

1
00:00:03,380 --> 00:00:05,940
Hello and welcome
to Mayo Clinic Talks,

2
00:00:05,940 --> 00:00:07,725
The Opioid Edition.

3
00:00:07,725 --> 00:00:09,090
I'm Tracy McCray and with me

4
00:00:09,090 --> 00:00:10,770
today is Dr. Holly Geyer.

5
00:00:10,770 --> 00:00:12,630
Dr. Geyer, is a
hospital internal

6
00:00:12,630 --> 00:00:14,580
medicine physician
and member of

7
00:00:14,580 --> 00:00:15,750
the American Society of

8
00:00:15,750 --> 00:00:17,100
Addiction Medicine with

9
00:00:17,100 --> 00:00:18,480
substantial experience

10
00:00:18,480 --> 00:00:20,325
working in the
addiction field.

11
00:00:20,325 --> 00:00:21,540
She currently serves as a

12
00:00:21,540 --> 00:00:22,770
practice leader
working with

13

00:00:22,770 --> 00:00:24,330
the Opioid
Stewardship Program

14
00:00:24,330 --> 00:00:25,815
at Mayo Clinic in Arizona.

15
00:00:25,815 --> 00:00:28,065
Welcome to the
podcast, Dr. Geyer.

16
00:00:28,065 --> 00:00:30,030
Thank you, Tracy,
great to be back.

17
00:00:30,030 --> 00:00:31,170
In past episodes we've

18
00:00:31,170 --> 00:00:32,370
been looking at
how physicians

19
00:00:32,370 --> 00:00:33,750
identify the right patient,

20
00:00:33,750 --> 00:00:35,280
and the right drug, dose,

21
00:00:35,280 --> 00:00:36,840
and duration
when prescribing

22
00:00:36,840 --> 00:00:38,475
opioids for pain
management.

23
00:00:38,475 --> 00:00:40,380
Today we're going to
take a closer look

24
00:00:40,380 --> 00:00:42,294
at the dependency
and addiction issues

25
00:00:42,294 --> 00:00:44,600
surrounding the
opioid crisis and what

26
00:00:44,600 --> 00:00:45,890
resources are available to

27
00:00:45,890 --> 00:00:47,750
combat this
growing epidemic.

28
00:00:47,750 --> 00:00:49,580
Well, let's talk
about families

29
00:00:49,580 --> 00:00:51,320
who are helping to
support the person

30
00:00:51,320 --> 00:00:54,995
who is dealing with
this opioid situation.

31
00:00:54,995 --> 00:00:57,560
Should families have a plan

32
00:00:57,560 --> 00:00:59,135
to help that person,

33
00:00:59,135 --> 00:01:00,710
especially if
there's an overdose

34
00:01:00,710 --> 00:01:02,375
situation that happens?

35
00:01:02,375 --> 00:01:05,555
Absolutely Tracy. These
are dangerous drugs.

36
00:01:05,555 --> 00:01:06,620

We're recognizing that

37

00:01:06,620 --> 00:01:07,805
more and more every day

38

00:01:07,805 --> 00:01:09,440
and so that family is

39

00:01:09,440 --> 00:01:10,670
going to be the eyes
and the ears with

40

00:01:10,670 --> 00:01:11,690
that patient from

41

00:01:11,690 --> 00:01:13,505
throughout the
dosing interval.

42

00:01:13,505 --> 00:01:14,900
It's important to provide

43

00:01:14,900 --> 00:01:15,920
education and that

44

00:01:15,920 --> 00:01:17,615
starts with the
clinic setting.

45

00:01:17,615 --> 00:01:20,240
All family members
should be warned, while

46

00:01:20,240 --> 00:01:21,515
the patient is
in the room,

47

00:01:21,515 --> 00:01:23,135
of the overdose
presentation.

48

00:01:23,135 --> 00:01:24,350

Things like the
inability to be

49

00:01:24,350 --> 00:01:26,360
awakened or if they're
waking up in some

50

00:01:26,360 --> 00:01:29,075
stuporous or
semi-comatose state,

51

00:01:29,075 --> 00:01:30,890
if families
identify difficulty

52

00:01:30,890 --> 00:01:32,810
with breathing,
heavy snoring,

53

00:01:32,810 --> 00:01:34,220
or if the patient
is limp or

54

00:01:34,220 --> 00:01:36,680
clammy, has skin
discoloration in

55

00:01:36,680 --> 00:01:39,350
the lips and the
nails, or certainly

56

00:01:39,350 --> 00:01:41,105
if they're non-responsive,

57

00:01:41,105 --> 00:01:43,550
definitely have
an overdose plan.

