

Medicine Responds to Addiction:

Fellowships Drive Competency Adoption Across Medical Training and Practice

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Fellowships Drive Competency Adoption

- Hanoi, Vietnam to New Haven, USA
- What is past is prologue: Addiction Medicine (ADM) comes of age
- Fellowships impact training and practice
- Examples from the Yale experience
- Examples from other institutions



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A wake-up call at Yale: Vietnam ADM Curriculum Consultation, May 2015



Was Vietnam ahead of the U.S. in seeking a comprehensive academic plan?

- Goal: Propose a design and infrastructure for training in Addiction Medicine in Vietnam
- Develop and implement core concepts for training in Addiction Medicine at Vietnamese medical schools.
- Recommendations: opportunities to infuse Addiction Medicine training across the educational spectrum:
 - Medical School
 - Post-graduate Training: residency and fellowship
 - Continuing Medical Education
 - Addiction Medicine as a Specialty



If Vietnam can do this...



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Addiction Medicine

VIEWPOINT

Addiction Medicine The Birth of a New Discipline

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Substance use is highly prevalent, a substantial cause of morbidity and mortality and accounts for over \$500 billion in economic costs in the United States annually. The 2012 National Survey on Drug Use and Health (NSDUH),¹ which surveyed Americans 12 years or older, reported that 32% binge drink and nearly 7% reported heavy drinking over the past 30 days. In addition, 9% of those surveyed reported illicit drug use during the past 30 days, and heroin use increased by 79% since 2007. Opioid overdoses are on the rise, now exceeding deaths from motor vehicle crashes. Similarly, the global impact on disability and mortality of substance use and the phenomenon of addiction that often follows is enormous.²

Individuals with specific substance use disorders and addiction interact frequently with the health care system, offering opportunities to intervene. The evidence base of research supporting the effectiveness of prevention and treatment of addiction is growing. For example, randomized clinical trials have demonstrated the

priority. Like other chronic diseases, there is a role for both primary care physicians and referral to specialists when their expertise is needed.

Addiction specialists can play a critical role in addressing the treatment gap for substance use disorders and improving patient care. For example, primary care physicians may be reluctant to screen for substance use because of uncertainty about what to do once a patient is identified. The availability of addiction specialists can give confidence to primary care physicians that they can access expert consultation and follow up, when needed, such as with complex withdrawal or repeated relapse. In addition, specialists can help to decrease practice variation and ensure evidence-based care. The availability of addiction specialists who are broadly integrated into the medical community can also provide a bridge to substance abuse treatment programs, which many physicians are either unfamiliar with or reluctant to use. Once assessed by an addiction specialist, program re-

JAMA Internal Medicine Published online September 8, 2014



Medicine Responds to Addiction I, II & III (2015-2018): Academic Addiction Medicine Joining with the House of Medicine and Engaging Key Stakeholders



American Board of Medical Specialties (ABMS): Addiction Medicine is a New Subspecialty, 2016

American Board of Medical Specialties Officially Recognizes Addiction Medicine as a Subspecialty

American Board of Preventive Medicine Sponsored the Application Allowing Physicians Certified by ABMS Member Boards to Apply for the New Certificate

NEWS PROVIDED BY

[American Board of Medical Specialties](#) →

Mar 14, 2016, 11:00 ET

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Accreditation Council for Graduate Medical Education (ACGME)

- Program requirements developed with input from Addiction Medicine fellowship directors: final vote expected February 2, 2018.
- Evaluative milestones being developed with input from fellowship directors.
- ACGME accreditation applications for ADM fellowships expected to be available in the first quarter of 2018.



