

Supplemental Guide: Addiction Medicine

June 2018

Milestones Supplemental Guide

This document provides additional guidance and examples for the Addiction Medicine Milestones. This is not designed to indicate any specific requirements for each level, but to provide insight into the thinking of the Milestone Working Group.

Included in this document is the intent of each Milestone and examples of what a Clinical Competency Committee (CCC) might expect to be observed/assessed at each level. Also included are suggested assessment models and tools for each subcompetency, references, and other useful information.

Review this guide with the CCC and faculty members. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available) with institution/program-specific examples, assessment tools used by the program, and curricular components.

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Patient Care:

Patient Care 1	Screening, evaluation, differential diagnosis, and case formulation of the patient with or at risk for substance use, addictive disorders, and co-morbidities
Overall Intent	To correctly identify patient on continuum from low risk to substance use disorder (meeting DSM5 criteria) while recognizing other medical and psychiatric conditions and contributing social factors
Level 1 Examples	<ul style="list-style-type: none"> • Correctly administers a National Institute on Alcohol Abuse and Alcoholism (NIAAA) single question alcohol screen, followed by Alcohol Use Disorders Identification Test (AUDIT) when positive • Takes a history and physical to correctly identify a person at risk
Level 2 Examples	<ul style="list-style-type: none"> • Reviews results of AUDIT with patient and discusses alcohol use • Orders and interprets urine toxicology screen • Lists multiple potential diagnoses
Level 3 Examples	<ul style="list-style-type: none"> • Creates a case formulation (integrated summary) for a patient with alcohol and tobacco use disorder, chronic liver disease, post-traumatic stress disorder (PTSD), and experiencing homelessness
Level 4 Examples	<ul style="list-style-type: none"> • Teaches residents how to use the Clinical Opiate Withdrawal Scale (COWS)/Clinical Institute Withdrawal Assessment (CIWA) • Recognizes hazardous benzodiazepine use in a patient after hospital discharge for alcohol withdrawal • Independently recognizes that patient has mental status change from previous assessment
Level 5 Examples	<ul style="list-style-type: none"> • Incorporates a new alcohol screening tool in the Emergency Department • Participates in a work group at a national conference to develop a new screening tool
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Standardized patient; Observed Structured Clinical Exam (OSCE) • Patient feedback • Chart audit • Simulation
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Case formulation is a theoretically-based explanation or conceptualization of the information obtained from a clinical assessment. It offers a hypothesis about the cause and nature of the presenting problems and is considered an adjunct or alternative approach to the more categorical approach of psychiatric diagnosis. (Wikipedia definition) • NIDAMED: www.drugabuse.gov/nidamed • NIAAA: NIAAA.nih.gov/guide • FAGERSTROM: AHRQ.gov/ • ASAM: https://www.asam.org/docs/default-source/advocacy/performance-measures-for-the-addiction-specialist-physician.pdf?sfvrsn=5f986dc2_0 • SAMHSA Treatment Improvement Protocol 24 and 31

Patient Care 2	Pharmacologic and non-pharmacologic treatment for substance use and addictive disorders
Overall Intent	To manage patients with substance use disorders incorporating evidence-based pharmacologic treatments and non-pharmacologic interventions in patient-centered treatment plans
Level 1 Examples	<ul style="list-style-type: none"> • Orders, prescribes, or dispenses naloxone for a person with or at risk for opioid overdose • Informs patient about the health effects of syringe service programs
Level 2 Examples	<ul style="list-style-type: none"> • Counsels patient about dosing and side effects of the approved pharmacotherapies for opioid use disorder and prescribes appropriate treatment • Uses open-ended questions, affirmations, reflections, and summaries (OARS) in supervised patient interactions • Refers patient to syringe service program and provides local schedule and locations
Level 3 Examples	<ul style="list-style-type: none"> • Times induction appropriately after the last dose of methadone in a patient transitioning to office-based buprenorphine treatment for opioid use disorder • Expresses empathy through reflective listening while developing discrepancy between a patient’s goal to avoid hospital readmissions for heart failure and current daily methamphetamine use • Trains patients in sterile injecting techniques, site rotation, and intranasal naloxone administration
Level 4 Examples	<ul style="list-style-type: none"> • Appropriately manages a pregnant patient with HIV, active tuberculosis, chronic pain, and heroin use disorder who is initiating methadone treatment • Incorporates patient’s values and preferences into opioid agonist treatment plan using motivational interviewing (MI) techniques and engages the patient in periodic monitoring • Independently demonstrates partnership, acceptance, compassion, and evocation in patient encounters
Level 5 Examples	<ul style="list-style-type: none"> • Presents results at a national or regional meeting of a quality improvement project to initiate low-threshold buprenorphine with patients experiencing homelessness • Engages with health system to develop and implement protocols for initiating evidence-based addiction pharmacotherapies in hospitalized patients • Designs a harm reduction curriculum for medical students
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Chart audit and pharmacy prescription records • Prescription Drug Monitoring Program reports • Patient Feedback • Quality improvement metrics (e.g., receipt of X license)
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use: https://www.asam.org/resources/guidelines-and-consensus-documents/npg