58

00:01:43,550 --> 00:01:45,095
And so instruct
family members,

59

00:01:45,095 --> 00:01:47,180

number one, call 9-1-1;

60

00:01:47,180 --> 00:01:49,640
and number two, give them
education on how to

61

00:01:49,640 --> 00:01:51,530
administer naloxone. There's

62

00:01:51,530 --> 00:01:52,925
certainly a role for that.

63

00:01:52,925 --> 00:01:54,650
And we're at the point,

64

00:01:54,650 --> 00:01:57,530
where all families
have that available

65

00:01:57,530 --> 00:01:58,820
to them just to

66

00:01:58,820 --> 00:02:01,070
have in the event
of an emergency?

67

00:02:01,070 --> 00:02:03,455
You know, there's
varying opinions.

68

00:02:03,455 --> 00:02:04,790
Certainly the
American Society of

69

00:02:04,790 --> 00:02:06,320
Addiction Medicine has made

70

00:02:06,320 --> 00:02:08,150
a strong stance to ensure

71

00:02:08,150 --> 00:02:10,340
that virtually all

patients on opiates

72

00:02:10,340 --> 00:02:11,735
do you have access to this.

73

00:02:11,735 --> 00:02:13,910
Naloxone is
a great medication,

74

00:02:13,910 --> 00:02:15,110
and in many states
it can be

75

00:02:15,110 --> 00:02:16,490
purchased over-
the-counter.

76

00:02:16,490 --> 00:02:19,430
It's a full mu
opioid antagonist.

77

00:02:19,430 --> 00:02:21,470
It can be given in a
variety of formats

78

00:02:21,470 --> 00:02:23,795
and it induces pretty
rapid withdrawals,

79

00:02:23,795 --> 00:02:26,735
usually lasts for
about 30 minutes.

80

00:02:26,735 --> 00:02:28,805
It can be lifesaving

81

00:02:28,805 --> 00:02:30,350
so I would
recommend that you

82

00:02:30,350 --> 00:02:31,580
can consider co-

83
00:02:31,580 --> 00:02:32,930
prescribing this
medication with

84
00:02:32,930 --> 00:02:34,670
opioids, preferably
at the time

85
00:02:34,670 --> 00:02:36,170
that you write the
opioid itself.

86
00:02:36,170 --> 00:02:37,310
And then of course
you're going to

87
00:02:37,310 --> 00:02:38,480
want to council
the family,

88
00:02:38,480 --> 00:02:39,830
not just the patient.

89
00:02:39,830 --> 00:02:40,850
That patient might be

90
00:02:40,850 --> 00:02:42,799
non-responsive at the
time they need it.

91
00:02:42,799 --> 00:02:44,720
We have talked
in the past,

92
00:02:44,720 --> 00:02:45,740
in some of the past

93
00:02:45,740 --> 00:02:47,555
podcasts, and in other view,

94
00:02:47,555 --> 00:02:50,150
other interviews that

I have done...that

95

00:02:50,150 --> 00:02:51,260
one of the reasons

96

00:02:51,260 --> 00:02:53,060
why, in the beginning, people

97

00:02:53,060 --> 00:02:54,995
would go home with
30 days' worth

98

00:02:54,995 --> 00:02:57,725
of opioid is because
it was just a habit

99

00:02:57,725 --> 00:03:00,500
of the physicians to do

100

00:03:00,500 --> 00:03:02,090
prescribed 30 days whenever

101

00:03:02,090 --> 00:03:03,650
they were writing
a prescription.

102

00:03:03,650 --> 00:03:06,470
And so that's when
I learned of that...

103

00:03:06,470 --> 00:03:07,925
that's when I first
learned about these

104

00:03:07,925 --> 00:03:09,800
opioid or the Drug Take

105

00:03:09,800 --> 00:03:11,180
back days when you

106

00:03:11,180 --> 00:03:13,865
turn in your

leftover medication.

107

00:03:13,865 --> 00:03:16,100
Is that still something

108

00:03:16,100 --> 00:03:17,810
that's happening,
as physicians are

109

00:03:17,810 --> 00:03:20,300
writing smaller
prescriptions now are they

110

00:03:20,300 --> 00:03:21,830
still dealing with

111

00:03:21,830 --> 00:03:23,675
the problem of
leftover medication?