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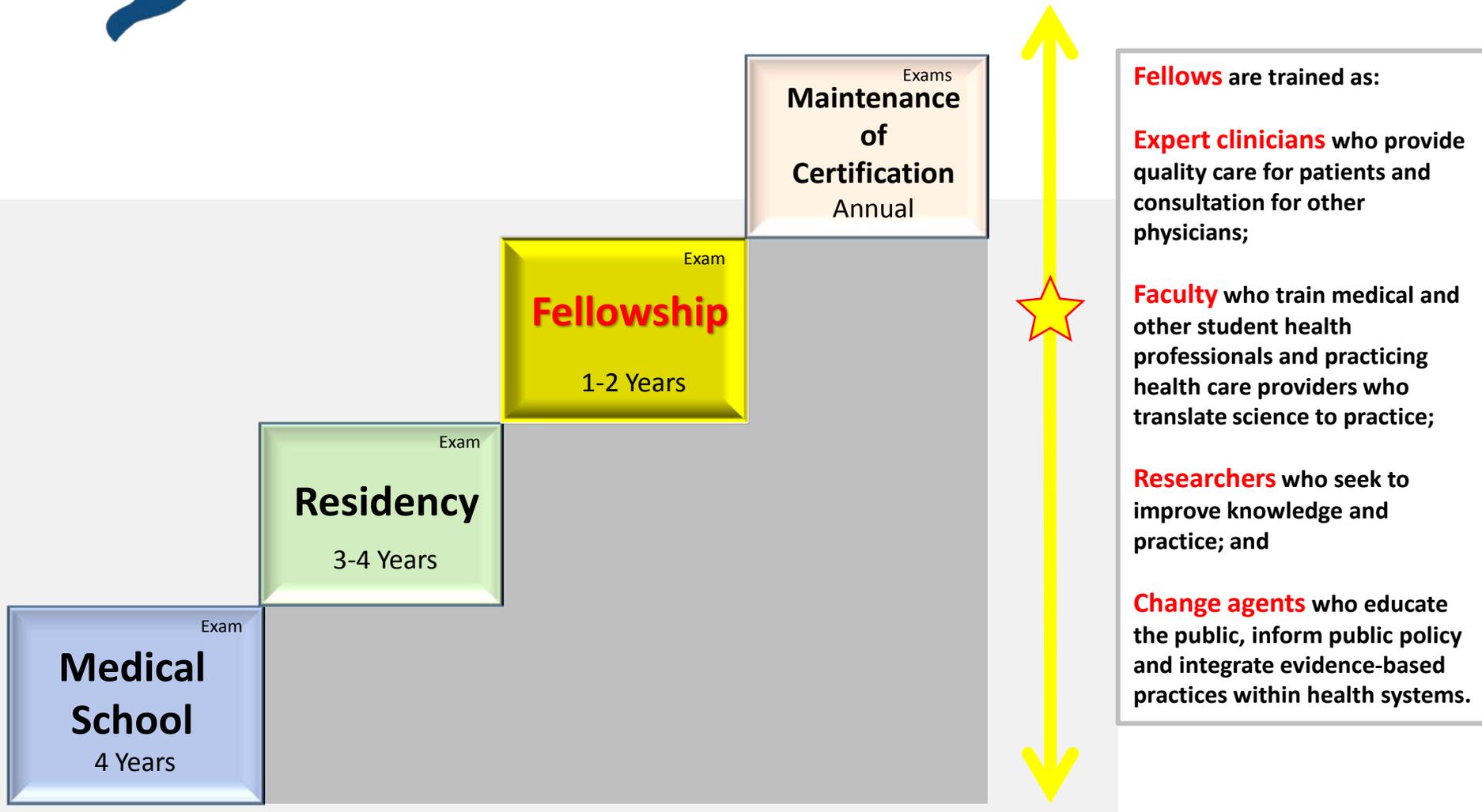
How do ACGME fellowships impact training and practice?

- Fellowships produce:
 - Clinical experts
 - Faculty and teachers
 - Researchers
 - Change agents
- Drive knowledge, skills and other competencies
- Work with researchers to advance the evidence base
- Provide institutional leadership on addiction prevention and treatment
- Advance community and population health