	<ul style="list-style-type: none">• SAMHSA TIPS: https://store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS-• Buprenorphine Waiver Management: buprenorphine.samhsa.gov• National Alliance of Advocates for Buprenorphine Treatment: https://www.naabt.org/• Harm Reduction Coalition: http://harmreduction.org/• Systematic review and meta-analysis of needle and syringe programs https://www.ncbi.nlm.nih.gov/pubmed/24374889• Motivational Interviewing Network of Trainers: http://www.motivationalinterviewing.org/
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Medical Knowledge:

Medical Knowledge 1	Neuroscience of substance use and addictive disorders
Overall Intent	To apply the neuroscientific basis of addiction to explain genetic vulnerability, acute effects, chronic disease development, and treatment targets
Level 1 Examples	<ul style="list-style-type: none"> • Maps the neuroanatomy of the limbic system with attention to reward system of nucleus accumbens and ventral tegmental area • Describes the role of dopamine and other neurotransmitters • Explains how exogenous opioids mimic or modify the endogenous endorphin pathway
Level 2 Examples	<ul style="list-style-type: none"> • Recognizes that roughly half of the risk of the development of substance use disorder is attributable to genetic vulnerability • Contrasts the mechanisms of action of methadone, buprenorphine, and naltrexone/naloxone at the mu opioid receptor • Compares and contrasts how the five main classes of substances modulate the reward system through various receptor targets
Level 3 Examples	<ul style="list-style-type: none"> • Describes how the use of opioids results in persistent dysregulation of receptor density • Describes the effects of the complex interaction between simultaneous use of cocaine and alcohol • Explains how the complex interaction between opioid agonist treatment and sedative/hypnotics increases overdose risk
Level 4 Examples	<ul style="list-style-type: none"> • Describes how single nucleotide polymorphisms modulate clinical expression of withdrawal • Differentiates the synaptic location of action of methamphetamine vs. cocaine • Explains how different sedative/hypnotics act on the GABA/glutamate system
Level 5 Examples	<ul style="list-style-type: none"> • Creates a teaching module for pediatrics residents on how the developing brain is more vulnerable to addiction • Participates in and presents research on fMRI data on cocaine-induced brain changes at a local or national meeting
Assessment Models or Tools	<ul style="list-style-type: none"> • In-training multiple choice examination question (e.g., Addiction Practice e-Test [ADePT]) • Direct observation of fellow explaining neurobiologic basis of addiction to patients and families • Direct observation of a fellow choosing medications taking into account neuropharmacologic interactions • Mock oral examination • Case-based discussion
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • NIDA Neurobiology of Addiction Five Part Series https://www.drugabuse.gov/neurobiology-drug-addiction • Principles of Addiction Medicine Textbook: Section 1 Basic Science of Addiction • Neurocircuitry of Addiction: An Alcohol Perspective, Dr. George Koob: https://www.youtube.com/watch?v=JkEy0sovpqI • New England Journal of Medicine Neurobiologic Advances from the Brain Disease Model of Addiction: Volkow ND, Koob GF, McLellan

