Medicine Responds to Addiction: Implementing Physician Training
January 30, 2018

sponsored by

The Addiction Medicine Foundation

in partnership with

National Institute on Alcohol Abuse and Alcoholism,
National Institute on Drug Abuse,
Substance Abuse and Mental Health Services Administration
Proceedings
Welcome and Overview

Tim Brennan, M.D., M.P.H., and Anna Lembke, M.D.

Dr. Brennan opened the symposium at 8:00 a.m. He thanked the Office of National Drug Control Policy, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, the Accreditation Council for Graduate Medical Education, the Translation Research Initiative planning group, and all speakers and participants.

Dr. Lembke discussed the logistical details of the symposium. A recording of the entire meeting would be on the website of The Addiction Medicine Foundation (TAMF).

Dr. Brennan detailed the growth in addiction medicine (ADM) fellowship from 2012 to 2018. In 2012, the first ten ADM fellowship training programs were established. By 2018, there were 52 current and 19 emerging fellowships. The goal is to have 125 by 2025.

Responding to Drug Use, Addiction, and the Opioid Crisis: Administration Priorities and the Need for a Trained Workforce

June Sivilli, M.A., Division Chief, Public Health and Public Safety, Office of National Drug Control Policy

Ms. Sivilli assured attendees that the Office of National Drug Control Policy (ONDCP) had done what it could over the years to advance addiction medicine. In 2015-16, it co-hosted two symposia at the White House. She promised that ONDCP would work to establish more addiction medicine fellowships and expand the addiction medicine and addiction psychiatry workforce. Over 63,000 Americans died from accidental drug poisoning in 2016, and initial 2017 data do not suggest a downturn in the rate of overdose deaths. The administration is undertaking a multipronged strategy to respond to the opioid crisis. The National Survey on Drug Use and Health (NSDUH) indicates that only about ten percent of people with substance use disorders actually receive specialty treatment. Among individuals with an opioid use disorder, approximately 20 percent access treatment. The administration is working to improve screening for substance use and addiction, and to create more pathways to addiction treatment. It allocated more than $800 million in the past year for prevention, treatment, first responders, prescription drug monitoring programs, and recovery services. The president has created an Opioid Commission. The Department of Health and Human Services has established a Pain Coordinating Committee.

Translating Science to Physician Training and Practice

George Koob, Ph.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH)

Key Points of Presentation:

- Alcohol is the third leading preventable cause of death in the U.S.
- 15.1 million adults have alcohol use disorder (AUD).
• There has been an increase in emergency department visits and hospitalizations related to alcohol in the last 10 years.
• Decades of research shows that addiction is a chronic brain disease.
• AUD frequently co-occurs with other mental health conditions.
• Less than ten percent of people with AUD get any treatment.
• Less than four percent of patients with AUD use a Food and Drug Administration (FDA)-approved medication to treat their disorder.
• NIAAA-funded researchers developed 3-D photography and image analysis techniques to enhance detection of alcohol-induced facial features in children prenatally exposed to alcohol. The new technique will help identify individuals within the fetal alcohol disorder spectrum with facial features too subtle for detection by the human eye.
• There are evidence-based interventions for preventing and treating AUD:
  o Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  o Minimum legal drinking age of 21
  o Professionally led behavioral interventions
  o FDA-approved medications
  o Mutual support groups, such as Alcoholics Anonymous
• Alcohol Screening and Brief Intervention (SBI) in primary care reduces alcohol misuse among adults; recommended by the U.S. Preventive Services Task Force.
• Effective prevention interventions of alcohol misuse and harm include:
  o Individually oriented (Screening and Brief Intervention (SBI))
  o Family
  o School
  o Web-based
  o Environmental
  o Policies (e.g. taxes, outlet density, driving while intoxicated laws, and minimum legal drinking age laws)
  o Multi-component community interventions
• Effective professionally led behavioral interventions include:
  o Cognitive-behavioral therapy: to change the thought processes that lead to alcohol misuse and develop skills to cope with situations that trigger problem drinking
  o Motivational enhancement therapy: to enhance motivation to change drinking behavior with life goals
  o Community reinforcement: to facilitate changes in a person’s life to make abstinence more rewarding than drinking
  o Marital and family counseling: incorporates family into treatment to help repair and improve family relationships
• There are three FDA-approved medications for the treatment of AUD:
  o Disulfiram blocks the breakdown, or metabolism, of alcohol by the body, increasing acetaldehyde, and causing unpleasant symptoms such as nausea and flushing of the skin.
  o Naltrexone diminishes the rewarding effects of alcohol to help people reduce heavy drinking.
- Acamprosate reduces the negative emotional state associated with protracted abstinence from alcohol and may also reduce craving, make it easier to maintain abstinence.

- To assist people in finding AUD treatment, NIAAA has developed the NIAAA Alcohol Treatment Navigator, which outlines the features of evidence-based AUD treatment, describes the varied routes to recovery, and provides a strategy for locating qualified treatment specialists.

- NIAAA sponsored the Wearable Alcohol Biosensor Challenge.

- A second challenge recently closed. The object was to design a wearable sensor using technologies that detect alcohol non-invasively in blood or interstitial fluid.

- A study of 54 primary care clinics found 88 percent had no policies or requirements to ask patients about alcohol use, and those with policies had no consistent evidence-based methods for screening or referral.

- NIAAA seeks to grow the addiction medicine workforce by:
  - Improving physician training in substance use prevention and treatment at all levels
  - Integrating prevention, early intervention, and treatment into routine medical care

- NIAAA, the National Institute on Drug Abuse (NIDA), and other federal agencies engaged with the White House on a national effort to grow the addiction medicine workforce.

- Next steps include identifying medical school curriculum needs and enhancing addiction medicine questions on medical board exams.

**Nora Volkow, M.D., Director, NIDA, NIH**

**Key Points of Presentation:**

- Overdose death rates increased tremendously in all parts of the country between 1999 and 2016.

- Opioid prescriptions steadily increased from 1991 to 2011.

- Opioid morphine milligram equivalents (MME) dispensed fell by over 15 percent from 2010 to 2015.

- Fentanyl-related deaths surpassed deaths from heroin or prescription opioids in 2016.