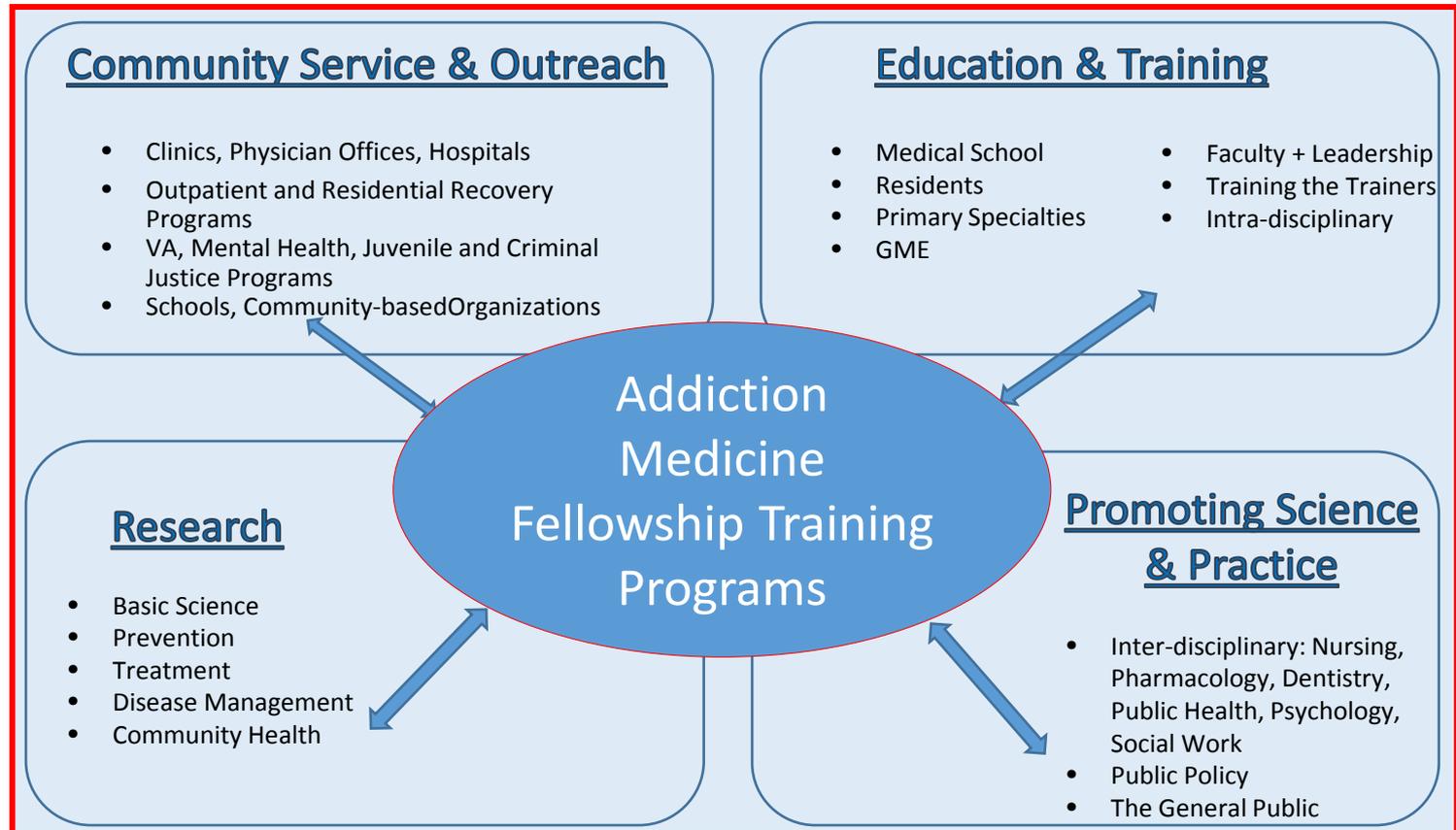




Steps in Career Training for Physicians



Fellowship Training Drives Knowledge and Practice Across Medicine and Health Care



Fellowship training programs form the core of Addiction Medicine Centers of Excellence – training ADM physicians and driving change across medicine and health care practice, building the science, increasing public understanding of unhealthy substance use and the disease of addiction, and informing public policy.

Example: Why we need ADM trained physicians

- **Naltrexone, acamprosate** vs placebo for AUD
 - **NNT = 5-12**
- **SSRIs** vs placebo for depression
 - **NNT = 7-9**
- **Statins** vs placebo for non-fatal MI prevention
 - **NNT = 104**
- **DVT prophylaxis** vs no treatment to prevent non-fatal PE
 - **NNT = 345**



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With medications for AUD this effective, why do only 3-12% of patients with AUD receive evidence-based pharmacotherapy?



Treatment is Effective yet, large “Treatment Gap” An ADM-trained physician workforce is needed

“Ultimately, through the greater incorporation of addiction medicine into the spectrum of medical training, patients will be better served by narrowing the health care quality chasm in addressing substance use disorders.”