	<p>AT. N Engl J Med. 2016 Jan 28;374(4):363-71. doi: 10.1056/NEJMra1511480.</p> <ul style="list-style-type: none">• Wachman EM, Hayes MJ, Brown MS, Paul J, Harvey-Wilkes K, Terrin N, Huggins GS, Aranda JV, Davis JM. Association of OPRM1 and COMT single-nucleotide polymorphisms with hospital length of stay and treatment of neonatal abstinence syndrome. <i>JAMA</i>. 2013 May;309(17):1821-7. doi: 10.1001/jama.2013.3411• <i>Neurobiology of Addiction</i>, George F. Koob and Michel Le Moal https://www.sciencedirect.com/science/book/9780124192393
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Medical Knowledge 2	Epidemiology and clinical presentation of substance use and addictive disorders
Overall Intent	To describe knowledge of epidemiology and biopsychosocial factors and applies that knowledge to the clinical care of patients with substance use and addictive disorders
Level 1 Examples	<ul style="list-style-type: none"> • Describes incidence and prevalence of opioid use disorders in the population • Describes social determinants of health • Recognizes a patient in opioid withdrawal
Level 2 Examples	<ul style="list-style-type: none"> • Recognizes increased incidence of opioid use disorders in women of child-bearing age • Describes how adverse childhood events (ACES) contribute to the development of substance use disorders • Describes the prevalence of HIV and viral hepatitis in people who inject drugs
Level 3 Examples	<ul style="list-style-type: none"> • Demonstrates ability to interpret the number needed to treat (NNT) in published clinical trials of opioid pharmacotherapy • Incorporates knowledge of patient’s history of childhood abuse into patient formulation • Recognizes that patient is at risk for HIV given high-risk behavior and recommends pre-exposure prophylaxis (PrEP)
Level 4 Examples	<ul style="list-style-type: none"> • Demonstrates knowledge of high prevalence of PTSD in women with opioid use disorder, leading to specific screening methods • Teaches residents about ACES • Recognizes that untreated PTSD will increase relapse rates for opioid use disorder and refers to evidence-informed therapy
Level 5 Examples	<ul style="list-style-type: none"> • Testifies at legislative sessions about high prevalence of history of childhood sexual assault in women who use drugs in pregnancy • Conducts research on decreasing HIV transmission with syringe service programs in their community • Develops a simulation model for residents on HIV-positive patient in opioid withdrawal while pregnant
Assessment Models or Tools	<ul style="list-style-type: none"> • Observation of presentation at journal club • Direct observation • Role playing/standardized patient • In-training examination
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Teaching population health https://www.aamc.org/initiatives/diversity/portfolios/cdc/416338/epibiostatswebinar.html • Substance Abuse and Mental Health Services Administration. Population Data/NSDUH. https://www.samhsa.gov/data/population-data-nsduh/reports?tab=38 • Ries, R., S. C. Miller, R. Saitz, D. A. Fiellin and American Society of Addiction Medicine. (2014). The ASAM principles of addiction medicine. Philadelphia, Wolters Kluwer Health/Lippincott Williams & Wilkins.

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Medical Knowledge 3	Treatment modalities and interventions in diverse patient populations
Overall Intent	To formulate a safe and evidence informed treatment plan that includes pharmacologic and non-pharmacologic interventions
Level 1 Examples	<ul style="list-style-type: none"> ● Orders a safe detoxification protocol for opioid withdrawal using buprenorphine and adjunctive medications for a patient with opioid use disorder (OUD) and PTSD ● Refers a patient with OUD to group therapy focused on harm reduction and cognitive behavioral therapy (CBT) for their PTSD ● Refers a patient with OUD to Narcotics Anonymous (NA)
Level 2 Examples	<ul style="list-style-type: none"> ● Discusses the mechanism of action and unique pharmacodynamic properties of buprenorphine ● Reviews the main tenets of CBT and NA
Level 3 Examples	<ul style="list-style-type: none"> ● Reviews the evidence base for medication-assisted treatment (MAT) in the treatment of OUD ● References specific review articles describing the success of CBT for PTSD ● References specific review articles describing the success of 12-step meetings for OUD
Level 4 Examples	<ul style="list-style-type: none"> ● Describes in detail the risk, benefits, and limitations of naltrexone vs. buprenorphine ● Refers a patient with PTSD to a Seeking Safety group ● Refers a patient with OUD to a needle exchange program and a MAT program
Level 5 Examples	<ul style="list-style-type: none"> ● Provides a grand rounds lecture regarding MAT options for OUD ● Engages in ongoing study regarding patient outcomes when buprenorphine is initiated in the Emergency Department
Assessment Models or Tools	<ul style="list-style-type: none"> ● In-service training examination ● Direct observation ● Participation on in-program learning activities (e.g., journal club, Morbidity and Mortality)
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> ● SAMHSA: https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing ● ASAM: Guidelines for treatment of opioid addiction: https://www.asam.org/resources/guidelines-and-consensus-documents/npg ● WHO: Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. World Health Organization, 2009. https://www.ncbi.nlm.nih.gov/books/NBK310654/ ● Monico LB, et al. Buprenorphine Treatment and 12-Step Meeting Attendance: Conflicts, Compatibilities, and Patient Outcomes. J Subst Abuse Treat. 2015 Oct;57:89-95. https://www.ncbi.nlm.nih.gov/pubmed/25986647

Systems-based Practice:

