

Medicine Responds to Addiction

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cohosted by

**Office of National Drug Control Policy
The American Board of Addiction Medicine Foundation**

and

in collaboration with

**National Institute on Drug Abuse
National Institute on Alcohol Abuse and Alcoholism
Substance Abuse and Mental Health Services Administration
Health Resources and Services Administration
Centers for Disease Control and Prevention
National Cancer Institute**

Proceedings

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Background

In 2014, 21.5 million people in the United States needed treatment for a substance use disorder (SUD) involving alcohol or drugs other than nicotine,¹ but only 10.6 percent received any form of inpatient, residential, or outpatient treatment.²

The Office of National Drug Control Policy (ONDCP) and The American Board of Addiction Medicine Foundation (The ABAM Foundation) convened a symposium entitled '*Medicine Responds to Addiction*' on September 18, 2015. The symposium was convened in collaboration with six Federal partners: National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), and National Cancer Institute (NCI). The symposium brought together medical field leaders supporting the advance of addiction medicine and current and emerging addiction medicine fellowship training programs.

The symposium convened to focus a spotlight on addiction medicine by:

- Furthering the translation of the science of prevention and treatment into medical practice;
- Engaging leaders in medicine and supporting organizations that can effect needed change to further integrate content on substance use prevention among youth and addiction medicine into their physician training requirements;
- Engaging potential addiction medicine fellowship sites in developing fellowship programs for physicians to build a trained and certified addiction medicine workforce; and
- Creating a lasting structure for collaboration among The ABAM Foundation and its fellowship programs, its Federal partners, and primary, preventive, and emergency care champions.

The 84 participants at the symposium included 24 staff members from 9 Federal agencies; 14 medical champions; 12 representatives from public/private systems, foundations, and other organizations; 24 from prospective addiction-medicine fellowship programs; and 10 from The ABAM Foundation. (See Appendix A for a list of participants.)

In presentation sessions, symposium participants discussed the integration of addiction medicine competencies into graduate physician training and practice, the role of the American physician in the prevention of youth substance use, and the treatment and management of addiction, as well as ways to build a trained and certified workforce. In two separate panels, medical leaders, champions, and advocates shared information about their roles in and contributions to the addiction medicine field. Participants broke into three workgroups to identify challenges, opportunities, and next steps in the development of the addiction medicine field. (See Appendix B for the symposium agenda.)

¹ There are no national data, that include the number of individuals who receive treatment for addiction involving nicotine.

² Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health (2015). Retrieved October 26, 2015. <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

Opening and Introduction of Director Botticelli

June Sivilli, M.A., Chief, Treatment Branch, Office of Demand Reduction, Office of National Drug Control Policy

Ms. Sivilli welcomed attendees to the symposium. She announced which of the day's sessions would be live-streamed and directed participants to the ONDCP Web page to review the session recordings after the meeting. Ms. Sivilli then discussed symposium logistical details before introducing Mr. Michael Botticelli, Director of National Drug Control Policy.

Welcome and Meeting Purpose

Michael Botticelli, M.Ed., Director of National Drug Control Policy

After thanking The ABAM Foundation and the Federal partners who worked to make the symposium possible, Director Botticelli asked participants not only to respond to addiction but also to take action to prevent it.

Key Points of Presentation:

- Substance use disorder (SUD) is a disease of the brain, yet we have continued to treat this disease outside of mainstream health care.
- With the passage of the Affordable Care Act and implementation of parity, we have a unique opportunity to expand access to treatment for millions of Americans who need SUD treatment and do not currently receive it.
- The current epidemic of overdoses and deaths resulting from prescription drug misuse and heroin use has underscored the need to integrate addiction issues into mainstream medicine.
- SUD is too often left unchecked, undiagnosed, and untreated. In America, SUD has roughly the prevalence of diabetes, yet while 80 percent of diabetics are treated, only 11 percent of the 22 million people diagnosed with an SUD receive care.
- Only seven percent of referrals to treatment come from the health care system, whereas over 36 percent of referrals come from the criminal justice system. Physicians and all sectors of the medical community have a role in preventing and treating SUD.
- By the end of the symposium, we will have a foundation for collaboration with The ABAM Foundation, Federal agencies, and medical champions to ensure progress made at the symposium will translate to medical practice throughout the Nation.

Advancing Patient Care by Integrating Addiction Medicine Competencies—Prevention, Treatment, and Recovery—Into Graduate Physician Training and Practice

This session covered the magnitude of the addiction problem in the United States and the importance of physician training in addiction medicine to address substance use disorders from prevention to recovery.

Patrick G. O'Connor, M.D., M.P.H., President, The American Board of Addiction Medicine Foundation

Key Points of Presentation:

- The time has come to advance patient care by fully integrating the science of addiction into medical practice. We now have an extensive body of science concerning the epidemiology of addiction, the consequences of risky substance use and substance use disorders, and effective approaches to prevention, treatment, and recovery management.
- Since 2007, The ABAM Foundation has helped to establish 36 addiction medicine fellowship-training programs, thanks in large part to early support from NIDA and NIAAA. The ABAM Foundation's goal is to have an addiction medicine training program or department at every medical school in the United States. This training is essential, since continuing medical education (CME) programs and the occasional medical school lecture cannot ensure that physicians have the deep expertise needed to address addiction.
- We are on the verge of making this goal a reality, as the American Board of Preventive Medicine (ABPM) has applied to the American Board of Medical Specialties (ABMS) to make addiction medicine a new subspecialty available to all ABMS diplomates.
- Representatives from 3 current addiction medicine fellowship programs and 17 prospective programs are here today, and they represent the future of the field.
- Today we also bring together leaders of medicine from the ABMS, the Accreditation Council of Graduate Medical Education (ACGME), and four primary care boards—Internal Medicine, Family Medicine, Pediatrics, and Obstetrics and Gynecology—along with Preventive Medicine and Emergency Medicine, to spur further action to integrate addiction medicine more broadly into physician training, certification, and practice.
- As we move forward, we must remember that the purpose of our work is to improve the health and the lives of our patients and their families.

George Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism

Key Points of Presentation:

- The NIAAA just released findings from a massive 5-year survey, the National Epidemiological Survey on Alcohol and Related Conditions (NESARC-III), which show that fewer than 20 percent of individuals with alcohol use disorder (AUD) in the United States received treatment, and less than 10 percent received any medication (e.g., naltrexone, acamprosate) for AUD.
- The Nation has a significant problem with binge drinking and underage drinking. Although NESARC-III showed a decrease in the percentage of young people who drink, the intensity of drinking has increased. Youth often consume 10 to 15 drinks in a single session.
- On September 22, 2015, NIAAA will launch *CollegeAIM* (the College Alcohol Intervention Matrix), a menu of interventions to help schools address underage student drinking.
- NIAAA collaborated with symposium developers because of the illegal use of alcohol by underage individuals.
- NIAAA and several partner Federal agencies are interested in moving the important addiction medicine training discussed today into primary care physician training.

