

challenged to manage patients with both serious illness and active opioid use disorders. In this population, the use of opioids for pain is particularly complicated, and we struggle to provide safe, rational, and appropriate care. Buprenorphine (brand names include Suboxone, Zubsolv, and Bunavail) is a partial opioid agonist that can be used for maintenance treatment of opioid use disorders in the outpatient setting. In addition to providing analgesia, buprenorphine stabilizes the cycle of craving and withdrawal experienced by individuals with addiction. To prescribe buprenorphine for addiction in an office setting, clinicians of all specialties can complete 8 to 24 hours of online and/or in-person training and apply to the DEA for an 'X' waiver.

Individuals with serious illness often have difficulty attending a typical addiction treatment program due to their poor health and the need to continue treatments such as chemotherapy. A few palliative care clinicians across the United States have begun including addiction treatment with buprenorphine into their outpatient palliative care practice to provide care to this underserved and stigmatized population. This session will inform participants of different models of using buprenorphine for addiction within palliative care, and discuss common issues that arise when undertaking care of patients with addiction. Participants will be able to differentiate its use for addiction versus pain. After a brief review of the pharmacology of buprenorphine, we will describe patient selection, buprenorphine prescribing and monitoring in the treatment of addiction among patients with serious illness. Four palliative care clinicians from different medical centers, including two physicians, a nurse practitioner, and a psychiatrist, will discuss challenges and successes developing a buprenorphine program within their outpatient practices.

### ***Psychedelic-Assisted Therapies—Palliative Care Clinical & Research Priorities (TH317)***



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#### *Objectives*

- Identify types of suffering of psychological, emotional, social, spiritual, or existential nature that are potential indications for supervised therapy involving psychedelic medications, as well as important contraindications to this class of drugs.
- Critically evaluate published findings from the expanding evidence base of clinical research into psychedelic-assisted treatment of patients with

depression, anxiety, demoralization, and existential and spiritual suffering.

People with advanced medical illness often experience anxiety, feelings of hopelessness and loss of meaning and value of life. Some conclude that their life is not worth living and desire to hasten their deaths. Currently available treatments for depression, anxiety, and spiritual distress often fail to alleviate suffering among people who are seriously ill. Research involving psilocybin and related compounds have shown significant benefit suggesting that this class of drugs may offer therapeutic potential in treating persistent, non-physical suffering.

During the 2018 AAHPM-HPNA Assembly Meeting a concurrent session on psychedelic therapy drew approximately 600 participants, indicating substantial interest among palliative care providers in the research, cautions, and potential clinical application of these medications.

The 2019 session will build on this interest and the content of the previous session to begin defining priorities for research and clinical use of psychedelics within palliative care practice. Recent and ongoing clinical studies pertaining to psychedelic-assisted therapies in care of seriously ill patients will be reviewed. Session faculty will present results of key informant interviews conducted with palliative care clinicians and researchers regarding their priorities for future studies and therapeutic application of these medications. Survey items will include considerations of: a) patient selection and screening, b) frequency and duration of treatment sessions with specific drugs, c) selection of medications (entheogens and empathogens) in treating syndromes of depression, anxiety, demoralization and PTSD, d) necessary levels of supervision, e) safety and therapeutic influence of different settings. These results will inform discussion among session participants. A distillation of this interactive discussion will inform priorities for a developing Special Interest Group on Psychedelic Therapies.

### ***Using PCRC Resources: Patient and Caregiver Assessment Tools for Quality Improvement and Research (TH318)***



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#### *Objectives*

- Appraise clinical assessment tools using freely available Palliative Care Research Cooperative resources.