112

00:03:23,675 --> 00:03:25,369
You're definitely right.

113

00:03:25,369 --> 00:03:26,540
The need to find

114

00:03:26,540 --> 00:03:28,100
adequate disposal
these medications

115

00:03:28,100 --> 00:03:30,710
is going to be key;
as the studies show,

116

00:03:30,710 --> 00:03:32,120
overwhelmingly many

117

00:03:32,120 --> 00:03:33,455
of the younger populations

118

00:03:33,455 --> 00:03:35,270
are accessing

these opiates

119

00:03:35,270 --> 00:03:37,370
inappropriately from family
members or from

120

00:03:37,370 --> 00:03:38,780
loved ones because they

121

00:03:38,780 --> 00:03:40,385
have access to
medicine cabinets.

122

00:03:40,385 --> 00:03:42,350
And so at the time
of counseling,

123

00:03:42,350 --> 00:03:44,105
I would recommend
that family members

124

00:03:44,105 --> 00:03:45,575
ensure their understanding

125

00:03:45,575 --> 00:03:46,775
of the Disposal Act,

126

00:03:46,775 --> 00:03:48,080
which provides
mechanisms for

127

00:03:48,080 --> 00:03:49,430
patients and families to

128

00:03:49,430 --> 00:03:50,990
dispose of any and unneeded

129

00:03:50,990 --> 00:03:52,910
or expired opioid.

130

00:03:52,910 --> 00:03:55,025
In terms the

disposal process,

131

00:03:55,025 --> 00:03:56,735
certainly look online,

132

00:03:56,735 --> 00:03:57,410
there's the National

133

00:03:57,410 --> 00:03:59,450
Prescription Drug
Take-Back events,

134

00:03:59,450 --> 00:04:00,920
they happen across
the country

135

00:04:00,920 --> 00:04:02,150
and at regular intervals,

136

00:04:02,150 --> 00:04:03,530
so it's certainly one
place you could bring

137

00:04:03,530 --> 00:04:04,970
them back to. Consider

138

00:04:04,970 --> 00:04:06,320
mixing your
medications with

139

00:04:06,320 --> 00:04:08,135
other unpalatable
substances:

140

00:04:08,135 --> 00:04:10,520
kitty litter, used
coffee grounds,

141

00:04:10,520 --> 00:04:13,115
mother-in-law cooking,
whatever it takes.

142

00:04:13,115 --> 00:04:14,960
Make sure that you're
scratching off

143
00:04:14,960 --> 00:04:16,580
all personal
information, by the way,

144
00:04:16,580 --> 00:04:18,290
on the empty
pill bottles, in

145
00:04:18,290 --> 00:04:20,060
case there are some
dumpster divers,

146
00:04:20,060 --> 00:04:21,110
um, you certainly
don't want them

147
00:04:21,110 --> 00:04:22,190
having access or knowing

148
00:04:22,190 --> 00:04:24,560
what that original
content was.

149
00:04:24,560 --> 00:04:25,820
What are the legal and

150
00:04:25,820 --> 00:04:26,990
ethical obligations for

151
00:04:26,990 --> 00:04:29,405
physicians when they are
prescribing opioids?

152
00:04:29,405 --> 00:04:30,860
So, the era of

153
00:04:30,860 --> 00:04:33,380
physicians feeling
mandated to

154
00:04:33,380 --> 00:04:35,300
treat patients' pain
appropriately at

155
00:04:35,300 --> 00:04:37,400
any cost has really
come to an end,

156
00:04:37,400 --> 00:04:39,155
or at least we hope so.

157
00:04:39,155 --> 00:04:41,000
The demands patients have

158
00:04:41,000 --> 00:04:42,290
placed on physicians to

159
00:04:42,290 --> 00:04:44,900
ensure that all
pain is relieved

160
00:04:44,900 --> 00:04:46,160
and/or it's relieved in

161
00:04:46,160 --> 00:04:47,615
the mechanism the patient

162
00:04:47,615 --> 00:04:49,910
prefers has really led to

163
00:04:49,910 --> 00:04:52,460
the growth of the epidemic,
at least in part.

164
00:04:52,460 --> 00:04:54,050
So we recommend now that

165
00:04:54,050 --> 00:04:54,920
the pendulum is swinging

166

00:04:54,920 --> 00:04:55,955
in the other direction,

167
00:04:55,955 --> 00:04:58,355
adequate documenting
of these encounters.