Wilson Compton, M.D., M.P.E., Deputy Director, National Institute on Drug Abuse

Key Points of Presentation:

- An important but complex field of study, addiction medicine should be taught across general medicine.
- This symposium builds on several decades of research by NIDA, NIAAA, and NCI, but the research does not help people if it does not get to the providers serving individuals with an SUD. Also worth noting is that HHS's 50-state meeting focused on addressing the opioid epidemic is happening concurrently with this symposium.
- We need help to treat patient pain appropriately and adequately, but the overuse of opioids has had iatrogenic side effects. Responding to the opioid epidemic requires an addiction medicine specialty, both for prevention and for developing and implementing better treatment approaches.
- Emergency departments (EDs) are the de facto primary care centers for many patients, but there is a gap between EDs and addiction treatment. In one study, bringing treatment into the ED proved to be a successful model in engaging many more individuals in treatment.

Department of Veterans Affairs

Key Points of Prepared Comments³:

- The Department of Veterans Affairs (VA) provides monetary support and support through its unique clinical environments, faculty, and training curriculum for both accredited and non-accredited training programs to train expert clinical, research, education, and administrative leaders in addressing addiction within the VA and the Nation.
- Post-residency fellowship training was provided to qualified physicians through the *Advanced Fellowship in Substance Abuse Treatment* program, supporting 76 physicians at 15 facilities between 1995 and 2012.
- The VA supports 50 positions through its facilities at 35 of the 43 *Addiction Psychiatry Fellowship Programs*. These programs, however, are available only to residents graduating from psychiatry training programs.
- Recognizing the shift to include many types of health care professionals in addiction identification and treatment, often as part of interdisciplinary teams, in 2013 the VA reinvigorated and recompeted its nonaccredited addiction fellowship program and solicited proposals from VA facilities to serve as fellowship sites for *Interprofessional Fellowships in Addiction Treatment*. Seven VA health care systems participate in this program, providing a 2-year education experience to 20 Interdisciplinary Fellows to date.
- The VA looks forward to supporting future accredited training for physicians and other professionals to advance expertise in addiction treatment.

³ The VA's comments were not formally presented at the meeting; see Appendix C for prepared comments.

Role of the American Physician in Prevention and Treatment of Addiction

Tom Frieden, M.D., M.P.H., Director, Centers for Disease Control and Prevention

Key Points of Presentation:

- Addiction is the single most neglected medical problem in this country.
- In 2004, Dr. Elizabeth McGlynn published work on the quality of care in the United States. She is often cited for her finding that, in medicine, the appropriate thing is done only 55 percent of the time. The worst performance of any area was the elicitation and addressing of SUD.
- The Department of Health and Human Services (HHS) is focusing on what it can do to address serious addiction issues, particularly misuse of prescription opioids.
- The national problem with prescription opioids became apparent three to four years ago, when CDC began seeing misuse throughout all age groups and demographics. Data showed increases in the numbers of deaths from opioid overdose, hepatitis C diagnoses due to injection drug use, incidences of drugged driving, reports of falls, and infants born with neonatal abstinence syndrome. These increases paralleled the increase in rates of opioid use.
- The number of prescriptions for opioids has increased 400 percent, and the number of deaths has followed almost exactly. Over the past decade, 145,000 individuals have died from prescription opioids, and, to a great degree, this is an iatrogenic problem. Recent studies indicate about three-quarters of heroin users began with prescription opioids.
- Improved prescribing for both pain management and effective medication-assisted treatment (MAT) can turn the epidemic around.
- In 2012, there were 259 million prescriptions written for opioid pain medications. There is two- and three-fold variability in the number of prescriptions written among various jurisdictions and states.
- For every death involving prescription drugs (more than 16,000 last year), there were 12 treatment admissions, 24 ED visits, more than 100 people dependent on prescription opioids, and nearly 700 people who used them non-medically. At least 2 million people suffer from substance use disorders related to prescription opioids.
- There has been progress, with some modulation in the number of opioids prescribed and a reduction in morphine milligram equivalents (MMEs). Just last year, Tennessee reduced prescribing by 1 billion MMEs, which was only 10 percent.
- Deaths involving heroin are spiking. A huge number of people are addicted or at risk for addiction due to overprescribing. In addition, changes happening in the market have resulted in cheaper and more accessible heroin, and addiction responds to market forces.
- Using tobacco reduction efforts for comparison, increasing the cost of tobacco is the single most effective factor in reducing use. If considering alcohol, it has been shown that fewer alcohol outlets help limit problematic consumption. ONDCP's close work with law enforcement will be part of the solution to the heroin problem.
- The history of addressing risky substance use and addiction in this country includes focusing narrowly on one issue after another without taking into view the larger context. There is a growing body of research on many aspects of addiction. We know through a range of science-based behavioral and pharmaceutical interventions that addiction can be prevented and managed.

- We hope this symposium will help close the gap between science and medical practice. New tools are needed, but we also have to apply the tools that are available in a more efficient way.
- The CDC tries to be an “honest broker” on what works to prevent or treat conditions. It also helps to develop technical packages—a limited set of interventions which, done properly, could have a significant positive impact. CDC has employed technical packages with great success against tobacco use, polio, and smallpox.
- A technical package to address the opioid epidemic may address:
 - Improving prescribing for pain;
 - Improving treatment for addiction and overdose;
 - Reducing the availability of illicit drugs;
 - Promoting awareness of the harms of opioid drugs;
 - Promoting opportunities in communities; and
 - Employing rigorous real-time monitoring and accountability.
- The opioid epidemic involves two groups of people: those who are currently addicted and those who are at risk of becoming addicted. To address the epidemic, treatment needs to be improved for the addicted and prevention improved for those at risk.
- The CDC works extensively with states, tribes, and municipalities to improve prescription drug monitoring programs (PDMPs) and surveillance. The challenge is to actively manage the physicians and patients who have problems with opioid prescriptions, but this can be done with real-time surveillance through PDMPs.
- Physician training in addiction medicine is essential but useless if not applied in practice.

Input from the Field: Panel of Medical Leaders and Champions

This was a moderated session providing panelists an opportunity to outline their roles in integrating addiction prevention and treatment into physician training, certification, and practice.

Facilitator: Patrick O’Connor, M.D., M.P.H., President, The American Board of Addiction Medicine Foundation

- This session focuses attention on America’s leaders and champions of medicine – the people representing the boards and organizations within medicine that translate the science of medicine into medical competencies and practice, infusing knowledge and skills broadly across medicine.
- They all understand the need to engage their organizations with the science of prevention of risky substance use as well as the treatment and management of addiction.