Systems-based Practice 1	Patient Safety and Quality Improvement
Overall Intent	To demonstrate competence to engage in the analysis and management of patient safety events, including relevant communication with patients, families, and health care professionals; to be able to conduct a quality improvement (QI) project
Level 1 Examples	<ul style="list-style-type: none"> • Understands how to respond, report, and communicate regarding a patient found apneic due to concurrent opioid and benzodiazepine use
Level 2 Examples	<ul style="list-style-type: none"> • Reviews literature regarding benzodiazepine use among patients with opioid use disorder
Level 3 Examples	<ul style="list-style-type: none"> • Prepares for morbidity and mortality presentations, joins a root cause analysis (RCA) group, and has communicated with patients/families about an event • Undertakes review of charts of patients prescribed benzodiazepines and opioids concurrently as a basis for quality improvement
Level 4 Examples	<ul style="list-style-type: none"> • Collaborates with a team to lead the analysis of a patient safety event and can competently communicate with patients/families about those events • Uses collected data to inform quality improvement project with respect to benzodiazepine and opioid prescribing
Level 5 Examples	<ul style="list-style-type: none"> • Competently assumes a leadership role at the departmental or institutional level for patient safety and/or QI initiatives, possibly initiates action or calls attention to the need for action • Institutes procedure for ensuring communication with providers writing benzodiazepine prescriptions for patients with opioid use disorder
Assessment Models or Tools	<ul style="list-style-type: none"> • Simulation • Reflection • Direct observation at bedside or in meetings • E-module multiple choice tests • Chart or other system documentation by fellow • Documentation of QI or patient safety project processes or outcomes • 360 evaluations • Portfolio
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Guralnick S, Ludwig S, Englander R. Domain of competence: Systems-based practice. Acad Pediatr. 2014;14(2 Suppl):S70-79 • Institute for Healthcare Improvement (http://www.ihl.org/Pages/default.aspx) - includes multiple choice tests, reflective writing samples • Institute of Medicine (US). Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Improving the quality of health care for mental and substance-use conditions. Washington, DC: National Academies Press; 2006 • National Quality Forum - http://www.qualityforum.org/Home.aspx • Sun EC, Dixit A, Humphreys K, Darnall BD, Baker LC, Mackey S. Association between concurrent use of prescription opioids and benzodiazepines and overdose: retrospective analysis. BMJ. 2017;356:j760

- TeamSTEPPS. Agency for Healthcare Research and Quality. Rockville, Md.
<https://www.ahrq.gov/teamstepps/index.html>

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Systems-based Practice 2	System navigation for patient-centered care
Overall Intent	To effectively navigate the health care system and community-based resources, including the interdisciplinary team and other care providers and community support providers, to adapt care to a specific patient population to ensure high-quality patient outcomes
Level 1 Examples	<ul style="list-style-type: none"> • Identifies the members of the interprofessional team, as well as community team members, such as recovery coaches, sponsors, or others, and describes their roles; not yet routinely utilizing team members or accessing resources • Lists the essential components of an effective sign-out • Identifies components of social determinants of health and how they impact the delivery of patient care
Level 2 Examples	<ul style="list-style-type: none"> • Contacts interprofessional and community team members, such as social workers and consultants, but requires supervision to ensure all necessary referrals are made and resource needs are arranged • Provides a basic sign-out but still needs direct supervision to ensure diagnoses, co-morbidities, medications, psychosocial treatments, and other elements informing care are appropriately detailed • Identifies health system and community resources available to address socioeconomic and patient-specific factors that impact substance use
Level 3 Examples	<ul style="list-style-type: none"> • For a patient with opioid use disorder, arranges for continuing MAT, psychosocial treatments, recovery coaching, psychiatry consult (for major occurring mental health disorders), and other services as indicated; links the patient to appropriate community support resources, such as self-help groups, recovery centers, and others • Engages the patient's family in the ongoing recovery process and links them with needed family support services • Provides effective anticipatory guidance for unstable patients including medication reconciliation; and provides safe and effective written and oral communication when patient is transitioning settings(i.e. outpatient to emergency room, inpatient to outpatient)
Level 4 Examples	<ul style="list-style-type: none"> • Models for and educates students and junior team members regarding the engagement of appropriate interprofessional team members and community support services as needed for each patient, and ensures the necessary resources have been arranged • Proactively calls the outpatient doctor to ensure a discharged patient can get MAT • Performs panel reviews to identify patients who are not receiving smoking cessation advice; identifies patient populations at high risk for poor outcomes due to health disparities and implements strategies to improve care
Level 5 Examples	<ul style="list-style-type: none"> • Works with hospital or ambulatory site team members or leadership to analyze care coordination in that setting, and takes a leadership role in designing and implementing changes to improve the care coordination process • Works with a QI mentor to identify better hand-off tools or to improve teaching sessions • Designs a social determinants of health curriculum to help others learn to identify local resources and barriers to care; effectively utilizes resources,