168
00:04:58,355 --> 00:05:00,290
Every time a physician
sits down with

169
00:05:00,290 --> 00:05:02,719
a patient and writes an
opioid prescription,

170
00:05:02,719 --> 00:05:04,010
it's very important that we

171
00:05:04,010 --> 00:05:05,210
go through the
process that's been

172
00:05:05,210 --> 00:05:06,950
pre-described to ensure
that the patient

173
00:05:06,950 --> 00:05:09,140
is an appropriate
candidate for the opioid.

174
00:05:09,140 --> 00:05:11,075
We know medical
boards monitor

175
00:05:11,075 --> 00:05:13,190
prescribing habits and then

176
00:05:13,190 --> 00:05:15,260
inappropriate prescribing
can ultimately

177
00:05:15,260 --> 00:05:17,600
constitute malpractice

in many states.

178

00:05:17,600 --> 00:05:20,120

So this documentation
should include

179

00:05:20,120 --> 00:05:22,565

items such as the urine
drug screen testing,

180

00:05:22,565 --> 00:05:23,210

results of

181

00:05:23,210 --> 00:05:24,845

the prescription
monitoring program,

182

00:05:24,845 --> 00:05:26,540

any results from the DSM-5

183

00:05:26,540 --> 00:05:28,640

diagnostic criteria,
if utilized,

184

00:05:28,640 --> 00:05:30,950

and then any and all
important discussion.

185

00:05:30,950 --> 00:05:32,420

And I will keep in mind all

186

00:05:32,420 --> 00:05:33,770

of this is confidential,

187

00:05:33,770 --> 00:05:34,610

should not be

188

00:05:34,610 --> 00:05:35,825

released to
family or friends

189

00:05:35,825 --> 00:05:36,800

just like any other HIPAA-

190

00:05:36,800 --> 00:05:38,345
protected for maintenance.

191

00:05:38,345 --> 00:05:40,850
Dr. Geyer how can
physicians address

192

00:05:40,850 --> 00:05:42,110
the system issues that need

193

00:05:42,110 --> 00:05:44,060
improvement in their
own institution?

194

00:05:44,060 --> 00:05:46,040
So this is a
difficult question,

195

00:05:46,040 --> 00:05:48,020
Tracy, and I know
many institutions

196

00:05:48,020 --> 00:05:49,235
are tackling this,

197

00:05:49,235 --> 00:05:50,390
especially as all these new

198

00:05:50,390 --> 00:05:51,440
state laws have come

199

00:05:51,440 --> 00:05:54,275
out with new prescribing
practices for providers.

200

00:05:54,275 --> 00:05:55,280
I can tell you at

201

00:05:55,280 --> 00:05:56,360
our institution,

Mayo Clinic

202

00:05:56,360 --> 00:05:57,950
Arizona, we had a number of

203

00:05:57,950 --> 00:06:00,005
new state laws come
out this last year.

204

00:06:00,005 --> 00:06:01,790
And with these
requirements,

205

00:06:01,790 --> 00:06:03,800
our first step was
to form a committee,

206

00:06:03,800 --> 00:06:05,585
this opioid
response committee

207

00:06:05,585 --> 00:06:08,135
was comprised of a
variety of practitioners.

208

00:06:08,135 --> 00:06:09,920
We looked at pain
management doctors,

209

00:06:09,920 --> 00:06:11,750
emergency medicine
physicians,

210

00:06:11,750 --> 00:06:14,015
primary care specialists,
hospitalists,

211

00:06:14,015 --> 00:06:15,965
social work, quality,

212

00:06:15,965 --> 00:06:18,455
administration,
and pharmacy.

213
00:06:18,455 --> 00:06:19,940
I would recommend that

214
00:06:19,940 --> 00:06:21,380
an institution
gather together

215
00:06:21,380 --> 00:06:23,180
those individuals
most likely to

216
00:06:23,180 --> 00:06:25,295
impact the opiate
epidemic, and most

217
00:06:25,295 --> 00:06:26,930
likely impacted from it,

218
00:06:26,930 --> 00:06:27,950
to ensure that there

219
00:06:27,950 --> 00:06:29,735
is a comprehensive
approach.

220
00:06:29,735 --> 00:06:30,980
And then number two,

221
00:06:30,980 --> 00:06:31,880
I would make sure
that you're in

222
00:06:31,880 --> 00:06:33,935
compliance with any
and all state laws.