- Medication-assisted treatment (MAT) decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission, and increases social functioning and retention in treatment, but it is highly underutilized, and relapse rates are very high.

- Integrating buprenorphine treatment (BT) into a large Federally Qualified Health Center (FQHC) network increased retention rates to levels similar to those reported by clinical trials. Prescription of psychiatric medicine and on-site substance abuse counseling improved retention whereas cocaine use decreased it.

- Integrating BT into primary care settings could also improve co-morbid disease diagnosis and management of chronic diseases.
• In 2016, an estimated 20.1 million Americans 12 or older were dependent on any illicit drugs or alcohol, but only 3.8 million, or 19 percent, of these individuals had received some type of treatment in the past year and very few involved health care systems.
• We need physicians to be our partners in better integrating drug abuse screening, prevention, and treatment into the healthcare system. To make this happen, we need physicians to be provided with more education and training.

Anita Everett, M.D., Chief Medical Officer, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS)

Key Points of Presentation:
• The 2016 NSDUH found that 7.5 percent of people aged 12 or older had a substance use disorder; 18.3 percent of people aged 18 or older had a mental illness; and 3.4 percent of people aged 18 or older had both substance use and a mental disorder.
• Among those with a substance use disorder, about 33 percent struggled with illicit drugs, 75 percent with alcohol use, and 11 percent with both.
• Among those with a mental illness, about 25 percent had a serious mental illness.
• Over two million Americans have an opioid use disorder (OUD); of those, only one in five receive specialty treatment for illicit drug use.
• There were over 64,070 drug overdose deaths in 2016, 75 percent of which were from opioids.
• Among 28 states with available data, neonatal abstinence syndrome (NAS) increased 300 percent from 1999 to 2013.
• HHS has a five point opioid strategy
  o Strengthening public health surveillance
  o Advancing the practice of pain management
  o Improving access to treatment and recovery services
  o Targeting availability and distribution of overdose-reversing drugs
  o Supporting cutting-edge research
• Examples of public health surveillance include:
  o National Survey on Drug Use and Health
  o Treatment Episode Data Set
  o National Survey of Substance Abuse Treatment Services
  o Collaboration with the Centers for Disease Control and Prevention (CDC) on Prescription Drug Monitoring Program (PDMP) implementation
• SAMHSA plans to address the opioid crisis through support for evidence-based prevention, treatment, and recovery services for opioid use disorder. This includes:
  o State-Targeted Response (STR) grants to states
  o Block grants to states
  o Refocusing technical assistance
  o Naloxone access/first responders/peers
  o Pregnant/postpartum women/NAS
  o Criminal justice programs with MAT
Physician Training Resources: Science Informing Physician Training and Practice

**Alcohol**: Margaret (Peggy) Murray, Ph.D., Director, Global Alcohol Research Program, Office of the Director, NIAAA, NIH

**Key Points of Presentation:**

- Medical education is part of NIAAA’s mission. NIAAA provides leadership in the national effort to reduce alcohol-related problems by translating and disseminating research findings to health care providers, researchers, policymakers, and the public.
- Dissemination science is part of the NIH mission. Dissemination is the targeted distribution of information to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based intervention.
- The search for alcohol treatment can feel overwhelming. NIAAA’s Alcohol Treatment Navigator will help you focus your search to find options that increase the chance for success. It has no commercial ties, an emphasis on evidence-based approaches, and a goal to educate.
- Next steps include:
  - Studies of education interventions that broaden the focus of physician education beyond Screening and Brief Intervention to include neurobiology of addiction and effective treatments (i.e. medications)
  - Improve alcohol content questions on medical student and licensing exams
  - Ensure the expectations of alcohol/addiction identification and treatment as quality care
  - Requirements will drive the education quality
  - Use of technological advances in skill development
- From 2002 to the present, NIAAA has funded Alcohol Education Project Grants, an R25 grant program for projects designed to support the science of dissemination of new knowledge acquired through alcohol research to a wide array of health professionals. Grantees receive $250,000 per year for two to three years.
- The five signs of higher quality care:
  - Credentials
  - Comprehensive assessment
  - Customized, responsive treatment plan
  - Evidence-based therapies
  - Continuing recovery support
NIDA Portfolio: Michelle Corbin, MBA, Public Health Analyst, NIDAMED, NIDA, NIH

Key Points of Presentation:

- NIDAMED’s mission is to develop and disseminate science-based resources on opioids and SUD that educate health professionals and those in training about screening, addressing, and treating SUD; and enhancing their awareness of addiction as a treatable brain disorder.
- NIDAMED is accomplishing its mission through partnerships, developing content that is usable and easily digestible.
- Top NIDAMED products:
  - Screening, assessment, and drug testing resources
  - Screening tools chart
  - Opioid-specific content, including: prescribing guidance, OUD treatment information, and content for special populations
  - Continuing education courses that focus on general substance abuse, adolescent substance use (SU), opioid prescribing and pain, opioids, and opioid overdose
  - SU treatment
  - Patient resources
  - Curriculum resources
  - ADM content
- Created in collaboration with The Addiction Medicine Foundation, the new ADM Fellow Toolkit serves as an introduction for new ADM fellows before entering their fellowship programs. The resources in the toolkit can help prepare fellows on their journey to becoming ADM-certified.
- EXPLORE provides ADM fellows with accessible and practical information on the following topics:
  - Addiction science
  - Opioid information and prescribing
  - Pain management
  - Substance use treatment
- BOOKMARK suggests up-to-date information and webpages that the fellows can frequently refer back to during and after their journey to become ADM-certified.
- LEARN provides the ADM fellows with continuing medical education (CME) and modules in order to review and further expand their knowledge base on substance use and addiction. These resources can serve as booster training materials in addition to what they have learned in the classroom or in their practice or clinic.
- WATCH provides ADM fellows with the opportunity to learn from experts in the substance use and addiction fields through an extensive library of videos.
**Tobacco**: Doug Tipperman, M.S.W., Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, SAMHSA, HHS