	such as telehealth, for proactive outreach to prevent Emergency Department visits or readmission for high-risk populations
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation (including discussion during rounds and case presentations), OSCE, chart review • 360 feedback from the interprofessional team • Panel management quality metrics and goals mined from the electronic health record (EHR) • Lectures/workshops on social determinants of health or population health with identification of local resources
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Medicaid Innovation Accelerator Program: Reducing Substance Use Disorders - https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/program-areas/reducing-substance-use-disorders/index.html • Network for the Improvement of Addiction Treatment (NIATx) - https://niatx.net/Home/Home.aspx?CategorySelected=HOME • Phillips, KA, Friedmann, PD, Saitz, R, Samet, JH. Chapter 28: Linking Addiction Treatment with Other Medical and Psychiatric Treatment Systems. The ASAM principles of addiction medicine. Fifth edition / ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2014. • The Washington Circle (A Policy Group on Performance Measurement for Care of Substance Use Disorders). http://www.washingtoncircle.org/index.html

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Systems-based Practice 3	Physician role in health care systems
Overall Intent	To understand one's own role in the treatment team and in the complex health care system, and how to optimize the system to improve patient care and the health system's performance
Level 1 Examples	<ul style="list-style-type: none"> • Names all the providers and systems involved in providing care to and prescribing medication for the patient • Understands the impact of health plan features, including formularies and network requirements • Completes a note template following a routine patient encounter and applies diagnostic and encounter coding in compliance with regulations with direct supervision • Provides a medical perspective on the care team and interacts respectfully with other team members • Recognizes the important role of addiction specialists in teaching and modeling care of persons with substance use disorders (SUDs) across the health care system
Level 2 Examples	<ul style="list-style-type: none"> • Understands how improving patient satisfaction improves patient adherence and remuneration to the health system; is not yet able to consistently think through clinical redesign to improve patient satisfaction • Applies knowledge of health plan features, including formularies and network requirements in patient care situations • Completes a note template following a more complex patient encounter and applies appropriate coding in compliance with regulations, with oversight • Engages with non-addiction specialists and models care for patients with SUDs
Level 3 Examples	<ul style="list-style-type: none"> • Understands, accesses, and analyzes own performance data (e.g., readmission rates, screening for smoking and safety) and begins work to improve performance based on available data or other feedback • Consistently applies knowledge of health plan features, including formularies and network requirements in patient care • Uses shared decision making in clinical planning • Understands process of contract negotiations, choosing malpractice insurance carriers and features, and reporting requirements relevant to practice • Appropriately and independently codes both routine and complex encounters in compliance with regulations • Teaches and models addiction medicine principles and care to non-specialists in the health care system in the course of clinical consultations and interactions
Level 4 Examples	<ul style="list-style-type: none"> • Works collaboratively with pertinent stakeholders to prevent and address harmful substance use at the community level • Works collaboratively with the institution to improve patient assistance resources or design the institution's community health needs assessment, or develop/implement/assess the resulting action plans • Applies knowledge of contract negotiations, choosing malpractice insurance carriers and features, and reporting requirements relevant to practice

	<ul style="list-style-type: none"> • Serves as a physician leader on the on the care team, providing medical input and leading integration of input from other professionals in development of the treatment plan • Prepare educational sessions on relevant addiction topics to advance knowledge and patient care by non-addiction specialists
Level 5 Examples	<ul style="list-style-type: none"> • Improves opioid prescribing practices on one or more clinical services, incorporates prescribing protocols into electronic records (e.g., buprenorphine prescribing, narcan prescribing) publishes original research in a peer-reviewed journal • Works with community or professional organizations to advocate for no smoking ordinances • Works for systems changes that improve integration of SUD care into the broader health care system
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Chart review/audit of patient care • OSCE • Quality Improvement project (perhaps as part of a portfolio)
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Physician Performance Measurement and Reporting Introduction (content and case studies): http://www.nationalalliancehealth.org/Physician-Performance-Measurement-Reporting-Introduction • The Merit-based Incentive Payment System: Advancing Care Information and Improvement Activities Performance Categories. December 2016 https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-and-IA-presentation.pdf Center for Medicare and Medicaid Services: MIPS and MACRA https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html • Agency for Healthcare Research and Quality (AHRQ): The Challenges of Measuring Physician Quality https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/challenges.html • Major physician performance sets: https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/physician/measurementsets.html • The Kaiser Family Foundation: Topics include health reform, health costs, Medicare, Medicare, private insurance, uninsured: www.kff.org and http://kff.org/health-reform/ • The National Academy for Medicine (formerly the Institute of Medicine): Dzau VJ, et al. <i>Vital Directions for Health and Health Care: A Policy Initiative of the National Academy of Medicine</i>. March 21, 2017: https://nam.edu/initiatives/vital-directions-for-health-and-health-care/ and https://nam.edu/vital-directions-for-health-health-care-priorities-from-a-national-academy-of-medicine-initiative/ • The Commonwealth Fund Health System Data Center: http://datacenter.commonwealthfund.org/?_ga=2.110888517.1505146611.1495417431-1811932185.1495417431#ind=1/sc=1 • Health Reform Resource Center: http://www.commonwealthfund.org/interactives-and-data/health-reform-