David L. Coleman, M.D., Secretary, American Board of Internal Medicine

- The American Board of Internal Medicine (ABIM), the largest of the specialty certifying boards, embraces addiction medicine. It is not possible to be a board-certified internist without being sensitive to addictive behaviors and problems. Addiction medicine is an important part of ABIM certifying exams.
- Medical students and residents have shown enormous enthusiasm for developing a better understanding of the intersection of substance use and mental health disorders with other medical disorders.

Contribution to Addiction Medicine:

- ABIM recognizes the impact of addiction on everyday medicine and will continue to embrace addiction medicine. ABIM will provide very strong support to ABPM's application to ABMS to establish a subspecialty of addiction medicine. Recognizing that fellowship training in addiction medicine is necessary but not sufficient, ABIM will continue its work as a role model in integrating addiction content into all corners of the general medicine curriculum and will foster trainee enthusiasm for the field.

Jeanne S. Sheffield, M.D., American Board of Obstetrics and Gynecology

- The American Board of Obstetrics and Gynecology (ABOG) certifies all obstetricians and gynecologists (OB/GYNs) and establishes standards for initial certification and continuing education. ABOG also works closely with the American Congress of Obstetricians and Gynecologists (ACOG) and all subspecialty organizations.
- OB/GYNs are frontline providers to many women who access the health care system only through their annual OB/GYN checkup.
- ABOG certification incorporates lifestyle counseling, including some addiction information.
- ABOG, as a leading organization for OB/GYNs, works to keep physicians informed of best practices. In recent years, the distribution of addiction information has increased markedly in light of increasing awareness of the role of the physician. Nevertheless, there continues to be a gap between recognition of addiction as a problem and the steps needed to address it.
- ABOG's commitment to the field of addiction medicine is essential given its target population of pregnant women at risk for SUD involving all addictive substances.

Contribution to Addiction Medicine:

- ABOG will continue to work with ACGME on developing clinical competencies for OB/GYNs in addiction prevention and treatment, and will work to infuse addiction information into their maintenance of certification (MOC) processes.

Robert Phillips, M.D., M.S.P.H., Vice President for Research and Policy, American Board of Family Medicine

- The American Board of Family Medicine (ABFM) has 87,000 diplomates, yet only 272 of them have addiction medicine specialty training. Last year, only six family medicine residents indicated plans to do fellowships in addiction medicine, although ABFM has supported the creation of addiction medicine as a subspecialty since its inception.
- Few family medicine physicians have access to quality addiction-treatment services, so they are less likely to screen for or make referrals for therapy. More physicians trained in addiction are needed.
- ABFM's full engagement with addiction medicine is especially important given the family practice physician's role in providing care to patients from birth to death.

Contribution to Addiction Medicine:

- ABFM will enhance its training of physicians by including addiction medicine as a core competency and incorporating the topic into its certification and MOC requirements.

Laurel K. Leslie, M.D., M.P.H., Vice President for Research, American Board of Pediatrics

- The American Board of Pediatrics (ABP) requires physicians to identify deficiencies in their own knowledge, and addiction is an area where attention is needed.
- ABP sees addiction as a critical factor in the health and well-being of children – from the effects of Fetal Alcohol Spectrum Disorders, to the impact of parental substance misuse, to illicit drug use and underage drinking in adolescents.
- ABP’s dedication to the addiction medicine field is of utmost importance due to its work to prevent alcohol and other drug use in children before they reach adulthood. Good data indicate that the longer children delay drug use, the less likely they are to have issues with addiction as adults.
- There is also great need for broadened access to treatment, particularly early treatment for adolescent substance use problems.

Contribution to Addiction Medicine:

- ABP supports incorporating addiction medicine content into initial certification exams and MOC processes to move the field forward.
- APB will use the Vermont Oxford Project as a model for including addiction medicine in pediatric practice and will focus on life-long learning and the ongoing infusion of addiction information in training activities.

Cheryl L. Lowry, M.D., M.P.H., American Board of Preventive Medicine

- Addiction medicine has always been included in the ABPM curriculum and in their certification and maintenance activities.
- ABPM plans to increase further addiction medicine content in these activities.
- ABPM recognizes that decreasing addiction will also decrease many associated comorbidities.

Contribution to Addiction Medicine:

- ABPM strongly supports addiction medicine. ABPM will continue its collaboration with ABAM and The ABAM Foundation to develop addiction medicine as a subspecialty, recognizing that addiction medicine is preventive medicine.

Barry N. Heller, M.D., President, American Board of Emergency Medicine

- The American Board of Emergency Medicine (ABEM) believes strongly that attention to the problem of addiction is of primary importance to Emergency Medicine.
- Emergency physicians are on the front lines for addressing various health encounters made manifest by addiction. Some of these situations include:
 - The resuscitation and stabilization of intoxicated and overdosed victims;
 - Treating patients undergoing alcohol and other drug detoxification and withdrawal;

- Caring for patients with addiction involving alcohol, prescription medications, and other drugs; and
- Navigating the complex care of patients at risk for addiction who need acute and chronic pain control.
- Addiction medicine is practiced in the ED, and help is needed from addiction medicine specialty physicians. EDs are often ground zero for initiating new interventions, such as naloxone distribution programs, and for encountering and identifying new and novel drugs in the field and reporting them to authorities.
- Many EDs perform screening, brief interventions, and referral to treatment (SBIRT) and strongly advocate for community-based resources for patients in need.
- Forty-two percent of patients who come to the ED are there for a painful condition, and emergency physicians are responsible for 12 percent of opioid prescriptions. ABEM unequivocally supports addiction medicine as a medical specialty.
- The ED is natural place to access regional prescription databases. Emergency Medicine strongly advocates for this information to be accessible on a national level to concerned providers. Furthermore, emergency physicians have welcomed guidelines restricting the prescription of certain medications.

Contribution to Addiction Medicine:

- ABEM will strongly advocate for improving access to addiction medicine care, will support opportunities to advance knowledge and skills of emergency physicians through addiction-based quality improvement projects that satisfy MOC requirements, and will specifically invite ABAM to submit addiction medicine articles for required reading and inclusion in MOC processes for board-certified emergency physicians. From an epidemiological perspective, EDs will continue to act as sentinels, bringing addiction medicine data to the forefront.

Anthony H. Dekker, D.O., American Osteopathic Association⁴

- The American Osteopathic Association (AOA) has 110,000 physician and student members, with 90,000 currently practicing. Most doctors of osteopathic medicine (DOs) are in primary care and are responsible for SUD screening and early interventions. By 2020, all AOA programs will be ACGME approved.
- Osteopaths take a holistic approach to medicine, administering prescribed drugs in the lowest possible doses and employing alternative treatments.
- The AOA House of Delegates recently passed a rule that all osteopathic physicians must be trained in addiction medicine from undergraduate education through life-long learning.