**Key Points of Presentation:**

- Smoking remains the leading cause of preventable disease and death in the United States. It is responsible for over 480,000 deaths per year.
- Tobacco-related diseases are the leading cause of death in patients previously treated for alcoholism and other SUDs.
- SAMHSA’s National Survey on Drug Use and Health (NSDUH) found that 48.3 percent of adults with an SUD in the past year smoked, as opposed to 18.6 percent without an SUD.
- Smoking prevalence for those 12 and older who received substance use treatment was 74 percent.
- A 2017 nationally representative, prospective longitudinal study of long-term outcomes for SUD found that continued smoking and smoking initiation among nonsmokers were associated with significantly greater odds of SUD relapse.
- A 2004 meta-analysis of 19 studies found that smoking cessation interventions provided during addictions treatment were associated with a 25 percent increased likelihood of long-term abstinence from alcohol and illicit drugs.
- A 2014 meta-analysis of 26 studies found that smoking cessation is associated with decreased depression, anxiety, and stress, and improved positive mood and quality of life compared with continuing to smoke.
- Based on this research, the Substance Abuse and Mental Health Services Administration recommends the adoption of tobacco-free facility/grounds policies and the integration of tobacco treatment into behavioral healthcare.
- Routinely screening patients for tobacco use and encouraging every smoking patient willing to make a quit attempt to use evidence-based cessation counseling treatments and medications is effective.
- Counseling and medication are effective when used by themselves for treating tobacco dependence. The combinational counseling and medication, however, is more effective.
- Many may benefit from additional counseling and longer use of cessation medications as well as combination use of medications.
- Adopting and implementing a tobacco-free facility/grounds policy is effective.
- The U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence, 2008 update, reflects the distillation of a literature base of more than 8,700 research articles, and provides detailed recommendations about clinical interventions for tobacco cessation and found that tobacco dependence treatments are effective across a broad range of populations.
- The U.S. Department of Health and Human Services (HHS) launched Million Hearts in 2012 to reduce cardiovascular events. Million Hearts has evidence-based tools and resources for tobacco cessation interventions.
Opioids: Christina A. Mikosz, M.D., M.P.H., Medical Officer, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, HHS

- Almost 310,000 people have died from an opioid overdose since 1999. T
- In the first wave, over 183,000 people have died from prescription opioids since 1999. The natural and semi-synthetic opioid death rate increased four-fold from 1999 to 2011. The methadone death rate increased six-fold from 1999 to 2007.
- CDC published its Guideline for Prescribing Opioids for Chronic Pain in 2016. The guideline groups 12 recommendations into three conceptual areas:
  - Determining when to initiate or continue opioids for chronic pain
  - Opioid selection, dosage, duration, follow-up, and discontinuation
  - Assessing risk and addressing harms of opioid use
- CDC focuses on four priority areas to maximize the uptake and use of the opioid prescribing guideline for chronic pain outside of active cancer, palliative, and end-of-life care:
  - Translation and communication: develop tools and resources about the guidelines for a variety of audiences, including providers, health systems, and the general public
  - Clinical training: educate providers through medical schools and ongoing continuing medical education (CME) activities
  - Health system implementation: educate providers, integrate into electronic health records (EHRs) and other clinical decision support tools, adopt and use quality metrics, and leverage within broader coordinated care activities
  - Insurer/pharmacy benefit manager information: proactive use of claims information and improvement in coverage and service delivery payment models, including reimbursement for clinician counseling, coverage for non-pharmacological treatments, and drug utilization review or prior authorization

Fellowships Drive Competency Adoption Across Medical Training and Practice

Patrick G. O’Connor, M.D., M.P.H., Yale School of Medicine

Key Points of Presentation:
- In May 2015, Dr. O’Connor and his colleagues at Yale received an invitation to provide consultation on Vietnam’s ADM curriculum.
- Their goals were to propose a design and infrastructure for training in addiction medicine in Vietnam, and develop and implement core concepts for training in addiction medicine at Vietnamese medical schools.
- If Vietnam can do this, why not us?
- The American Board of Medical Specialties (ABMS) recognized addiction medicine as a subspecialty in 2016.
The Accreditation Council for Graduate Medical Education (ACGME) developed program requirements, with input from ADM fellowship directors. A final vote is set for February 2, 2018.

ACGME accreditation applications for ADM fellowships should be available in the first quarter of 2018.

ACGME fellowships impact training and practice
- Produce clinical experts, faculty and teachers, researchers, and change agents
- Drive knowledge, skills, and other competencies
- Provide institutional leadership on addiction prevention and treatment
- Advance community and population health

Yale’s addiction medicine fellowship, directed by Dr. Jeanette Tetrault, sponsors one to two fellows per year for one to two years. It has graduated three fellows; a fourth fellow is currently in training. ADM fellowship at Yale drives educational initiatives
- Undergraduate medical education
- Graduate medical education addiction recovery clinic (ARC)
- Interdisciplinary training (SBIRT)
- CME and community relations
- Advanced training

Yale School of Medicine has created an addiction medicine curriculum, with eight master courses, three longitudinal courses, and nine longitudinal threads, including addiction.

Overall, the ARC rotation has been highly regarded. Common themes:
- Appreciated role-modeling by faculty
- Emphasized utility of pre-clinic teaching on ADM topics
- Importance of continuity of care from week to week

28 percent of trainees and 45 percent of faculty have registered for or completed buprenorphine training.

Programs Yale sponsors
- Research in Addiction Medicine Scholars (RAMS), a NIDA R25 grant
- Drug use, Addiction, and HIV Research Scholars, a NIDA K12

Fellowships supporting medical student education
- University of Florida College of Medicine: mandatory two-week rotation for all students
- Stanford University: fellows involved in medical school teaching as part of a new addiction medicine curriculum
- University of Wisconsin: four-week elective offered in the fourth year of medical school; public health with focus on addressing a substance-related harm at the population level
- University of California, San Francisco (UCSF): panel of guests in recovery, clinical Microsystems clerkship with projects on opioid safety, clerkship narrative reflection exercise on talking about addiction

Fellowships supporting resident education
- University of Buffalo: mandatory rotation for all family medicine residents with focus on combatting the opioid epidemic
University of Wisconsin: two eight-hour days of didactics focused on ADM in family medicine program; addiction medicine track in primary care internal medicine program

UCSF: SBIRT curriculum for all residents

- Boston University’s Chief Resident Immersion Training (CRIT) is a four-day program to improve chief residents’ substance use knowledge, clinical practice, and teaching skills.
- Fellowships supporting clinical leader education
  - 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
- Like other medical specialties, addiction medicine fellowships and programs should drive addiction patient care, education, and research throughout their institutions.

