**Appendix 1 - Idea Generation & Breakout Sessions**

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| **Session** | **Ideas Generated (verbatim text)** | **Breakout Room Topic** |
| 9:00 am – 10:45 am | * Access / reaching rural communities
* OUD in rural contexts
* Rural OUD treatment implementation
 | S1: Rural Communities |
| 9:00 am – 10:45 am | * SUD in recently released women from incarceration
* Why the treatment gap?
* Easier access for long term treatment
* Criminal Justice involvement
* Law enforcement
 | S2: Criminal Justice |
| 9:00 am – 10:45 am | * Innovative methods to engage individuals with OUD in research
* Clinical Trials networks
* Technology assisted interventions for long term treatment of OUD
* Innovative Clinical Trials
* Innovative Trial Design
 | S3: Clinical Trials |
| 9:00 am – 10:45 am | * Pediatric Addiction
* Opioid addiction in adolescence
* Pediatric
* Medication treatment for OUD access adherence
 | S4: Pediatric and Adolescence |
| 9:00 am – 10:45 am | * Implementation of effective treatments for OUD, matching patients to treatment
* Health care systems change
* Application of implementation research to harness data and translate best evidence into practice
* Patient-centered treatment + strategies
* Quality measures, for treatment of OUD
* Quality of care metrics
* Primary care / clinical guideline adoption
* “Ethnography:” understanding populations and context
 | S5: Best Practices/Late Stage Translation/ Quality and Outcomes |
| 9:00 am – 10:45 am | * Following patients (through treatment)
* Non-traditional data sources
* ICD codes and reality
* Predictive analytics
* Build an AI-powered listening platform to monitor conversations about opioids
* Data Analytics for Epidemiology
* Misery
* Predictive analytics / AI
* Health services research
* Big data
* Data science / Informatics / Health
 | S6: Data Informatics |
| 10:45 – 11:30 am | * Tools for providers to identify OUD
* Primary Care
* Multidisciplinary approach to treatment of chronic pain
* Treating OUD in Primary Care
* Opioid prescribing guidelines for doctors
* Medical and Mental Health Care
* Prevention of misuse/SUDs
 | S7: Rx in Primary Care |
| 10:45 – 11:30 am | * Community-based approaches
* Integration and translation of OUD treatment to communities
* Educating patients about why this is important
* Science Communication: community, patients, doctors
* Partnering with existing community organizations
* Harm reduction and neighborhoods
* Education
* Community engagement
* Community-based interventions
 | S8: Community Engagement |
| 10:45 – 11:30 am | * Opioid effects on Infant’s brain, research
* Pregnancy
* Addiction in pregnancy
* NAS management, RCT
* Opioid use for infants and children
* NOWS, Neonatal Opioid Withdrawal Syndrome
* Prenatal exposure
* OUD and maternal health
 | S9: Pregnancy/Maternal/Neonatal/ Child |
| 10:45 – 11:30 am | * Trauma opioid use
* Despair
* Psychiatric comorbidity and OUD
* Opioid use d/o +
* Chronic Pain
* Suicide risk/prevention
 | S10: Chronic Pain, Trauma, Suicide, Risk Prevention |
| 10:45 – 11:30 am | * Opioid and vulnerable populations (including workers)
* Opioid use in women
* VA’s continuum of care to manage Veterans opioid addiction
* High risk populations, homeless, mental illness
* Multiple risk factors/adversities
 | S11: Special Populations |
| 10:45 – 11:30 am | * Non-Pharmacological approaches to Pain
* Non-Pharm treatments
* Alternative treatments (drug-free) to manage pain
* Behavioral therapy for pain management in place of drug therapy
* Acupuncture “detox,” harm-reduction”
* Mindfulness and meditation for pain management
* Advancing the development of non-addictive pain remedies
* Somatic/physiological treatment
* Strategies utilizing alternative therapies in assisting opioid taper
* Pain prevention symptom management
* Treatment options including meds and non-pharm options
* Use of upper cervical chiropractors to address pain vs. traditional chiropractors
 | S12: Non-Pharmacological Complementary Alternative Medicine  |
| 1:00 – 1:45 pm | * Recovery capital, assessing, building
* Long-term interventions what to do after detox
* Resilience
* Maintaining personal wellness for those tackling the epidemic
* Health / wellness of individuals in recovery
* Recovery
* Opioid use disorder and other substance use
* Less focus on cause of addition, more focus on treatment recovery
* Compassion
* ACE’s, Adverse Childhood Experiences
 | S13: Recovery and Resilience |
| 1:00 – 1:45 pm | * Proper funding for mental health and substance abuse/addiction
* Approaches to foster new collaborative clinical/research teams and networks
* Community and research partnerships
* Role of CTSA program + NIH in leading the full spectrum of research in opioid crisis
 | S14: Research Role of the CTSA |
| 1:00 – 1:45 pm | * Infectious diseases
* HCV/HIV
* HIV/AIDS as co-occurring condition
 | S15: Infectious Diseases and Opioids |
| 1:00 – 1:45 pm | * Pain and overdose
* Strategies for reducing deaths from Opioid overdoses
* Narcan administration and tracking
 | S16: Strategies for Reducing Overdose Deaths |
| 1:00 – 1:45 pm | * Recovery housing for women with children
* Understanding disparities and access to care
* Social-structural factors/broader contexts
* Racism discrimination
* SDOH mitigation
 | S17: Disparities in Addiction, Access to Treatment |
| 1:00 – 1:45 pm | * Chronic pain and Opioids
* Opioids after surgery
* Non-opioid pain treatment, off-label drugs, basic science
* Prescribing practices and training approaches
* Decreasing opioid prescription in clinical settings- it is not well controlled
 | S18: Prescribing Approaches |
| 2:00 – 2:45 pm | * Increase Availability to Detox
* Decrease Barriers to Detox
* Increase/Ease access & number of Detox Centers
* Innovative methods for MAT induction – in the field
* MAT in recently released populations
* How do we break down barriers to MAT implementation?
* Access to naloxone kits (OTC)
* Buprenorphine for pain +/- OUD
* Increase access to suboxone
* Increase access to medication assisted treatment
* Methadone treatment access and retention
 | S19: Detox Centers |
| 2:00 – 2:45 pm | * Street Outreach
* Prevention
* Information Dissemination
* Addressing biases in physicians through better education
* Use of peers
* Socioecological model
* Educating and training a diverse workforce to address addiction
* Appropriately credentialed providers in treating addiction
 | S20: Community Outreach / Training |
| 2:00 – 2:45 pm | * Wearables / mHealth
* Use of mobile technology to treat/prevent OUD
* Mobile approach to study enrollment
* mHealth systems for chronic pain
* app based interventions
* neuroimaging
 | S21: Mobile / Health Technology  |
| 2:00 – 2:45 pm | * Pharmacology formulation & research
* Medication development for OUD
* Medication development for overdose reversal
* Non-opioid pharmacotherapy for pain
* How to best use abuse deterrent formulations of opioids
* Medication development respiratory enhancement
 | S22: Pharmacological Interventions |
| 2:00 – 2:45 pm | * Public policy
* Innovative payment structures
* Payors are making the problem worse
* Policy and access
* Access to care
* Payors and OUD treatment access
 | S23: Health Insurance / Policy |