Contribution to Addiction Medicine:

- With the osteopathic emphasis on primary care, the AOA will continue to ensure addiction medicine and empirically supported interventions such as SBIRT, are infused throughout the training spectrum. The AOA will: expand research on the effectiveness of non-pharmacological approaches to pain management and evaluate curriculum standards for training osteopathic

⁴ AOA-approved remarks could not be accessed during the meeting; the summary here represents a combination of the presented remarks and the approved AOA statement that was intended to be released.

medical students to prevent and treat substance use and addiction. It also will continue to expand opportunities to educate practicing physicians on appropriate prescribing practices (e.g., at the AOA annual convention, via online CME), promote MAT for addiction treatment, and work with payers to raise awareness of the role of physicians in addiction treatment and safe pain management. In addition, AOA is collaborating with NIDA on its NIDAMED program to help doctors of osteopathic medicine screen patients for substance use, and is collaborating with numerous medical professionals on behalf of NIDA to develop educational modules related to substance use.

**Tannaz Rasouli, M.P.H., Director and Secretary, Government Programs,
Association of American Medical Colleges**

- The Association of American Medical Colleges (AAMC) represents all 144 accredited MD-granting medical schools in the United States, as well as teaching hospitals and VA medical training programs. AAMC represents approximately 150,000 faculty members and 83,000 medical students and residents. (Membership is institution based.)
- AAMC focuses on undergraduate medical education through faculty development and clinical practice.
- AAMC does not stipulate the content of medical school curricula but houses a tremendous amount of expertise and provides a forum for the exchange of information. The suite of services AAMC provides includes *MedEdPORTAL*, *iCollaborative*, and a Continuing Education Directory.

Contribution to Addiction Medicine:

- AAMC will assist in connecting leaders at medical schools across the country in pursuit of the goals to bring addiction fellowship programs to all 144 U.S. medical schools and to infuse addiction medicine into all physicians' training from day one. In particular, AAMC will use the *MedEdPORTAL* to provide addiction content to member institutions.

**Mira Irons, M.D., Vice President for Academic Affairs, American Board of Medical
Specialties**

- The ABMS is a federation of 24 independent medical specialty boards that certify physicians in more than 150 specialties and subspecialties. There are currently more than 800,000 board-certified physicians in the U.S.
- ABMS has incredible reach to physicians across the country through its member boards and can leverage these powerful connections for training and ensuring competence.
- The ABPM has proposed addiction medicine as a subspecialty, which is about two-thirds of the way through the process for ABMS recognition.
- ABMS congratulates The ABAM Foundation on the tremendous accomplishment of developing 36 fellowships since 2007.

Contribution to Addiction Medicine:

- ABMS will continue to work closely with ABAM, ABPM, and other professionals to help addiction medicine achieve ABMS recognition as a subspecialty. After action by ABMS, ABPM

can proceed to move forward the application for accreditation of the new subspecialty by the ACGME. ABMS is collaborating with AAMC on a medical education portal. Together we will work to include addiction medicine content that will be available to all boards and sub-boards for use in their Maintenance of Certification (MOC) materials.

Louis Ling, M.D., Senior Vice President, Accreditation Council for Graduate Medical Education

- The ACGME's role is to improve health care, and it achieves this through accreditation.
- All ACGME-accredited fellowships are required to meet certain Common Program Requirements as well as specialty requirements related to structure and function.
- ACGME recognizes that The ABAM Foundation has written requirements and developed addiction medicine fellowships modeled on the ACGME accreditation requirements.

Contribution to Addiction Medicine:

- ACGME will review and consider ABPM's application for fellowship subspecialty accreditation. If approved, program requirements will be written with the input of addiction medicine educators to assure high-quality graduate medical education.

Building a Trained and Certified Workforce

In this session, presenters explained why physician training is essential to address the Nation's largest and most costly preventable health problem, saying that the way to reach physicians is through training and that the essential step of ensuring quality training is through fellowships.

Louis Baxter, M.D., Director, American Board of Addiction Medicine

- There is a need to train expert clinicians, including social workers and counselors, in addiction medicine who can also serve as faculty to train physicians.
- Treatment must be better defined so clinicians understand it involves far more than detoxification and 12-step programs. SUD treatment, as with other medical disorders, includes cessation of use, rehabilitation, ongoing care, and maintenance, including MAT.
- Addiction is a chronic medical illness, and when treated as such, outcomes are good. The parallels to diabetes are helpful, as diabetic patients are given tools to manage the condition and then followed throughout their lifetime. This approach to addiction needs to be made clear in medical training.

Anna Lembke, M.D., Director, Stanford Addiction Medicine Program

- Addiction medicine fellowships are needed, as entire generations of medical providers have been erroneously taught that SUD is not related to other health disorders.
- Medicine is an apprenticeship, and it takes years to do correctly following the "See one, Do one, Teach one" model. Therefore, a 2-hour CME course or required addiction medicine reading will not provide the depth of training needed.
- The goal of the addiction medicine fellowships is to create physicians who are experts in addiction, who can pass their addiction expertise along to others, and who will use their expertise as change agents to transform the system.

Lewis S. Nelson, M.D., Director, Fellowship in Medical Toxicology, New York University School of Medicine; Director, American Board of Emergency Medicine

- It is likely that nearly every patient with an SUD interacts with the ED sometime in his or her experience. Emergency physicians cannot go one full shift without interacting with someone who has come to the ED because of an addiction.
- Most medical toxicology specialists are emergency physicians; there are only 400 medical toxicology specialists total, and 3 are attending the symposium. This diversity of backgrounds in addiction medicine should be celebrated and fostered.
- The addiction field is standing at the precipice of brand-new training programs, and this provides opportunities to reassess how to train residents and fellows using a deliberate and systematic approach.
- The lack of adequate addiction medicine services in many hospitals is a significant challenge. There is a need to get more individuals involved in addiction medicine training to refocus on a neglected patient population.

Charles Irwin, Jr. M.D., Distinguished Professor of Pediatrics, University of California San Francisco

- Symposium participants should ask themselves, “How do we train our associated generalists to do a better job with adolescents/young adults?” and “How do we establish the evidence for our primary care generalists to take the next steps in screening for substance use and treatment for adolescents and young adults with substance use disorders?”
- Fewer than half of adolescents get time alone with their primary care clinicians when seeing their provider, and screening for SUD is ineffectual with parents in the room. Current practice is not consistent with a life course perspective incorporating what we know about adolescent development.
- Screening needs to occur early for adolescents, and specialized adolescent treatment programs need to be developed.

Integrating Prevention of Risky Substance Use and Treatment of Addiction into Medical Practice: The Time Is Now!