The VA and Addiction Medicine Training and Funding

Anthony Albanese, M.D., Affiliations Officer, Department of Veterans Affairs (VA)
Office of Academic Affiliations, Clinical Professor of Medicine and Psychiatry, University of California (UC) Davis School of Medicine

Key Points of Presentation:

- VA has the largest integrated health care system in the U.S., serving more than 8.5 million Veterans each year.
- The VA health care system has a budget of about $59 billion per year. It spends $1 billion for health stipends and $630 million on research.
- VA has affiliations with 144 of 149 allopathic medical schools, 34 of 34 osteopathic medical schools, 1,800+ colleges and universities, 7,200+ program agreements. It sponsors training in over forty health professions.
- The Office of Academic Affiliations (OAA) provides GME support to 11,000 positions and over 43,000 individual residents. Twenty-four thousand medical students receive clinical training in the VA each year.
- In 2016, VA trained 59 physicians, 20 psychologists, 8 social workers, 3 pharmacists, and 1 chaplain in substance abuse treatment.
- The goal of the Veterans Access Choice and Accountability Act of 2014 (VACAA) was to reduce wait times and improve access to care for Veterans. The act included funding for 1,500 additional trainees in primary care, mental health, and scarce specialties. It provided a new method for Veterans living more than 40 miles from a VA facility, those waiting over 30 days for an appointment, and those requiring services not available in the VA to get treatment in the community. Public Law 114-315, passed in 2016, expanded the timeline of the act to 2024.
- VACAA has resulted in the approval of 773.45 positions through 2017.
- Steps to obtain VA funding:
  - Go to www.va.gov
  - Connect with the Designated Education Officer (DEO)
Complete standardized affiliation agreement and disbursement agreements
Work with the DEO to determine the desired and available clinical rotations and select VA site directors
The DEO will request from the OAA the full-time equivalents (FTEs) the applicant agrees to send. Temporary positions are in extremely short supply this year, but may be available if rotations can begin before the next funding cycle.
Infrastructure funds may be available the year after fellows begin rotating at the VA. VA will notify DEOs if they can apply for these funds.

The ACGME Accreditation Process for Addiction Medicine Fellowships
Mary W. Lieh-Lai, M.D., Senior Vice President, Medical Accreditation, ACGME

Key Points of Presentation:

- Accreditation is not certification. Programs receive accreditation from ACGME. Individuals receive certification from certifying boards.
- GME programs received accreditation when judged to be in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education.
- ACGME’s mission is to improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation.
- The Board of Directors
  - Sets policy and direction
  - Is responsible for accreditation
  - Delegates authority to accredit programs and institutions to its review committees
  - Monitors review committees
  - Sets budget and fees
- ACGME has 29 review committees.
- Applicants should pay attention to details, including closing dates, ask if they do not understand, and submit an application that really shows what their program is all about.
- Possible accreditation status
  - Initial accreditation (typically lasting two years)
  - Continued accreditation
  - Continued accreditation without outcomes
  - Continued accreditation with warning
  - Probationary accreditation
  - Withdrawal accreditation
  - Administrative withdrawal (rare)
  - Egregious violation (rare)

Navigating the ACGME Addiction Medicine Application and Review
Jerry Vasilias, Ph.D., Executive Director, Review Committee for Internal Medicine
William Hart, Associate Executive Director, Review Committee for Internal Medicine

Key Points of Presentation:

- All review committee (RC) members are volunteers. The number of voting members (7-24) varies by RC. Physician members are nominated by
  - American Medical Association
  - ABMS specialty board
  - Specialty academy/college
  - Each RC has at least one resident physician member
  - Most RCs have at least one American Osteopathic Association-nominated physician
- Most RCs have a non-physician public member with a vote.
- Each nominating organization may appoint an ex-officio member without a vote.
- RC responsibilities
  - Accredit new GME programs
  - Review established programs
  - Confer an accreditation status for each program annually
  - Prepare and maintain program requirements
  - Initiate discussion and recommend changes in GME policies
- RCs meet regularly to conduct business. Frequency depends on workload. They must function in a manner consistent with ACGME policies:
- ADM is a multidisciplinary subspecialty, so multiple RCs are involved. However, each RC has the same Program Requirements (PRs), application form, application process, and objective review process to determine compliance with PRs.
- There are three different types of reviews
  - Applications/new programs
  - Annual data reviews of established programs
  - Self-study reviews of established programs
- The Designated Institutional Official (DIO) needs to initiate the application process in ACGME’s Accreditation Data System (ADS).
- The application is three parts:
  - 1. General application for all programs-online data entry
  - 2. Specialty-specific application-word-processing document to be completed and uploaded
  - 3. Other attachments
    - Policies
    - Evaluation tools
    - Block diagram
    - Goals and objectives
- Check agenda closing dates on the website.
  - Core specialty applications need a site visit.
  - Subspecialty applications do not need a site visit.
Addiction medicine is a subspecialty.

- The RC reviews applications and programs to determine substantial compliance with minimum PRs, not total compliance with every PR.
- The application success rate is 95 percent. Typically, an application does not receive initial accreditation because of a combination of many things. You can achieve substantial compliance even with a few areas of non-compliance.
- Citations identify areas of non-compliance linked to specific PRs, and require a response in ADS. Areas for improvement can represent general concerns, but are usually tied to PRs, and do not require response in ADS.
- Citations associated with not receiving initial accreditation include:
  - Inaccurate or incomplete information in the application
  - Minimum required number of certified faculty
  - Block diagram doesn’t document required educational experiences
  - No evidence of scholarly activity
- General tips:
  - Be honest and accurate
  - Be concise but complete
  - Be internally consistent
  - When necessary, change verb tense
  - Start early when possible, but keep information up to date
  - Spelling, grammar, and neatness count
  - Translate local jargon
  - Don’t include unsolicited information
  - Write with PRs in mind and in hand
  - Ask yourself, why are they asking?
- The program director (PD) and DIO will receive an email with the RC’s accreditation decision within five business days of the RC meeting.
- A letter of notification follows six to eight weeks later that will detail any noted areas of non-compliance.
- ACGME uses these data for annual review
  - Resident/fellow survey
  - Clinical experience
  - Certification exam pass rate
  - Faculty survey
  - Scholarly activity
  - Attrition/changes/ratio
  - Subspecialty performance
  - Omission of data
- A program with a warning or probation will receive further review. A program with no warning, probation, citations, or annual data issues will pass with continued accreditation.
- In addition to annual review, every ten years programs undergo a self-study and a full accreditation site visit.
Next Steps, Adjourn

Tim Brennan, M.D., M.P.H., and Anna Lembke, M.D.

