**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 |