Wood E, Samet JH, Volkow N. *JAMA*. 2013;310:1673



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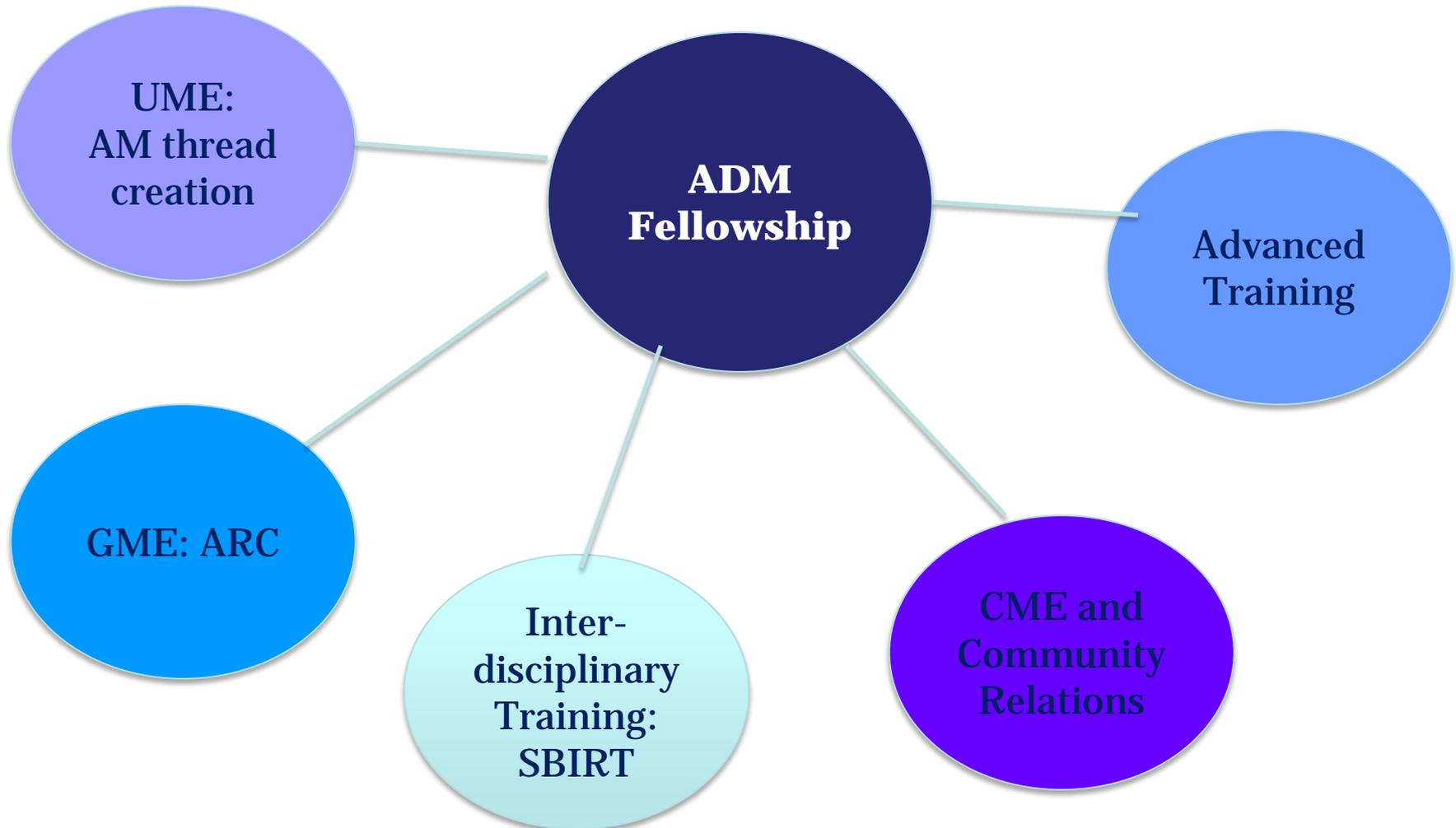


