy B. Wachholtz, Ph.D., M.Div., MS

| **American Psychological Association** | **@APA**

Dr. Amy Wachholtz is an Associate Professor of Psychology and Program Director of Clinical Health Psychology at the University of Colorado Denver. She is an affiliate faculty with the Addiction Treatment and Research Service in the Psychiatry Department of University of Colorado Medical School, adjunct Assistant Professor of Psychiatry at the University of Massachusetts Medical School, and a licensed clinical psychologist. Dr. Wachholtz graduated with a Master of Divinity degree from Boston University and a specialized graduate degree in Bioethics from a joint Harvard University and Boston University program. She continued her education to earn her master's and PhD in Clinical Psychology from Bowling Green State University, where she had a dual specialization in Behavioral Medicine and Psychology of Religion. She completed her internship through fellowship training at Duke University Medical Center where she focused on medical psychology and pain management. She also recently completed a post-doctoral Master's degree in Psychopharmacology. Her research and clinical interests focus on the complexities of treating of co-morbid pain and opioid addiction in both acute pain and chronic pain situations and the bio-psycho-social model for chronic pain disorders and palliative care.

SPEAKERS



Jennifer Weiss-Burke

| **Serenity Mesa Recovery Center** | **@serenitymesa**

Jennifer Weiss-Burke is the Executive Director of Healing Addiction in Our Community (HAC) and Serenity Mesa Youth Recovery Center, a 501c3 non-profit treatment center located in Albuquerque, New Mexico. Jennifer spent the majority of her career as the VP of Information Technology at a Credit Union before her life changed dramatically in February 2010 when she found out that her 16-year old son was battling a heroin addiction. Jennifer helped her son battle his addiction for almost two years until he lost his life to an overdose on August 13, 2011 at the age of 18. She started Healing Addiction in our Community in April 2010 and has since become a full-time advocate and voice for those suffering from the disease of addiction. Jennifer opened Serenity Mesa Recovery Center in May 2015 and is helping youth ages 14-21 who are battling addiction. Jennifer has spoken at national conferences about youth addiction and the opiate epidemic. Her story has been featured in the New York Times, Washington Post, USA Today, Sports Illustrated, and two documentaries: Locker Room Addiction and Gateway.

Jennifer has a Bachelor's of Science in Information Technology and a Master's of Business Administration from the University of New Mexico.

Stephen Abresch, Ambulatory Surgery Center Association
 Thomas Baribeault, Society for Opioid-Free Anesthesia
 Scott Barstow, American Psychological Association
 Marie Beaver, Rea of Hope, Inc
 Shariff Bishai, Associated Orthopedists of Detroit
 Morganne Blazejak, RetireSafe
 Bill Bright, Will Bright Foundation
 David Burke, Serenity Mesa Recovery Center
 Megan Burke, The Petrizzo Group
 Chelley Casey, Vertex
 Sneha Dave, CCYAN/ Health Advocacy Summit
 Anne Devlin, Abbott
 Kara Douglas, Mednax
 Jasmine Dyle, RetireSafe
 Janet Edwards, Magellan Healthcare
 Ijeoma Egekeze, Office of Representative David Scott
 John Falardeau, American Chiropractic Association
 Roy Film, University of Maryland School of Medicine
 Gerald Fraas, Students for Opioid Solutions
 Danielle Friend, Biotechnology Innovation Organization
 Molly Giammarco, National Certification Commission for
 Acupuncture and Oriental Medicine
 Mark Gibbons, RetireSafe
 Kristen Gingery, Morgan County Partnership
 Randi Gold, American Association of Nurse Anesthetists
 Amy Goldstein, Alliance to Advance Comprehensive
 Integrative Pain Management
 Keith Howard, Hope for NH Recovery
 Courtney Hunter, Center on Addiction
 Lorraine Jordan, American Association of Nurse
 Anesthetists
 Ralph Kohl, American Association of Nurse Anesthetists
 Steve LaPierre, Boston Scientific
 Mina Larson, National Certification Commission for
 Acupuncture and Oriental Medicine
 Cheri Lattimer, National Transitions of Care Coalition
 Colleen Leners, American Association of Colleges of
 Nursing