	<p>resource-center#/f:@facasubcategoriesfacet63677=[Individual%20and%20Employer%20Responsibility</p> <ul style="list-style-type: none">• ABIM Practice Assessment: Modules that physicians can use to assess clinical practice practice: http://www.abim.org/maintenance-of-certification/earning-points/practice-assessment.aspx• ASAM Public Policy Statement on Addiction Medicine Physician Participation in and Leadership of Multidisciplinary Care Teams https://www.asam.org/docs/default-source/public-policy-statements/multidisciplinary-care-teams-final-jan-2016.pdf?sfvrsn=14d670c2_0
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Practice-based Learning and Improvement

Practice-based Learning and Improvement 1	Evidence-based and informed practice
Overall Intent	To incorporate evidence and patient values into clinical practice
Level 1 Examples	<ul style="list-style-type: none"> • Searches online for guidelines related to MAT for pregnant women with OUD
Level 2 Examples	<ul style="list-style-type: none"> • Identifies evidence for MAT for pregnant women with OUD and co-morbid HIV
Level 3 Examples	<ul style="list-style-type: none"> • Applies available evidence for MAT for pregnant women with OUD and co-morbid HIV, and can decide between various medication options with attention to drug-drug interactions
Level 4 Examples	<ul style="list-style-type: none"> • Critically appraises inconsistencies in the medical literature regarding optimal pharmacotherapy and best outcomes for pregnant women with OUD
Level 5 Examples	<ul style="list-style-type: none"> • Develops a protocol based on available evidence to inform best practices within the hospital for treatment of pregnant women with OUD
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Written examination
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Jones HE et al. Neonatal abstinence syndrome after methadone or buprenorphine exposure. N Engl J Med 2010 Dec 9; 363(24):2320-31 • https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf



Practice-based Learning and Improvement 2	Reflective practice and commitment to personal growth in addiction medicine
Overall intent	To seek clinical performance information with the intent to improve care, to reflect on all domains of practice, personal interactions, and behaviors, and their impact on patients and colleagues (reflective mindfulness); to develop clear objectives and goals for improvement in some form of a learning plan
Level 1 Examples	<ul style="list-style-type: none"> • Is aware of need to improve • Is beginning to seek ways to figure out what to work on to improve and make some non-specific goals that may be difficult to execute and achieve
Level 2 Examples	<ul style="list-style-type: none"> • Is increasingly able to identify what to work on in terms of patient care; uses feedback from others • After working together on wards for a week, asks attending about ways to talk with patients that is easier to understand • Uses feedback and sets a goal to improve communication skills with patients the following week
Level 3 Examples	<ul style="list-style-type: none"> • Takes input from nursing staff members, peers, and supervisors to gain complex insights into personal strengths and areas to improve • Humbly acts on input and is appreciative and not defensive • Begins to document goals in a more specific and achievable manner, such that attaining them is measureable
Level 4 Examples	<ul style="list-style-type: none"> • Is clearly in the habit of making a learning plan for each rotation • Consistently identifies ongoing gaps and chooses areas to work on
Level 5 Examples	<ul style="list-style-type: none"> • Actively discusses learning goals with supervisors and colleagues; may encourage other learners on the team to consider how their behavior affects the rest of the team
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Review of learning plan
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Hojat M, Veloski JJ, Gonnella JS. Measurement and correlates of physicians' lifelong learning. <i>Academic Medicine</i> 2009. Aug;84(8):1066-74. doi: 10.1097 /ACM. 0b013e3181acf25f. <i>Contains a validated questionnaire about physician lifelong learning.</i> • Lockspeiser TM, Schmitter PA, Lane JL et al. Assessing Fellows' Written Learning Goals and Goal Writing Skill: Validity Evidence for the Learning Goal Scoring Rubric. <i>Academic Medicine</i> 2013. 88 (10) • Burke AE, Benson B, Englander R, Carraccio C, Hicks PJ. Domain of competence: practice-based learning and improvement. <i>Academic Pediatrics</i> 2014. 14: S38-S54.