In this presentation, Dr. Vivek Murthy, U.S. Surgeon General, addressed the need for an addiction medicine subspecialty and encouraged health care providers to own their role in the opioid epidemic.

Vice Admiral Vivek H. Murthy, M.D., M.B.A., U.S. Surgeon General

Key Points of Presentation:

- In his role as Surgeon General, Dr. Murthy serves as America’s physician, speaking to other physicians about how to improve health in communities and to the broader population about building a healthy lifestyle.
- In his travels, Dr. Murthy has seen firsthand the toll exacted by the opioid epidemic and has spoken to many citizens affected by addiction, which affects all demographics in the United States.

- The medical profession should step up and own the opioid addiction problem, not because medical professionals are the only ones to blame, but because they have unique power to limit access to opioid medications.
- In a recent trip to the Indiana School of Public Health, Dr. Murthy witnessed the state's interdisciplinary strategy to combat the epidemic. He believes this type of collaborative model can be effective throughout the country.
- With other chronic illnesses, such as heart disease, much of the cause is rooted in what is going on in the community, not in the clinic. The opioid epidemic is entirely different, and the health care community has far more power here.
- HHS has made addressing opioid misuse a priority. Secretary Burwell has laid out a thoughtful agenda, and the Surgeon General's office will complement it with a focus on prescribers.
- Even if more addiction medicine training slots were available, there is a need to make the addiction field is attractive to trainees. Currently, addiction medicine professionals provide services in offsite locations and reimbursement rates are not commensurate with the skills associated with the work. If we are to retain new trainees we must let them see the benefits and value delivered in helping a person move from addiction to recovery.
- Increasingly, students of diverse disciplines, including management, show interest in applying their skills to health issues, which is the foundation of communities. A growing number of students understand that addiction is not associated with amoral character but is instead a chronic disease.
- The power of collective will is greater than the challenges ahead, as this has been the history of American medicine. This power allowed medicine to eradicate smallpox and insure millions through Medicaid, Medicare, and now the Affordable Care Act. Ryan White and his mother helped to harness the power of the medical community's collective will. Thanks to them, 530,000 people get HIV treatment through the Ryan White Care Act.
- As Surgeon General, Dr. Murthy wants the United States to be a country that sees health as our most valuable asset and wants all of us to be leaders in creating that kind of country.
- A participant asked Dr. Murthy if he is willing to take on the ugliness of addiction issues. Dr. Murthy said there is bipartisan passion about addressing these issues, and lawmakers are publicly supporting an active response to the opioid epidemic. Effective solutions may be controversial (e.g., needle exchanges), but this is why it is especially important for all health care providers to raise awareness about addiction.
- In response to a question about the structural changes needed within medicine and government to prevent jumping from epidemic to epidemic, Dr. Murthy said he believes much more can be done in training physicians early on how to identify and address substance use disorders. Addiction medicine is not only a skill-based issue; it is also a cultural one. The Surgeon General's office is working on an initiative to address these issues, and more information will be forthcoming.

Concurrent Sessions

Participants in each of the three groups identified specific actions challenges, opportunities, and next steps.

Group 1: Fellowship Program Expansion: Opportunities, Challenges, and Next Steps

Facilitators:

- Anna Lembke, M.D., Director, Stanford Addiction Medicine Program
- Louis J. Ling, M.D., Senior Vice President, Accreditation Council for Graduate Medical Education

Group 1 identified the challenges and opportunities to fellowship development and training and outlined the next steps for addressing them.

Challenges:

- The interdisciplinary nature of addiction medicine can be complicated because many patients have psychiatric comorbidities.
- Privacy laws can act as a barrier to the effective sharing of pertinent patient health information among physicians treating the same patient.
- Competitive fellowship stipends are important for attracting top fellows.
- Reimbursement for addiction medicine services is not adequate.
- It is difficult to secure adequate rotations for addiction medicine fellows.

Opportunities:

- Nonprofits, private clinics, and other concerned organizations are partners in the field.
- Addiction psychiatry faculty and field leaders are collaborators in addiction medicine.
- Society is beginning to realize the importance of addiction medicine.

Next Steps:

- Inform the public, health systems, and third-party payers about the value of treating addiction—save money, save lives—and advocate for policy and system reform to support it.
- Seek additional resources to develop and educate the physician workforce.
- Define the role of addiction medicine and ensure it has a good business model by publicizing treatment availability, providing addiction consult services, and working with trauma centers, etc.
- Foster collective will for addiction medicine fellowships through active internal and external recruitment with every trainee encountered; offer debt repayment for training.
- Ensure wellness supports are in place for the self-care of physicians practicing addiction medicine.

Group 2: Integrating Addiction Knowledge and Skills into Residency Training and Physician Practice

Facilitators:

- Lewis Nelson, M.D., Director, Fellowship in Medical Toxicology, New York University School of Medicine; Director, American Board of Emergency Medicine
- Lorraine Lewis, Ed.D., R.D., Executive Director, Review Committee for Preventive Medicine

Group 2 laid out a roadmap of the steps to be taken over the next 12 to 18 months to move addiction prevention and treatment more broadly into medical training, certification, and practice.

Barriers:

- A gap between current practice and the addiction-medicine evidence base creates challenges in standardization of practice and training guidelines.
- The hidden curriculum present in medical education often works against addiction medicine and hurts standardization of the field.
- There is a dearth of trained faculty and fellows.
- Cultural issues and stigma challenge efforts to prevent and treat addiction.

Next Steps:

- Incentivize addiction medicine fellowships through efforts to increase pay and attach prestige to the field.
- Employ a multidisciplinary approach that includes collaboration across specialties.
- For training purposes, develop clear competencies and milestones and create standardized outcomes for certification.
- Infuse addiction medicine information early in undergraduate and graduate training programs; add addiction medicine content to all primary care medical school, residency and fellowship training; have physicians in each primary care specialty who are trained in addiction medicine join that board's curriculum committee.
- Think "outside the box" on where treatment is delivered to increase patient engagement.
- Collaborate with The ABAM Foundation to develop addiction medicine products available for certification and MOC processes across medical specialties.
- Attend and become members of medical school curriculum committees to champion the integration of addiction medicine material.

Group 3: From Prevention to Disease Management: Addressing the Full Spectrum of Substance Use Services in Medical Training and Practice

Facilitators:

- Hoover Adger, Jr., M.D., M.P.H., M.B.A, Director Adolescent Medicine, Johns Hopkins University School of Medicine and Director, The American Board of Addiction Medicine Foundation
- Alexa Eggleston, J.D., Senior Program Officer, Domestic Programs, Conrad N. Hilton Foundation

Group 3 identified immediate actions that should be taken in medical training and certification to ensure comprehensive attention to the full set of issues from prevention of all substance use to end-stage care.