Dr. Brennan encouraged attendees to think about where the field has been and where it is heading. He thanked the staff from NIDA, NIAAA, SAMHSA, and TAMF for helping to put together the symposium.

Dr. Lembke reminded participants that the Addiction Medicine Fellowship Directors Association was meeting on Wednesday, April 11 in San Diego, the day before the American Society of Addiction Medicine (ASAM) meeting. Each program was eligible for $750 of travel funding. Agenda items included revisiting the ACGME discussion.

Dr. Lembke adjourned the meeting at 2:32 p.m.
Appendix A: Participant List

ACADEMIC INSTITUTIONS

CURRENT ADDICTION MEDICINE FELLOWSHIPS

Addiction Institute of New York
Addiction Medicine Fellowships
Icahn School of Medicine at Mount Sinai
New York, NY

Tim Brennan, M.D., M.P.H.
Program Director
timbrennan@chpnet.org

Benjamin Shuham, MS4
Icahn School of Medicine at Mount Sinai
Benjamin.Shuham@icahn.mssm.edu

Addiction Medicine Fellowship at
Kaiser Permanente Northern California
Kaiser Permanente Northern California
Union City, CA

Martha J. Wunsch, M.D.
Program Director
Director, The Addiction Medicine Foundation
Martha.J.Wunsch@kp.org

Addiction Medicine Fellowship at
Saint Joseph’s Medical Center (NY Medical College)
St. Joseph’s Medical Center/NY Medical College
Yonkers, NY

Maria Rita Aszalos, M.D.
Program Director
raszalos@saintjosephs.org

Addiction Medicine Fellowship Program at NYU School of Medicine
New York University School of Medicine
New York, NY

Joshua D. Lee, M.D., M.Sc.
Program Director
joshua.lee@nyumc.org

Betty Ford Center Addiction Medicine Fellowship
Hazelden Betty Ford
Rancho Mirage, CA

Joseph Skrajewski, M.A.
Director of Medical Education
jskrajewski@hazeldenbettyford.org

Boston Children’s Hospital
Pediatric Addiction Medicine Fellowship
Boston Children’s Hospital
Boston, MA

Julie Lunstead, M.P.H.
Program Coordinator
Julie.lunstead@childrens.harvard.edu

Boston University Addiction Medicine Fellowship
Boston University School of Medicine
Boston, MA

Alexander Y. Walley, M.D., M.Sc.
Program Director
Alexander.Walley@bmc.org

Caron-Reading Health System Addiction Fellowship
Caron Treatment Centers/Reading Health System
Wernersville, PA

Joseph M. Garbely, D.O.
Program Director
jgarbely@caron.org

Lauren Debiec
Program Coordinator
LDebiec@caron.org

Community Bridges/Honor Health Integrated Addiction Medicine Foundation
Community Bridges/HonorHealth
Mesa, AZ

Michel A. Sucher, M.D.
Program Director
Msucher@cbridges.com

David C. Lewis, M.D., Fellowship in Addiction Medicine at Rhode Island Hospital
Rhode Island Hospital/Brown-Alpert Medical School
Providence, RI

Laura B. Levine, M.D.
Program Director
Laura_levine@brown.edu

Susan E. Ramsey, Ph.D.
Director of Research
sramsey@lifespan.org

UCLA-David Geffen School of Medicine Addiction Medicine Fellowship
David Geffen School of Medicine at UCLA
Los Angeles, CA

Patrick T. Dowling, M.D.
Program Director
pdowling@mednet.ucla.edu

Geisinger Addiction Medicine Fellowship at Marworth
Geisinger-Marworth
Waverly, PA

Robert Z. Friedman, M.D.
Program Director
rfriedman@geisinger.edu

Howard University Addiction Medicine
Howard University College of Medicine
Washington, DC

Robert E. Taylor, M.D., Ph.D.
Dean Emeritus and Chair, Pharmacology

rtaylor@howard.edu

Denise M. Scott, Ph.D.
Faculty
D_m_scott@howard.edu

Johns Hopkins University Addiction Medicine Fellowship
Johns Hopkins University School of Medicine
Baltimore, MD

Darius A. Rastegar, M.D.
Program Director
Drasteg1@jhmi.edu

Hoover Adger, M.D., M.P.H., M.B.A.
Professor of Pediatrics, Director of Adolescent Medicine
Johns Hopkins School of Medicine
Director, The Addiction Medicine Foundation
hadger@jhmi.edu

Largo Medical Center Fellowship Program in Addiction Medicine
Largo Medical Center
Largo, FL

William F. Murphy, D.O., M.S.
Program Director
askdrmurphy@yahoo.com

Loma Linda University Health Education Consortium Addiction Medicine Fellowship
Loma Linda University
Loma Linda, CA

Mihran N. Ask, M.D.
Program Director
mihran.ask@va.gov

Loyola University Medical Center Addiction Medicine Fellowship
Hines VA/Loyola University Chicago
Maywood, IL

Alma Ramic, M.D.
Program Director
Alma.ramic2@va.gov
Massachusetts General Hospital
Addiction Fellowship
Massachusetts General Hospital
Boston, MA

Jessica Gray, M.D.
Faculty
Jessgray@gmail.com

Medical College of Georgia
Addiction Medicine Fellowship
Medical College of Georgia
Augusta, GA

Tina Hall
Program Coordinator
TIHALL@augusta.edu

Memorial Hermann Prevention & Recovery Center Cameron Addiction Medicine Fellowship
Memorial Hermann Healthcare System
Houston, TX