Professionalism

Professionalism 1	Professional behavior and ethical principles
Overall Intent	To recognize triggers and addresses lapses in ethical and professional behavior; to demonstrate ethical and professional knowledge and behaviors; to utilize appropriate resources for managing ethical and professional dilemmas
Level 1 Examples	<ul style="list-style-type: none"> • Identifies and describes inappropriate behavior by pharmaceutical and equipment manufacturers at clinical sites and academic or professional meetings • Recognizes when anyone, including oneself, makes an inappropriate or stigmatizing comment about a patient • Recognizes that a patient has the autonomy to decide whether or not to receive pharmacotherapy for a SUD
Level 2 Examples	<ul style="list-style-type: none"> • Courteously declines invitations and gifts from patients and commercial industry representatives • Takes responsibility for making an erroneous assumption and a pejorative statement about a patient’s gender and sexual orientation and promptly apologizes to patient • Applies the ethical principles of beneficence, justice, and autonomy to the analysis of resource allocation in the care of a pregnant patient who injects drugs and declines pharmacotherapy
Level 3 Examples	<ul style="list-style-type: none"> • After prompting, recognizes that an article discussed in journal club may have been biased by pharmaceutical sponsorship and is able to discuss how that may influence the findings and implications for patient care • Recognizes personal cultural biases and need to seek help in caring for a religious leader with an alcohol use disorder who is accused of sexual molestation of a minor • Applies ethical principles in analyzing the allocation of resources to the care of a patient with postpartum depression who has returned to injection drug use and requires a heart valve replacement for endocarditis
Level 4 Examples	<ul style="list-style-type: none"> • Recognizes and intervenes when a colleague has been offered an honorarium to present an industry-authored study at a lavish dinner sponsored by a pharmaceutical company • Seeks help to prevent a lapse in professional behavior when finding it difficult to provide care to a religious leader who is accused of sexual molestation of a minor • Reviews the literature and requests ethics consultation for managing and resolving an ethical dilemma arising from the denial of surgical treatment for a patient who injects drugs and requires a second cardiac valve replacement for recurrent or incompletely treated endocarditis
Level 5 Examples	<ul style="list-style-type: none"> • Develops and teaches a facility-wide policy about gifts and invitations from pharmaceutical companies and other commercial interests • Identifies and seeks to address, through a grand rounds presentation, the hidden curriculum underlying the system-wide use

	of pejorative language by attendings and house staff to describe persons who use drugs
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Global evaluation • Multisource feedback • OSCE • Mentor and program director observations • Oral or written self-reflection (e.g., of a personal or observed lapse, ethical dilemma, or systems-level factors)
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • American Medical Association Code of Ethics: https://www.ama-assn.org/delivering-care/ama-code-medical-ethics • American Board of Internal Medicine; American College of Physicians-American Society of Internal Medicine; European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;136:243-246. • Byyny RL, Papadakis MA, Paauw DS. Medical Professionalism Best Practices. 2015 by Alpha Omega Alpha Medical Society, Menlo Park, CA. • Levinson W, Ginsburg S, Hafferty FW, Lucey CR. Understanding Medical Professionalism. McGraw-Hill Education, 2014. • AMA Journal of Ethics: http://journalofethics.ama-assn.org/2010/10/ccas1-1010.html