Barriers:

- There is need to change the face of addiction medicine and make the field interesting for potential trainees.
- Much addiction care now focuses on advanced disease. We need to shift this focus to encompass the full spectrum, from prevention to early intervention to treatment and disease management.
- Many discipline-specific trainings exist, but addiction medicine requires an interdisciplinary approach.

Next Steps:

- Assist in the development of evidence-based curricula and information on existing model programs, as well as the development of an effective dissemination system for these curricula and model programs. NIAAA Director Dr. George Koob offered to commit staff resources to this effort.
- Locate and leverage charismatic leaders in the addiction medicine field, and expose trainees to these role models; focus on leadership development in trainees.
- Put prevention up front, assuring that it is a part of the continuum of addiction medicine services addressed by physicians. Providers have a role to play, not only in individual care but also in serving communities and influencing public policy.
- Create quality measures to show the effectiveness of various treatment models and to demonstrate success in recovery.

Input on Next Steps from Advocates

Facilitators:

- Kevin Kunz, M.D., M.P.H., Executive Vice President, The American Board of Addiction Medicine Foundation
- Paula J. Lum, M.D., M.P.H., Associate Professor, University of California San Francisco, School of Medicine

Representatives of major health systems provided input on next steps needed to further the translation of the science of prevention and treatment of SUD into medical practice.

David T. Feinberg, M.D., M.B.A., President and Chief Executive Officer, Geisinger Health System

- Geisinger Health System is regarded as a model for health care. For example, Geisinger is the best in the world for anticoagulation treatment and employs pharmacists that focus exclusively on anticoagulation as a component of this strategy. The health system is now embedding individuals focusing on behavioral health treatment and pharmacists focusing on opioid use.
- Geisinger is working to implement the patient-centered medical home model, which takes much of the burden off the physician and allows a thoughtful focus on the prescribing of opioids.

Contribution to Addiction Medicine:

- The Geisinger Health System will continue its work to master the delivery of evidence-based treatment, including implementation of the medical home model, to the people who need it in the field. Geisinger understands the importance of discussing the indication and evidence for an opioid prescription before writing it and never letting a patient leave the hospital without a follow-up plan. Geisinger is well poised to integrate addiction medicine science into specialty treatment services.
- Marworth Treatment Center, part of the Geisinger Health System, was one of the first addiction medicine fellowships to be certified by ABAM. The Geisinger Health System has been supportive of the creation and maintenance of this fellowship.

Mason Spain Turner, M.D., Director of Addiction Medicine and Outpatient Services for Regional Mental Health, Kaiser Permanente Northern California

- Kaiser Permanente has implemented a national medical records system that integrates health information for its more than 9 million members across all medical service departments. By the end of the year, Kaiser will allow for sharing of addiction information across the Northern California program, including in primary care and other departments, according to its new designation as a Qualified Service Organization under 42 CFR Part 2 in the Code of Federal Regulations.
- Kaiser has the largest nonacademic research center in the world, which has aided in the study and implementation of SBIRT. Under an NIAAA grant, Kaiser has examined implementing broad-scale SBIRT mechanisms. In the past 18 months, it has screened 3.3 million people and referred individuals to the resources they need.

Contribution to Addiction Medicine:

- Kaiser Permanente Northern California will build a horizontally and vertically integrated health care system. This will be accomplished by opening the information pipeline to include addiction medical information, through a 42 CFR Part 2 exemption from SAMHSA, in Kaiser's national medical records.

Matt Feehery, M.B.A., LCDC, Senior Vice President and Chief Executive Officer, Memorial Hermann Prevention and Recovery Center

- Memorial Hermann, the largest nonprofit health care system in Texas, has committed significant resources to addiction medicine through its Prevention and Recovery Center (PaRC), offering both inpatient and outpatient treatment to adolescents and adults as well as aftercare programming. Memorial Hermann, has behavioral health crisis centers within its acute care hospitals and is further growing behavioral health services with more social workers onsite and expansion of telemedicine.
- PaRC has eight dedicated addiction medicine physicians but continues to find workforce development to be a challenge. Memorial Hermann has established a training program with local medical schools rotating students through PaRC.

- Memorial Hermann has committed resources to fully integrate behavioral health and medical care, and executives specializing in addiction medicine sit at the same table as the highest-level decision-makers within the health system.

Contribution to Addiction Medicine:

- Memorial Hermann has made a commitment to the integration of addiction medicine and general medical care and has dedicated resources to fulfill it. The comprehensive partnerships and training in place throughout the Memorial Hermann health system are a model for other programs throughout the country.

Representative of Major City Health System: Hillary Kunins, M.D., M.P.H.

New York City Department of Health

- One function of the New York City Department of Health is to provide surveillance and oversight of the city’s behavioral health system and many community-based providers.
- New York City, like many other jurisdictions around the country, is confronting a need for a developed addiction workforce. The state is currently moving from a fee-for-service model to an integrated system in which physicians will be responsible for the “whole” of patient care, and this requires high-quality professionals.
- The department is engaging in public campaigns to address binge drinking (e.g., “Just One More Can Hurt”), and is making addiction a priority as it actively promotes, develops, and disseminates best practices.

Contribution to Addiction Medicine:

- The New York City Department of Health will contribute to the field of addiction medicine by continuing to champion buprenorphine as a main strategy in treating opioid addiction, conducting training, and providing practice coaching and technical assistance in safety-net settings. Meanwhile, it is working with primary care and school-based settings to implement SBIRT, seeking ways to engage medical students in department work, and actively recruiting trainees for addiction medicine fellowships.

Representative of Major Medical School: David Stern, M.D., University of

Tennessee College of Medicine

- The University of Tennessee College of Medicine is a large medical and referral center in an area known for its impoverished and uninsured populations. It is interested in moving beyond the classic medical school model and innovating to create standards of excellence, eliminate health disparities, and embrace what is happening locally to achieve a national model.
- The University of Tennessee looks for ways to differentiate its medical center and make an impact on the local population. It sends medical students out to be “navigators” in the community and uses methods beyond the traditional curricula to train students.

Contribution to Addiction Medicine:

- The University of Tennessee College of Medicine will contribute to addiction medicine by dedicating the highest level of education and training to addiction medicine fellows and creating a Center of Excellence to deliver services to Tennessee’s most underserved populations.

Representative of Adolescent Medicine: Charles Irwin, Jr., M.D., University of California, San Francisco

- Primary and secondary prevention are foundational components of adolescent medicine.
- Age-oriented approaches to addiction medicine are necessary to serve varied populations effectively.

Contribution to Addiction Medicine:

- Adolescent medicine guides the way in a new era. As editor of the *Journal of Adolescent Health* and past president of the Society for Adolescent Medicine, Dr. Irwin will contribute to the field of addiction medicine by ensuring a continued presence of addiction-related content in publications about adolescents and by partnering with addiction experts to develop integrated training in adolescent and addiction medicine.