223
00:06:33,935 --> 00:06:35,795
We recognize these
are changing quickly,

224
00:06:35,795 --> 00:06:37,685

we may even have federal
laws coming out sooner

225

00:06:37,685 --> 00:06:39,800
then later. Make
sure that you have

226

00:06:39,800 --> 00:06:42,140
the necessary forms;
where I practice

227

00:06:42,140 --> 00:06:43,880
we are now required
to perform

228

00:06:43,880 --> 00:06:45,590
patient consent every

229

00:06:45,590 --> 00:06:46,910
time an opioid was written,

230

00:06:46,910 --> 00:06:48,860
and developing these forms

231

00:06:48,860 --> 00:06:50,150
can take a bit of time.

232

00:06:50,150 --> 00:06:51,950
So does the
patient education,

233

00:06:51,950 --> 00:06:53,480
so something to consider

234

00:06:53,480 --> 00:06:55,325
working on sooner
than later.

235

00:06:55,325 --> 00:06:58,280
My biggest recommendation
is try and let

236

00:06:58,280 --> 00:06:59,720
your electronic
medical record

237
00:06:59,720 --> 00:07:00,950
do the heavy lifting.

238
00:07:00,950 --> 00:07:02,480
If you can build
things in to

239
00:07:02,480 --> 00:07:04,520
templates such that you can
click through them,

240
00:07:04,520 --> 00:07:06,590
ensure compliance,
make sure that you

241
00:07:06,590 --> 00:07:07,670
know when the
next follow up

242
00:07:07,670 --> 00:07:08,840
for that patient would be,

243
00:07:08,840 --> 00:07:10,820
it's much easier
to do that in

244
00:07:10,820 --> 00:07:13,910
an electronic system
that it is on paper.

245
00:07:13,910 --> 00:07:16,430
And finally, what is being

246
00:07:16,430 --> 00:07:18,350
done on a state by state or

247
00:07:18,350 --> 00:07:20,030
even a national level to

248
00:07:20,030 --> 00:07:22,640
combat this crisi?

249
00:07:22,640 --> 00:07:24,560
Well, it's hard to
turn on the television

250
00:07:24,560 --> 00:07:25,370
these days

251
00:07:25,370 --> 00:07:26,900
Tracy, without
watching this,

252
00:07:26,900 --> 00:07:28,220
you're seeing a
variety of states

253
00:07:28,220 --> 00:07:29,945
declare state emergencies,

254
00:07:29,945 --> 00:07:32,000
many new committees have

255
00:07:32,000 --> 00:07:33,320
been formed as a part of

256
00:07:33,320 --> 00:07:35,090
Department of Health and

257
00:07:35,090 --> 00:07:36,740
Human Services
in some states.

258
00:07:36,740 --> 00:07:38,330
With all this, we've seen

259
00:07:38,330 --> 00:07:40,310
a variety of
approaches just to

260

00:07:40,310 --> 00:07:42,815
kinda give you a
overview of some of

261
00:07:42,815 --> 00:07:45,140
the more common
comprehensive responses

262
00:07:45,140 --> 00:07:46,160
include restrictions on

263
00:07:46,160 --> 00:07:47,900
the length and the
quantity of therapy

264
00:07:47,900 --> 00:07:49,955
allowable per opioid
prescription,

265
00:07:49,955 --> 00:07:51,200
I know we'll be
getting this and

266
00:07:51,200 --> 00:07:52,955
Arizona, probably
sooner than later,

267
00:07:52,955 --> 00:07:54,680
mandatory prescriber
review of

268
00:07:54,680 --> 00:07:56,525
the prescription
monitoring programs,

269
00:07:56,525 --> 00:07:58,850
and then guidelines on
urine drug screening.

270
00:07:58,850 --> 00:08:00,410
There's increased
access across

271

00:08:00,410 --> 00:08:02,375
the nation for the use
of naloxone,

272

00:08:02,375 --> 00:08:04,235
and many states
have implemented

273

00:08:04,235 --> 00:08:06,170
mandatory CME
requirements

274

00:08:06,170 --> 00:08:07,730
for opioid curriculum.

275

00:08:07,730 --> 00:08:09,980
We're also seeing
expansions to the access to

276

00:08:09,980 --> 00:08:11,000
evidence-based substance

277

00:08:11,000 --> 00:08:12,110
abuse treatment programs,

278

00:08:12,110 --> 00:08:13,445
which is fantastic.