Robert Michael Leath, M.D.
Program Director
Robert.Leath@memorialhermann.org

Matt Feehery, M.B.A., LCDC
Chief Executive Officer
Matt.Feehery@memorialhermann.org

Minnesota Addiction Medicine Fellowship Program
University of Minnesota Medical School
Minneapolis, MN

Sheila M. Specker, M.D.
Program Director
speck001@umn.edu

MultiCare Addiction Medicine Fellowship
MultiCare Health System
Puyallup, WA

Abigail R. Plawman, M.D.
Program Director
Abigail.Plawman@multicare.org

Navicent Health/River Edge Addiction Medicine Fellowship
Navicent Health and Mercer University School of Medicine
Macon, GA

J. Paul Seale, M.D.
Program Director
Seale.Paul@NavicentHealth.org

Oklahoma State University Addiction Medicine Fellowship
Oklahoma State University
Tulsa, OK

Samuel Martin, M.D.
Program Director
Samuel.martin@okstate.edu

Oregon Health & Science University Addiction Medicine Fellowship
Oregon Health & Science University
Portland, OR

P. Todd Korthuis, M.D., M.P.H.
Program Director
korthuis@ohsu.edu

Rush University Medical Center Addiction Medicine Fellowships
Rush Medical College, Rush University
Chicago, IL

Gail M. Basch, M.D.
Program Director
Gail_Basch@rush.edu

Niranjan S. Karnik, M.D., Ph.D.
The Cynthia Oudejans Harris, M.D., Professor of Psychiatry
Niranjan_karnik@rush.edu

Rushford Addiction Medicine Fellowship Program
Rushford/Hartford HealthCare
Middletown, CT

Vincent J. McClain, M.D.
Associate Program Director
vmcclain@rushford.org

San Mateo County BHRS Addiction Medicine Fellowship
San Mateo County Behavioral Health and Recovery Services
San Mateo, CA

Cynthia Chatterjee, M.D.
Program Director
CChatterjee@smcgov.org

St. Joseph Mercy Hospital Ann Arbor Addiction Medicine Fellowship
St. Joseph Mercy Hospital-Ann Arbor
Ypsilanti, MI

Mark A. Weiner, M.D.
Program Director
Mark_Weiner@ihacares.com

St. Vincent Charity Medical Center Addiction Medicine Fellowship
St. Vincent Charity Medical Center
Cleveland, OH

Christopher L. Adelman, M.D.
Program Director
Chris.Adelman@stvincentcharity.com

Emily Koritz
Administrator
Koritz.Emily@gmail.com

Stanford Addiction Medicine Program
Stanford University School of Medicine
Stanford, CA

Anna Lembke, M.D.
Program Director
President, Addiction Medicine Fellowship Directors Association
Stanford University School of Medicine, CA
alembke@stanford.edu

Romola L. Breckenridge
Program Coordinator

romola@stanford.edu

Summa Addiction Medicine Fellowship
Summa Health
Akron, OH

Nicole T. Labor, D.O.
Program Director
laborn@summahealth.org

Swedish Addiction Medicine Fellowship
Swedish Medical Center
Seattle, WA

James S. Walsh, M.D.
Program Director
Jim.walsh@swedish.org

The Ohio State University Addiction Medicine Fellowship
The Ohio State University Wexner Medical Center
Columbus, OH

Julie E. Teater, M.D.
Program Director
julie.teater@osumc.edu

University of Buffalo Addiction Medicine Fellowship
University of Buffalo, Jacobs School of Medicine and Biomedical Sciences
Buffalo, NY

Tildabeth Doscher, M.D., M.P.H.
Faculty
tildabet@buffalo.edu

UCSF Primary Care Addiction Medicine Fellowship
University of California, San Francisco School of Medicine
San Francisco, CA

Paula Lum, M.D., M.P.H.
Program Director
paula.lum@ucsf.edu

University of Colorado Addiction
**Medicine Fellowship**  
University of Colorado School of Medicine  
Aurora, CO

*Laura F. Martin, M.D.*  
Program Director  
Laura.martin@ucdenver.edu

**University of Florida Addiction Medicine Fellowship Program**  
University of Florida College of Medicine  
Gainesville, FL

*Scott A. Teitelbaum, M.D.*  
Program Director  
teitesa@ufl.edu

**University of Kentucky Addiction Medicine Fellowship Program**  
University of Kentucky College of Medicine  
Lexington, KY

*Lon R. Hays, M.D., M.B.A.*  
Program Director  
President, The Addiction Medicine Foundation  
lrhays@uky.edu

**University of Maryland-Sheppard Pratt Training Program**  
University of Maryland School of Medicine  
Baltimore, MD

*Devang H. Gandhi, M.D.*  
Program Director  
dgandhi@som.umaryland.edu

**University of North Carolina Addiction Medicine Fellowship**  
University of North Carolina School of Medicine  
Raleigh, NC

*Robyn A. Jordan, M.D., Ph.D.*  
Program Director  
Robyn_jordan@med.unc.edu

**University of Tennessee Addiction Medicine Program**  
University of Tennessee Health Science Center  
Memphis, TN

*Daniel David Sumrok, M.D.*  
Program Director  
dsumrok@uthsc.edu

**University of Utah Addiction Medicine Fellowship**  
University of Utah Neuropsychiatric Institute  
Salt Lake City, UT

*Elizabeth F. Howell, M.D.*  
Program Director  
Elizabeth.howell@hsc.utah.edu

**University of Wisconsin Addiction Medicine Fellowship**  
University of Wisconsin School of Medicine & Public Health  
Madison, WI

*Randall T. Brown, M.D., Ph.D.*  
Program Director  
Director, The Addiction Medicine Foundation and The American Board of Addiction Medicine  
randy_brown@fammed.wisc.edu

*Maireni Ricardo Cruz Jimenez, M.D.*  
Fellow, Addiction Medicine Fellowship  
Maireni79@gmail.com
URMC Combined Addiction Fellowship
University of Rochester School of Medicine and Dentistry
Rochester, NY

Gloria J. Baciewicz, M.D.
Program Director
Gloria_baciewicz@urmc.rochester.edu

Vanderbilt Department of Psychiatry Addiction Medicine Program
Vanderbilt University Medical Center
Nashville, TN