**Representative of Addiction Medicine Fellowship Program Directors group:
Alexander Y. Walley, M.D., M.Sc., Boston University Addiction Medicine Fellowship**

- Many physicians who specialize in addiction medicine do so because of the social justice aspect of caring for individuals no one wants to serve.
- Hospitals and institutions need to take on responsibility in shielding people with addiction and the providers who serve them from the stigma that exists today.

Contribution to Addiction Medicine:

- A newly emerging Fellowship Program Directors Association will focus on training addiction medicine fellows to be the highest-quality providers they can be and will work to integrate training with other related professionals (e.g., nurses, social workers, counselors). It will support ABAM and The ABAM Foundation in working toward ABMS recognition and ACGME accreditation. Physicians trained in addiction medicine will be encouraged to provide consulting services to peer physicians and demonstrate how the field adds value to the care of patients.

Representative of Major National Foundation: Alexa Eggleston, J.D., Conrad N. Hilton Foundation

- In 2013, the Conrad N. Hilton Foundation launched an initiative for youth and young adults using screening and brief intervention. Currently in the first phase of the initiative, the Foundation is committed to moving the work forward because research has shown that 90 percent of addicted individuals began using before age 18.
- To change the trajectory of adolescent substance use leading to addiction, the Foundation is employing a three-pronged approach: (1) workforce development, (2) implementation support, and (3) opportunities to support evidence-based practice and support innovation as a private foundation.

Contribution to Addiction Medicine:

- The Conrad N. Hilton Foundation will continue to support the field of addiction medicine, with a focus on prevention, as it has since first partnering with and providing funding to The ABAM Foundation 2 years ago. The Foundation will also work to engage other funders at the local level to support the field.

Closing

Speakers:

- Patrick O'Connor, M.D., M.P.H., President, American Board of Addiction Medicine Foundation
- George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism
- June Sivilli, M.A., Chief, Treatment Branch, Office of National Drug Control Policy

Dr. O'Connor, Dr. Koob, and Ms. Sivilli closed the meeting with thanks to the Federal agencies and partners that worked together over the past year to make the symposium possible and with gratitude to the participants for their involvement and commitment to the field of addiction medicine.

Summary of the Meeting

The Medicine Responds to Addiction Symposium, held on September 18, 2015, brought together the Nation's leaders in medicine and provided a forum for collaboration on spurring the changes occurring within the field to address the prevention of risky substance use and the treatment and management of addiction. Champions from numerous medical boards, certifying bodies, medical school graduate medical education programs, major health systems, and other advocate organizations voiced their commitment and contributions to the advancement of the addiction medicine field. As cohosts, ONDCP and The ABAM Foundation—in partnership with the NIAAA, NIDA, SAMHSA, HRSA, CDC, and NCI—worked with participants on identifying and planning next steps to support the integration of addiction medicine competencies into general medicine practice and graduate medical training. The symposium marked a critical juncture in the development of the addiction medicine field and formal fellowship training, and it established the foundation for a lasting structure of collaboration between public and private partners in addressing the prevention and treatment of America's largest and most costly preventable health problem.

Appendix A: Participant List

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Appendix B: Agenda

- 8:00 a.m.–8:30 a.m. Opening and Introduction of Director Botticelli**
June Sivilli, M.A., Chief, Treatment Branch, Office of Demand Reduction,
Office of National Drug Control Policy
- Welcome and Meeting Purpose**
Michael Botticelli, M.Ed. Director, Director of National Drug Control Policy
- Advancing Patient Care by Integrating Addiction Medicine Competencies—
Prevention, Treatment and Recovery—into Graduate Physician Training
and Practice**
Patrick G. O’Connor, M.D., M.P.H., President, The American Board of
Addiction Medicine Foundation
George Koob, Ph.D., Director, National Institute on Alcohol Abuse and
Alcoholism
Wilson Compton, M.D., M.P.E., Deputy Director, National Institute on Drug
Abuse
- 8:30 a.m.–9:00 a.m. Role of the American Physician in Prevention and Treatment of Addiction**
Tom Frieden, M.D., M.P.H., Director, The Centers for Disease Control and
Prevention
- 9:00 a.m.–10:15 a.m. Input from the Field**
This will be a moderated session providing panelists an opportunity to outline
their role in integrating addiction prevention and treatment into physician
training, certification, and practice. Open discussion in remaining time.
- Panel of Medical Leaders and Champions**
Facilitator: Patrick O’Connor, M.D., M.P.H., President, American Board of
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- Panelists:*
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Barry N. Heller, M.D., President, American Board of Emergency Medicine
Anthony H. Dekker, D.O., American Osteopathic Association
Tannaz Rasouli, M.P.H., Director and Secretary, Government Programs,
Association of American Medical Colleges
Mira Irons, M.D., Vice President for Academic Affairs, American Board of
Medical Specialties
Louis Ling, M.D., Senior Vice President, Accreditation Council for Graduate
Medical Education
- 10:15 a.m.–10:30 a.m. Break**

10:30 a.m.–11:00 a.m. Building a Trained and Certified Workforce

This session will lay out why physician training is essential to effectively address the Nation's largest and most costly preventable health problem; that the way to reach physicians is through training; and that the essential step of ensuring quality training through fellowships.

Louis Baxter, M.D., Director, American Board of Addiction Medicine
Anna Lembke, M.D., Director, Stanford Addiction Medicine Program
Lewis S. Nelson, M.D., Director, Fellowship in Medical Toxicology, New York University School of Medicine, Director, American Board of Emergency Medicine
Charles Irwin, Jr. M.D., Distinguished Professor of Pediatrics, University of California San Francisco

11:00 a.m.–11:55 p.m. Concurrent Sessions

Task: Participants in each group will identify specific action post-meeting, barriers to address, technical and other resource models.

Group 1: Fellowship Program Expansion: Opportunities, Challenges and Next Steps

Facilitators:

Anna Lembke, M.D., Director, Stanford Addiction Medicine Program
Louis J. Ling M.D., Senior Vice President, Accreditation Council for Graduate Medical Education

The group will identify the challenges and opportunities to fellowship development and training, and the next steps for addressing them.

Group 2: Integrating Addiction Knowledge & Skills into Residency Training and Physician Practice

Facilitators:

Cheryl Lowry, M.D., M.P.H, Director, American Board of Preventive Medicine
Lorraine Lewis, Ed.D., R.D., Executive Director, Review Committee for Preventive Medicine

The group will lay out a roadmap of the steps to be taken over the next 12-18 months to move addiction prevention and treatment into medical training, certification and practice more broadly.