Yale Addiction Medicine Fellowship

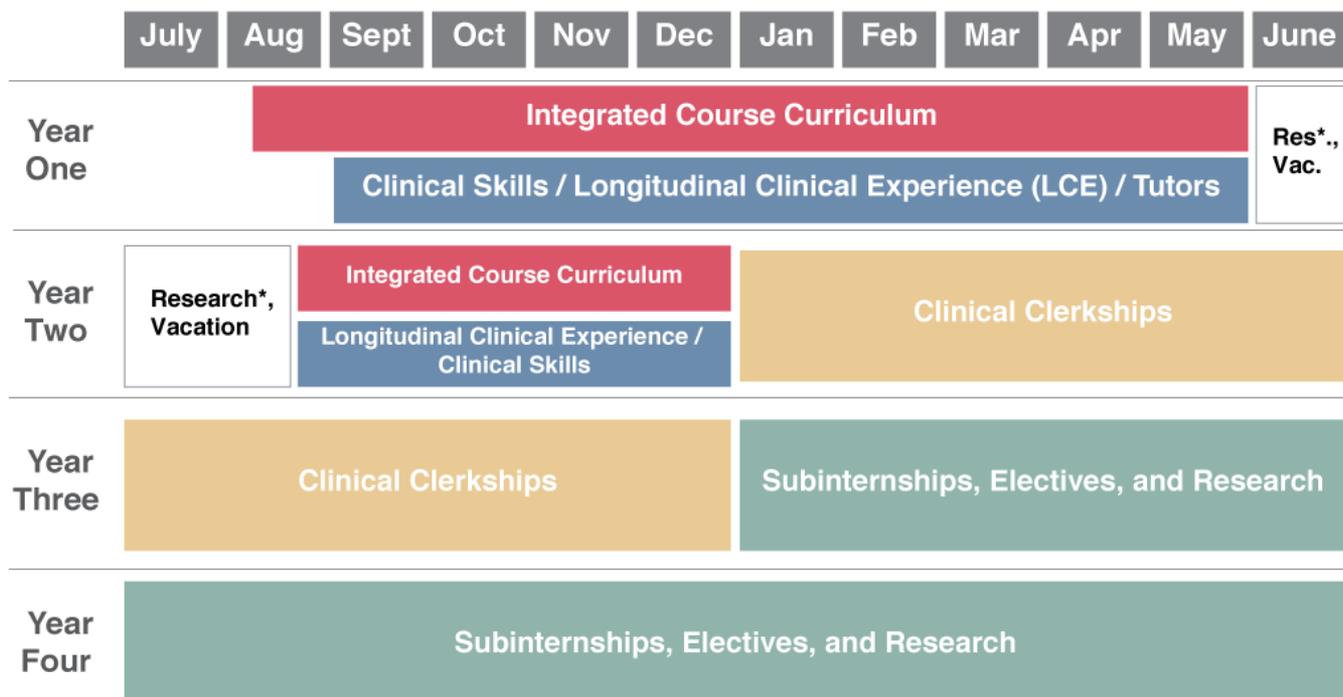
- Fellowship Director: Jeanette Tetrault, MD
- One to two fellows per year for one to two years
- Graduated a total of 3 fellows, 4th fellow currently in training
 - Dual palliative care/ADM trained fellow in clinical practice
 - FP graduate completed two years of ADM training now interviewing nationwide for faculty positions
 - Yale PC graduate completed ADM training now training in GI/hepatology
 - Yale PC chief resident currently in training
- Working to develop new:
 - Funding opportunities
 - Training sites
 - Collaborations across Yale University and in the community



ADM fellowship at Yale drives educational initiatives



Yale School of Medicine Curriculum



* Electives may be arranged by approval of advisor



Yale School of Medicine: Create Addiction Medicine Curriculum

- **8 Master Courses:**
 - e.g.: Genes and Development, Energy and Metabolism, Homeostasis, and Across the Lifespan
- **3 Longitudinal Courses:**
 - Professional and Ethical Responsibility, Human Anatomy, and Scientific Inquiry: Biostatistics and Research Methods
- **9 Longitudinal Threads:**
 - e.g.: Biochemistry, Cell Biology, Embryology, Pathology, Pharmacology, Physiology, and Diagnostic Methods



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- **New thread approved: Addiction!**



Addiction Medicine Training in Primary Care

The Addiction Recovery Clinic: A Novel, Primary-Care-Based Approach to Teaching Addiction Medicine

Stephen R. Holt, MD, MS, Nora Segar, MD, Dana A. Cavallo, PhD,
and Jeanette M. Tetrault, MD



Acad Med. 2017 May;92(5):680-683



ARC Evaluation: Trainee Surveys

- Overall, ARC rotation highly regarded
- Common themes:
 - Appreciated role-modeling by faculty
 - Emphasized utility of pre-clinic teaching on AM topics
 - Importance of continuity of care from week to week
- Great enthusiasm for Addiction Medicine
 - 28% (11 of 39) trainees and 45% (9 of 20) faculty have registered for or completed buprenorphine training
- *Unanticipated outcome*: Served as a faculty development site
- Four trainees enrolled in ADM fellowships!