A.J. Reid Finlayson, M.D.
Program Director
reid.finlayson@vanderbilt.edu

Ramzi Mardam Bey, M.D.
Faculty
Ramzi.mardam.bey@vanderbilt.edu

Virginia Commonwealth University Health System Addiction Medicine Fellowship
Virginia Commonwealth University
Richmond, VA

Megan S. Lemay, M.D.
Faculty
Megan.Lemay@vcuhealth.org

Wake Forest Addiction Medicine Fellowship
Wake Forest School of Medicine
Winston-Salem, NC

Margaret R. Rukstalis, M.D.
Program Director
mrusk@wakehealth.edu

Jeffrey L. Weiner, Ph.D.
Director of Education
jweiner@wakehealth.edu

West Virginia University Addiction Medicine Fellowship Program
West Virginia University
Morgantown, WV

Kavara S. Vaughn, M.D.
Program Director
kvaughn@hsc.wvu.edu

Holly Alvarez
Program Coordinator
halvarez@hsc.wvu.edu

Vanderbilt Department of Psychiatry Addiction Medicine Program
Vanderbilt University Medical Center
Nashville, TN

A.J. Reid Finlayson, M.D.
Program Director
reid.finlayson@vanderbilt.edu

Ramzi Mardam Bey, M.D.
Faculty
Ramzi.mardam.bey@vanderbilt.edu

Virginia Commonwealth University Health System Addiction Medicine Fellowship
Virginia Commonwealth University
Richmond, VA

Megan S. Lemay, M.D.
Faculty
Megan.Lemay@vcuhealth.org

Wake Forest Addiction Medicine Fellowship
Wake Forest School of Medicine
Winston-Salem, NC

Margaret R. Rukstalis, M.D.
Program Director
mrusk@wakehealth.edu

Jeffrey L. Weiner, Ph.D.
Director of Education
jweiner@wakehealth.edu

West Virginia University Addiction Medicine Fellowship Program
West Virginia University
Morgantown, WV

Kavara S. Vaughn, M.D.
Program Director
kvaughn@hsc.wvu.edu

Holly Alvarez
Program Coordinator
halvarez@hsc.wvu.edu

Yale University Addiction Medicine Fellowship
Yale University School of Medicine
New Haven, CT

Jeanette M. Tetrault, M.D.
Program Director
Director, The Addiction Medicine Foundation
Jeanette.tetrault@yale.edu

Patrick O’Connor, M.D., M.P.H., FACP
Professor of Medicine and Chief, Section of General Internal Medicine, Yale School of Medicine
Director, The Addiction Medicine Foundation
patrick.oconnor@yale.edu

EMERGING ADDICTION MEDICINE FELLOWSHIPS

Cooper University Hospital
Camden, NJ

Christopher Milburn, M.D.
Psychiatrist
Milburn-christopher@CooperHealth.edu

Dartmouth-Hitchcock Substance Use & Mental Health Initiative
Lebanon, NH

Seddon R. Savage, M.D., M.S.
Associate Professor, Anesthesiology
Seddon.savage@dartmouth.edu

Edward Via College of Osteopathic Medicine
Blacksburg, VA
Alicia Agnoli, M.D., M.P.H., M.H.S.
Assistant Professor, Family & Community Medicine
aagnoli@ucdavis.edu

University of Hawaii
Honolulu, HI

William F. Haning, III, M.D.
Program Director, Addiction Psychiatry Fellowship
haning@hawaii.edu

University of Mississippi Medical Center
Jackson, MS

John R. Mitchell, M.D.
Director, Office of Mississippi Physician Workforce
jrmitchell@umc.edu

University of South Alabama
College of Medicine
Mobile, AL

Luke Engeriser, M.D.
Residency Training Director, Psychiatry
lengeriser@altapointe.org

Sandra Parker, M.D.
Vice Chair and Associate Professor, Psychiatry
drparker@altapointe.org

University of Virginia
Charlottesville, VA

Nassima Ait-Daoud Tiouririne, M.D.
Associate Professor of Psychiatry & Neurobehavioral Sciences
NAT7B@hscmail.mcc.virginia.edu

University of Washington
Seattle, WA

Joseph O. Merrill, M.D., M.P.H.
Assistant Professor, Internal Medicine
joem@uw.edu

VA Illiana Health Care System
Danville, IL

John A. Peterson, M.D.
Physician
John.peterson@va.gov

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

Mary Lieh-Lai, M.D.
Senior Vice President, Medical Accreditation
mliehlai@acgme.org

Jerry Vasilias, Ph.D.
Executive Director, Review Committee for Internal Medicine
jvasilias@acgme.org

William Hart
Associate Executive Director, Review Committee for Internal Medicine
whart@acgme.org

AMERICAN BOARD OF PREVENTIVE MEDICINE

Patrick G. O’Connor, M.D., M.P.H., FACP
ABPM Addiction Medicine Subboard
Professor of Medicine and Chief, Section of General Internal Medicine, Yale School of Medicine
Director, The Addiction Medicine Foundation
Patrick.oconnor@yale.edu

Martha Wunsch, M.D.
ABPM Addiction Medicine Subboard
Greater Southern Alameda Area, Kaiser Permanente, Director of Addiction Medicine
Director, The Addiction Medicine Foundation
Martha.j.wunsch@kp.org

Christopher J. Ondrula, JD
Executive Director, American Board
Preventive Medicine
condrula@theabpm.org

MEDICAL ASSOCIATIONS

American Osteopathic Academy of Addiction Medicine
William Bograkas, M.A., D.O.
President
irisbo@comcast.net

American Society of Addiction Medicine
Adam J. Gordon, M.D., M.P.H.
Chair, ASAM CME Committee
Adam.gordon@va.gov

Association of American Medical Colleges
Alison Whelan, M.D.
Chief Medical Officer
awhelan@aamc.org

Tannaz Rasouli
Senior Director, Public Policy and Strategic Outreach
trasouli@aamc.org

Association for Medical Education and Research in Substance Abuse
Paula J. Lum, M.D., M.P.H.
President-Elect
Paula.lum@ucsf.edu