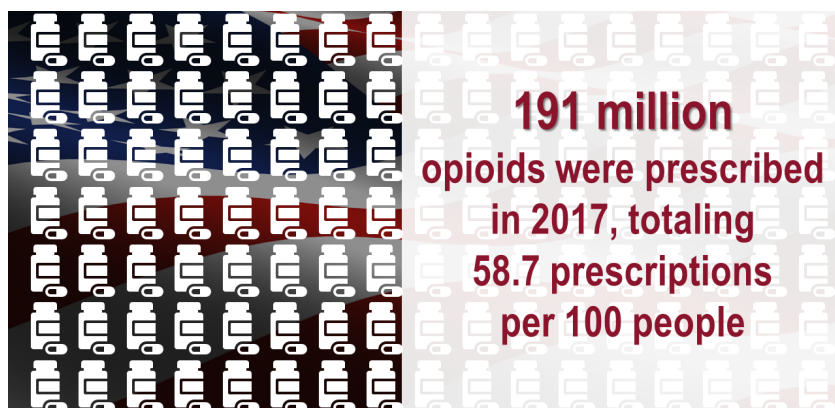
Stuart Lieblich, Avon Oral, Facial and Dental Implant
 Surgery
 Calogera McCormick, Vertex
 Greg McNeil, Cover2 Resources, Inc.
 Raiko Mendoza, Community Anti-Drug Coalitions of
 America
 Kara Newbury, Ambulatory Surgery Center Association
 Meghan O'Brien, American Chiropractic Association
 Brian O'Connor, AdvaMed
 Deborah Outlaw, American Massage Therapy Association
 Parisa Parsafar, Office of US Senator Chris Coons
 Justin Phillips, Overdose Lifeline
 Kate Priddy, American Association of Colleges of Nursing
 Takia Richardson, National Association of Social Workers
 Kimberly Robbins, Setbacks to Comebacks
 Alaina Robinson, Office of US Senator Chris Coons
 Mary Beth Savary Taylor, The Nickles Group
 Sarah Schmidt, CVS Health
 Bruce Schoneboom, Johns Hopkins University School of
 Nursing
 Steven Selde, Ambulatory Surgery Center Association
 Jill Shields, George Mason University
 Avi Steele, Penn Quarter Partners
 Laurel Stine, American Psychological Association
 Tom Supinka, National Safety Council
 Natasha Terrones, Story County Opioid Task Force/
 Community & Family Resources Board Member
 Dain Thorpe, MedStar National Rehabilitation Hospital/
 MedStar Georgetown University Hospital
 Amanda Uherek, Health Leadership Council
 Jenna Ventresca, American Pharmacists Association
 Amy Wachholtz, University of Colorado, Denver
 Mike Walsh, Alliance for Balanced Pain Management
 Elliott Warren, Medical Device Manufacturers Association
 Jennifer Weiss-Burke, Serenity Mesa Recovery Center
 Vickie Wood, Pioneer Counseling



<https://www.cdc.gov/od/oc/media/pressroom/detail/opioid-overdose/index.html>
<https://datafacts.ny.gov/nyoc/oc/media/pressroom/detail/opioid-overdose/index.html>

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<https://www.cdc.gov/drugoverdose/factsheets/2017/01/17/2017-opioid-prescriptions.html>

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**More than
2 million**
opioid naïve patients are first
exposed to opioids in the surgical
setting and become persistent users

<https://jamanetwork.com/journal/jama/fullarticle/264888>

*That's more than the
population of Boston,
Philadelphia, and DC
combined*

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**Benefits of utilizing
non-opioid approaches:**

- Reduce postsurgical opioid consumption;
- Patients recover faster and are discharged earlier; and
- Reduced hospital length of stay=savings!

One analysis from 2017
showed a
91 percent
reduction in opioid
consumption following
total knee arthroplasty.

Mont MA, Beaver WB, Dyrstad SH, Barrington JW, Del Gallo D. Local Infiltration Analgesia With Liposomal Bupivacaine Improves Pain Scores and Reduces Opioid Use After Total Knee Arthroplasty: Results of a Randomized Controlled Trial. The Journal of Arthroplasty. 2017.

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Voices for Non-Opioid Choices ("Voices")

is a nonpartisan coalition dedicated to preventing opioid addiction before it starts by increasing patient access to non-opioid therapies and approaches to managing acute pain. *Voices* and our partners believe that curbing the U.S. opioid epidemic requires systemic change — by individuals, providers and in communities.

For more information, please visit www.nonopioidchoices.org.

OUR MEMBERS

Appendix E