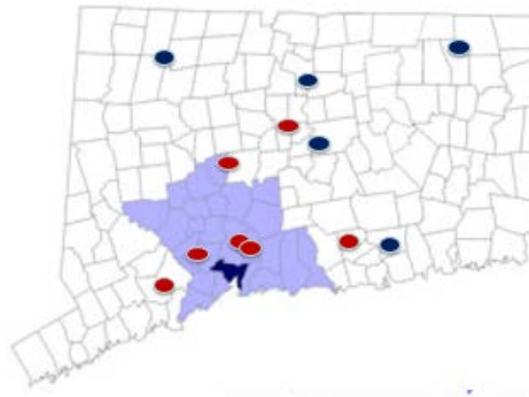
SBIRT Training: The Yale Experience

- **Residency training initiative:**
 - 554 residents: Internal Medicine (Traditional, Primary Care and Medicine-Pediatrics), Emergency Medicine, Psychiatry, Pediatrics, & Obstetrics/Gynecology
 - 66% of residents are using SBIRT in clinical practice at 3 yrs
- **Health Professional training initiative:**
 - Medical, nursing, counseling and social work students
- **Promote translation of skills into measurable and observable clinical practice**
- **ADM fellow key component of train-the-trainer**

Tetrault JM et al. *Substance Abuse*, 2012



- Monthly “Addiction Medicine Rounds”
- Buprenorphine trainings throughout state



- HRSA-funded Substance Abuse Expansion Grants at FQHCs:
 - Hill Health Center
 - Fair Haven Community Health Center

The Research in Addiction Medicine Scholars (RAMS) Program (NIDA R25)



RAMS Co-Directors:

Patrick O'Connor, MD, MPH, FACP and Jeffrey Samet, MD, MA, MPH



Yale SCHOOL OF MEDICINE



RAMS National Advisory Committee



Dr. Edward (Ned) Nunes
Columbia University



Dr. Jeffrey Samet
Boston Medical Center

Dr. Patrick O'Connor
Yale University



Dr. Kathleen Brady
Medical University of South Carolina



Dr. Gail D'Onofrio
Yale University

Yale Drug use, Addiction and HIV Research Scholars (DAHRS) Program (NIDA K12)



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Fellowships supporting medical student education

- **University of Florida College of Medicine**
 - Mandatory rotation 2 week (inpt/outpt) rotation for all students
- **Stanford University**
 - Fellows involved in medical school teaching as part of a new addiction medicine curriculum
- **University of Wisconsin**
 - 4 week elective offered in the fourth year of medical school
 - Public health with focus on addressing substance related harm at the population level
- **UCSF**
 - Panel of guests in recovery, clinical microsystems clerkship with QI projects on opioid safety, clerkship narrative reflection exercise on “talking about addiction”



- **University of Buffalo Family Medicine Residency**
 - Mandatory rotation for all Family Medicine Residents with focus on combatting the opioid epidemic



- **University of Wisconsin**
 - Two 8-hour days of didactics focused on AM in Family Medicine Program
 - Addiction Medicine Track in Primary Care Internal Medicine Program
- **UCSF**
 - SBIRT Curriculum for all residents, MI enhanced SBIRT for residents

Boston University: Chief Resident Immersion Training (CRIT)

- **Description:**
 - 4-day program to improve chief residents' substance use knowledge, clinical practice and teaching skills
 - NIDA R25 DA13582
- **Results:** At 6-month follow-up, chief residents (CRs) who attended CRIT reported a significant increase in:
 - substance use (SU) knowledge
 - confidence
 - preparedness to diagnose, manage, and teach
 - SU clinical and teaching practices



- **UCSF SHOUT Project:**
 - Designed by ADM Fellow, Hannah Snyder
- **Mt. Sinai School of Medicine:**
 - Fellows involved in buprenorphine training of attending physicians in an effort to initiate buprenorphine prior to hospital discharge
- **All fellowships are graduating fellows equipped to be clinical and academic leaders...**
 - Example: Four out of five recent Minnesota Addiction Medicine graduates have taken academic positions where their job focuses on curriculum development and improvement in addiction medicine



Query to Fellowship Directors in the Audience:

- Have your fellows been trained to teach other physicians?
- Have your fellows become faculty?
- Have your fellows engaged in research during training?
- Have any gone on to continue research post fellowship
- Have they become systems change agents?
- Has your fellowship
 - Impacted medical school education?
 - Impacting primary care residency training at your institution?
 - Impacted institution and community physician practice?



Summary: Addiction Medicine Fellowships Drive Competency Adoption Across Medical Training and Practice

- Like other medical specialties, Addiction Medicine fellowships and programs should drive addiction patient care, education and research throughout their institutions.
- Yale University and other institutions with Addiction Medicine fellowships have taken the lead in establishing programs in addiction medicine and leading efforts to support training and state-of-the-art addiction clinical practice in their home institutions.
- These programs and their institutions should lead national efforts to establish addiction medicine training and competency at each and every academic medical center in the United States!



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