FEDERAL PARTNERS

Centers for Disease Control and Prevention
Christina A. Mikosz, M.D., M.P.H.
Medical Officer
Division of Unintentional Injury Prevention and Control
Cmikosz@cdc.gov

Health Resources and Services Administration

Marshala Lee, M.D., M.P.H.
Branch Chief of Graduate Medical Education
mlee1@hrsa.gov

Alexander F. Ross, Sc.D.
Senior Behavioral Health Advisor
ARoss@hrsa.gov

National Institute on Alcohol Abuse and Alcoholism
George Koob, Ph.D.
Director
George.koob@nih.gov

Peggy Murray, Ph.D.
Director, Global Alcohol Research Program
pmurray@willco.niaaa.nih.gov

Patricia A. Powell, Ph.D.
Deputy Director
Patricia.Powell@nih.hhs.gov

Ralph Hingson, Sc.D., M.P.H.
Director, Division of Epidemiology and Prevention Research
rhingson@mail.nih.gov

Joan Romaine, M.P.H.
Health Specialist, Office of the Director
Joan.romaine@nih.gov

National Institute on Drug Abuse
Nora Volkow, M.D.
Director
nvolkow@nida.nih.gov

Wilson Compton, M.D., M.P.E.
Deputy Director
wcompton@nida.nih.gov

Jack Stein, M.S.W., Ph.D.
Director, Office of Science Policy and Communications
National Institute on Drug Abuse
jack.stein@nih.gov
Petra Jacobs, M.D., M.H.S.
Assistant Director, Clinical Trials Network
Petra.jacobs@nih.gov

Usha R. Charya
Program Analyst, Office of Science Policy and Communications
charyau@nida.nih.gov

Michelle Corbin, M.B.A.
Public Health Analyst
Michelle.corbin@nih.gov

Quandra Blackeney
Scientific Program Analyst
CTN Dissemination Initiative
Quandra.blackeney@nih.gov

Office of National Drug Control Policy

June S. Sivilli, M.A.
Division Chief, Public Health & Public Safety, Office of National Drug Control Policy, Executive Office of the President
jsivilli@ondcp.eop.gov

Substance Abuse and Mental Health Services Administration

Anita Everett, M.D.
Chief Medical Officer
Anita.Everett@samhsa.hhs.gov

Lisa G. Kaplowitz, M.D.
Senior Medical Advisor, Office of Chief Medical Officer
Lisa.Kaplowitz@samhsa.hhs.gov

Jean Bennett, RN, M.S.N., M.S.M., Ph.D.
Region 3 Administrator
Jean.Bennett@samhsa.hhs.gov

David Dickinson, M.A.
Region 10 Administrator
David.Dickinson@samhsa.hhs.gov

Kimberly Nelson, M.P.A.
Region 7 Administrator
Kimberly.Nelson@samhsa.hhs.gov

Douglas Tipperman, M.S.W.
Tobacco Policy Liaison, Office of Policy, Planning, and Innovation
Douglas.Tipperman@samhsa.hhs.gov

Sharon Amatetti, M.P.H.
Chief, Quality Improvement and Workforce Development Branch
Sharon.Amatetti@samhsa.hhs.gov

Brandon T. Johnson, M.B.A.
LCDR, United States Public Health Service
Public Health Analyst
Division of Pharmacologic Therapies
Brandon.Johnson@samhsa.hhs.gov

Veterans Affairs: Office of Academic Affiliations

Anthony P. Albanese, M.D.
Affiliations Officer
Anthony.albanese@va.gov

THE ADDICTION MEDICINE FOUNDATION

Directors

Lon Robert Hays, M.D., M.B.A.
President
Professor, Dept. of Psychiatry, University of Kentucky
lrhays@uky.edu

Martha J. Wunsch, M.D.
President-Elect
Kaiser Permanente Northern California
Martha.J.Wunsch@kp.org

Hoover Adger, M.D., M.P.H., M.B.A.
Professor of Pediatrics, Director of Adolescent Medicine
Johns Hopkins School of Medicine
hadger@jhmi.edu
Appendix B: Agenda

8 AM  Welcome and Overview

Tim Brennan, M.D., M.P.H., and Anna Lembke, M.D.

Responding to Drug Use, Addiction, and the Opioid Crisis: Administration Priorities and the Need for a Trained Workforce

June Sivilli, M.A., Division Chief, Public Health and Public Safety, Office of National Drug Control Policy

8:15 AM  Translating Science to Physician Training and Practice:

George Koob, Ph.D., Director, NIAAA, NIH

Nora Volkow, M.D., Director, NIDA, NIH

Anita Everett, M.D., Chief Medical Officer, SAMHSA, HHS

9:15 AM  Physician Training Resources: Science Informing Physician Training and Practice

Alcohol: Margaret (Peggy) Murray, Ph.D. Director, Global Alcohol Research Program Office of the Director NIAAA, NIH

NIDA Portfolio: Michelle Corbin, MBA, Public Health Analyst, NIDAMED, NIDA, NIH

Tobacco: Doug Tipperman, M.S.W., Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, SAMHSA, HHS

Opioids: Christina A. Mikosz, M.D., M.P.H., Medical Officer, Division of Unintentional Injury Prevention, National Center for Injury Prevention, Centers for Disease Control and Prevention, HHS

10:00 AM  Break

10:15 AM  Fellowships Drive Competency Adoption Across Medical Training and Practice

Patrick G. O’Connor, M.D., M.P.H., Yale School of Medicine

10:40 AM  The VA and Addiction Medicine Training and Funding
Anthony Albanese, M.D., Affiliations Officer, VA Office of Academic Affiliations, Clinical Professor of Medicine and Psychiatry, UC Davis School of Medicine

11:00 AM  The ACGME Accreditation Process for Addiction Medicine Fellowships

Mary W. Lieh-Lai, M.D., Senior Vice President, Medical Accreditation, ACGME

Noon  Networking Lunch (in room)

12:30 PM  Navigating the ACGME Addiction Medicine Application and Review

Jerry Vasilias, Ph.D., Executive Director, Review Committee for Internal Medicine

William Hart, Associate Executive Director, Review Committee for Internal Medicine

2:30-3:00 PM  Next Steps, Adjourn

Tim Brennan, M.D., M.P.H., and Anna Lembke, M.D.