279

00:08:13,445 --> 00:08:15,080
And increased education on

280

00:08:15,080 --> 00:08:16,280
opioid-related topics to

281

00:08:16,280 --> 00:08:17,960
the public, providers, as

282

00:08:17,960 --> 00:08:19,640
well as state and
local agencies.

283

00:08:19,640 --> 00:08:21,080

As we talked about before,

284

00:08:21,080 --> 00:08:22,100
we want to ensure
that there's

285

00:08:22,100 --> 00:08:24,170
adequate disposal of
unused prescriptions

286

00:08:24,170 --> 00:08:25,580
and there's new
programs set up in

287

00:08:25,580 --> 00:08:27,620
many states to
facilitate that.

288

00:08:27,620 --> 00:08:29,390
And then on top of
that we're seeing

289

00:08:29,390 --> 00:08:30,410
tamper-resistant and

290

00:08:30,410 --> 00:08:31,700
abuse-deterrent
formulations

291

00:08:31,700 --> 00:08:33,545
of drug start to
hit the market.

292

00:08:33,545 --> 00:08:35,120
You know, one
interesting side

293

00:08:35,120 --> 00:08:37,100
effect of all of these
efforts, is that

294

00:08:37,100 --> 00:08:39,080
as we're seeing

prescribing rates go down,

295

00:08:39,080 --> 00:08:41,059
we actually saw
heroin rates go up.

296

00:08:41,059 --> 00:08:43,670
I'm thinking about the

297

00:08:43,670 --> 00:08:44,900
second-to-last
question that I

298

00:08:44,900 --> 00:08:46,220
asked you where I said,

299

00:08:46,220 --> 00:08:47,870
you know, how
can physicians

300

00:08:47,870 --> 00:08:49,520
address this at their
own institution?

301

00:08:49,520 --> 00:08:51,200
In your response was,

302

00:08:51,200 --> 00:08:53,930
oh boy, this is...this
can be a tough one.

303

00:08:53,930 --> 00:08:55,550
Yes.
Is there's any sort

304

00:08:55,550 --> 00:08:56,900
of encouragement
you can give to

305

00:08:56,900 --> 00:08:59,720
our listeners
about how they

306
00:08:59,720 --> 00:09:01,100
can go about doing this

307
00:09:01,100 --> 00:09:02,930
where they are
working today?

308
00:09:02,930 --> 00:09:05,090
Well, I will say
this Tracy, it has been

309
00:09:05,090 --> 00:09:07,100
a challenge for us, but
not an unsurmountable

310
00:09:07,100 --> 00:09:09,290
one. I can
say that thanks to

311
00:09:09,290 --> 00:09:10,340
the efforts of many of our

312
00:09:10,340 --> 00:09:12,140
collaborators in
these working groups,

313
00:09:12,140 --> 00:09:13,625
we've been able to
meet the needs,

314
00:09:13,625 --> 00:09:14,765
the majority of the state,

315
00:09:14,765 --> 00:09:16,640
and the enterprise
requirements.

316
00:09:16,640 --> 00:09:20,900
And so I would give
optimism to this approach

317
00:09:20,900 --> 00:09:23,030

and suggest that
other institutions

318
00:09:23,030 --> 00:09:25,700
implement similar
policies. Very good.

319
00:09:25,700 --> 00:09:28,460
Well, that's it today for
Mayo Clinic Talks.

320
00:09:28,460 --> 00:09:29,840
I am Tracy McCray
and again,

321
00:09:29,840 --> 00:09:31,865
Dr. Holly Geyer has
been our guest.

322
00:09:31,865 --> 00:09:33,200
Thank you so much
for your time,

323
00:09:33,200 --> 00:09:34,550
Dr. Geyer.
Pleased to

324
00:09:34,550 --> 00:09:35,915
help. Thank you
again Tracy.

325
00:09:35,915 --> 00:09:38,420
Remember if you
enjoyed this podcast,

326
00:09:38,420 --> 00:09:40,925
please subscribe and
share with a friend.

327
00:09:40,925 --> 00:09:42,050
Healthcare professionals

328
00:09:42,050 --> 00:09:43,610

looking to claim CME credit

329

00:09:43,610 --> 00:09:46,400
for this podcast can go to

330

00:09:46,400 --> 00:09:50,210
ce.mayo.edu/opioidpc and

331

00:09:50,210 --> 00:09:56,640
register. That's
ce.mayo.edu/opioidpc.