Group 3: From Prevention to Disease Management: Addressing the Full Spectrum of Substance Use in Medical Training and Practice

Facilitators:

Hoover Adger Jr., M.D., M.P.H., M.B.A, Director Adolescent Medicine, Johns Hopkins University School of Medicine and Director, American Board of Addiction Medicine Foundation
Alexa Eggleston, J.D., Senior Program Officer, Domestic Programs, Conrad N. Hilton Foundation

This group will identify immediate actions that should be taken in medical training and certification to ensure comprehensive attention to the full set of issues from prevention of all substance use to end stage care.

12:05 p.m.–12:30 p.m. Introduction of Surgeon General Murthy

Patrick O’Connor, M.D., M.P.H., President, The American Board of Addiction
Medicine Foundation

**Integrating Prevention of Risky Substance Use and Treatment of Addiction
into Medical Practice: The Time is Now!**

Vice Admiral Vivek H. Murthy, M.D., M.B.A., U.S. Surgeon General

12:30 p.m.–12:40 p.m. Group Photo

12:45 p.m.–1:45 p.m. Networking Lunch

1:45 p.m.–2:45 p.m. Reports from Concurrent Sessions

Facilitators:

Jeffrey Samet, M.D., M.P.H., Director, The American Board of Addiction
Medicine Foundation, Boston University School of Public Health

Hillary Kunins, M.D., M.P.H., Assistant Commissioner, New York City
Department of Health and Mental Hygiene

The facilitators of the three concurrent sessions will present the specific actions identified in each group to move addiction prevention and treatment into medical training, certification and practice. Opportunity for questions and group discussion.

2:45 p.m.–3:45 p.m. Input on Next Steps from Advocates

Facilitators:

Kevin Kunz, M.D., M.P.H., Executive Vice President, The American Board of
Addiction Medicine Foundation

Paula J. Lum, M.D., M.P.H., Associate Professor, University of California San
Francisco, School of Medicine

Panelists:

Representatives of Major Health Systems:

David T. Feinberg, M.D., M.B.A., President and Chief Executive Officer,
Geisinger
Health System

Mason Spain Turner, M.D., Director of Addiction Medicine and Outpatient
Services for Regional Mental Health, Kaiser Permanente Northern California

Matt Feehery, M.B.A., LCDC, Senior Vice President and Chief Executive
Officer, Memorial Hermann Prevention and Recovery Center

Representative of Major City Health System: Hillary Kunins, M.D., M.P.H. New
York City Department of Health

Representative of Major Medical School: David Stern, M.D., University of
Tennessee College of Medicine

Representative of Adolescent Medicine: Charles Irwin, Jr., M.D., University of
California, San Francisco

Representative of Fellowship Program Directors’ Association: Alexander Y.
Walley, M.D., M.Sc., Boston University Addiction Medicine Fellowship

Representative of Major National Foundation: Alexa Eggleston, J.D., Conrad N.
Hilton Foundation

3:45 p.m.

Closing

Patrick O'Connor, M.D., M.P.H., President, The American Board of Addiction
Medicine Foundation

George F. Koob, Ph.D., Director, National Institute on Alcohol Abuse and
Alcoholism

June Sivilli, M.A., Chief, Treatment Branch, Office of National Drug Control
Policy

Appendix C

Department of Veterans Affairs Interprofessional Advanced Fellowship in Addiction Treatment: Decades of Commitment to Addiction Treatment and Training

The Department of Veterans Affairs (VA) has long recognized the need for professionals trained to lead clinical, educational, research, and system transformation initiatives and the few training pathways to develop such professionals. The VA has been proactive in assuring an appropriate addiction treatment workforce to meet the present and future needs of the VA and the Nation for those who suffer from addiction and misuse of alcohol and/or other substances.

The VA, through its Office of Academic Affiliations (OAA), has a long history of training physicians and other allied health care professionals to address addiction among Veteran and other populations. In 1994, the VA began offering post-residency fellowship training to qualified physicians through the *Advanced Fellowship in Substance Abuse Treatment program* to improve clinical and research training in addictions. These training programs helped to establish the *Addiction Psychiatry Fellowship Programs* that were recognized by the American Board of Medical Specialties (ABMS) and the American Council of Graduate Medical Education (ACGME). These newly ACGME-accredited fellowships were available only to residents graduating from psychiatry training programs. Currently, the ACGME has recognized 43 residency programs in Addiction Psychiatry, and the VA has continued to provide substantial financial support (for 50 positions) and training environments with their academic affiliates at 35 participating VA facilities. Through these activities, the VA is not just a Graduate Medical Education payer (second largest after the Center for Medicare and Medicaid Services), it provides the clinical and educational environments and clinical faculty that give trainees immersion in state-of-the-art integrated treatment programs. In addition to supporting accredited Addiction Psychiatry fellowship programs, the VA continues to support the unaccredited *Advanced Fellowship in Substance Abuse Treatment* program to provide psychiatrists and other physician specialists the opportunity to receive clinical training in addiction treatment as well as develop knowledge and skills in education, research, and administrative leadership. From 1995 through 2012, 76 physicians at 15 VA facilities were trained in this 2-year fellowship program.

The VA also recognizes there has been a shift in the understanding of substance use, addiction, and treatment strategies, and that many types of health care professionals—not just physicians—engage in addiction identification and treatment, often as part of interdisciplinary teams. Thus, in 2013, the VA reinvigorated and re-competed their non-accredited addiction fellowship program and solicited proposals from VA facilities to serve as fellowship sites for *Interprofessional Fellowships in Addiction Treatment*. The purpose of these fellowships was to develop leaders with vision, knowledge, and commitment to devise, implement, teach, and evaluate addiction treatments to improve health care for Veterans and the Nation and, for the first time, to offer these fellowships to qualified postgraduate physicians and other associated health care professionals (e.g., post-Master's nurses, pharmacists, social workers, and psychologists). Seven VA health care systems consisting of two co-directors (a physician and an associated health care professional) were selected and authorized to recruit one physician and associated health care professional for this 2-year education experience. A National Coordinating Center delivers an interdisciplinary addiction curriculum, coordinates activities among the sites, assists in recruitment of fellows, and disseminates products of the fellows, fellowship sites, and the overall fellowship program.

Many of these fellows have been academically productive, receiving independent grant support for research projects, presenting their scholarly work at international conferences, and publishing book chapters and other peer-reviewed scholarship. Since the program's inception, 20 Interdisciplinary Fellows have been or are currently being trained.

In summary, the VA provides monetary support and support through its unique clinical environments, faculty, and training curriculum for both accredited and non-accredited training programs to train expert clinical, research, education, and administrative leaders in addressing addiction within the VA and the Nation. The VA looks forward to supporting future accredited training for physicians and other professionals to advance expertise in addiction treatment.