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Professionalism 2	Accountability/conscientiousness in addiction medicine
Overall Intent	To take responsibility for one’s own actions and the impact on patients and other members of the health care team
Level 1 Examples	<ul style="list-style-type: none"> • Takes responsibility for inability to administer a dose of extended-release naltrexone for the treatment of alcohol use disorder in a timely fashion because the medication was not stored properly at the correct temperature; describes strategy for preparing medication in advance • Takes responsibility for not contacting a patient’s opioid treatment program (OTP) with a 42 confidentiality regulations (CFR) Part 2-compliant release of information (ROI) before the clinic closed for the day; describes strategy for ensuring timely task completion in the future • Completes all patient records and charting before leaving and ensures that no protected health information (PHI) leaves the treatment area
Level 2 Examples	<ul style="list-style-type: none"> • Updates or confirms there is a 42 CFR Part 2-compliant ROI for a patient being seen in follow-up from a residential treatment center to confirm when the last dose of extended-release naltrexone was given. • Prioritizes communicating with an OTP about a patient’s methadone dose and attendance before the OTP clinic closes for the day • Promptly renews a patient’s buprenorphine when it is appropriate and due
Level 3 Examples	<ul style="list-style-type: none"> • Submits a prior authorization in a timely manner to the insurance plan for the prescription of extended-release naltrexone for the treatment of alcohol use disorder • Determines next best course of action to treat an agitated patient in severe opioid withdrawal when a 42 CFR Part 2-compliant ROI to communicate with the patient’s OTP was not obtained • Proactively implements appropriate strategy to ensure that a patient receives usual methadone dose after discharge from the hospital on the weekend when methadone clinic is closed
Level 4 Examples	<ul style="list-style-type: none"> • Recognizes what information team members need to complete all necessary ROIs and prior authorizations from multiple third parties • Identifies workflow issues that could impede others from completing tasks and provides leadership to address those issues (e.g., fellows advise interns how to manage their time in completing SUD assessments) • Works with hospital pharmacy to administer observed methadone doses over the weekend, when a patient that has been initiated on methadone in the hospital is ready for discharge on Saturday
Level 5 Examples	<ul style="list-style-type: none"> • Delivers health system-wide training on the implementation of federal Substance Use Confidentiality Regulations • Assumes accountability and leadership for developing and implementing health system policies and procedures for ensuring the appropriate transition of care and continuation of evidence-based addiction pharmacotherapies and behavioral treatment for patients between treatment settings
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Multisource global evaluations

	<ul style="list-style-type: none"> • Self-evaluations • Compliance with deadlines and timelines • OSCE • Mentor and program director observations
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Confidentiality Regulations FAQs (SAMHSA, 9/2017): https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-fags • Laws, Regulations, and Guidelines (SAMHSA): https://www.samhsa.gov/health-information-technology/laws-regulations-guidelines • Legal Action Center: https://lac.org/samhsa-revises-42-cfr-part-2-new-final-rule-confidentiality-substance-use-disorder-treatment-information/ • Federal guidelines for opioid treatment programs (SAMHSA, 1/2015): https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf • Guideline for Physicians Working in California Opioid Treatment Programs (CSAM, 2008; a revision is in press): https://www.csam-asam.org/sites/default/files/csam_otpguideline_oct08.pdf

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Professionalism 3	Self-awareness and help-seeking
Overall Intent	To identify, use, manage, improve, and seek help for personal and professional well-being for self and others
Level 1 Examples	<ul style="list-style-type: none"> • Accepts feedback about how a medication error could have resulted from fatigue and mood changes • Is aware of the institution’s confidential employee assistance services for personal or work-related problems • Recognizes limits in team’s ability to communicate compassionately with a patient in a stressful interaction during debriefing
Level 2 Examples	<ul style="list-style-type: none"> • Independently recognizes the importance of getting adequate sleep to ensure patient safety • Seeks guidance from mentor or Employee Assistance Program about a difficult patient interaction • Independently discerns when the team’s behavior is impacted by implicit bias and/or a lack of sensitivity to the individual needs and sociocultural backgrounds of others
Level 3 Examples	<ul style="list-style-type: none"> • With assistance, proposes an action plan to optimize personal wellness that may reduce medication errors • With assistance, proposes a personal learning plan to improve patient-centered communication • With assistance, proposes a plan for team to participate in an implicit bias workshop
Level 4 Examples	<ul style="list-style-type: none"> • Independently develops an action plan to reduce fatigue and prevent physician burnout that translates to improved patient safety • Independently develops a personal learning plan to improve patient relationships by focusing on self-care and counseling through the employee assistance service • Independently, proposes a practical plan for team participation in implicit bias training and establishes regular debriefing sessions after difficult patient encounters
Level 5 Examples	<ul style="list-style-type: none"> • Delivers a conference plenary or skills-based workshop on preventing burnout for addiction practitioners • Establishes a proactive wellness program sponsored by the institutional health professional committee to advise others on optimizing their personal and professional well-being
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Multi-source feedback • Self-assessment and personal learning plan • Individual interview • Group interview or discussions for team activities • Participation in institutional well-being programs • Mentor and program director observations • Institutional online training modules
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Local resources, including Employee Assistance Programs • Focus on Physician Well-Being (American Academy of Family Physicians): https://www.aafp.org/news/focus-on-physician-well-being.html

	<ul style="list-style-type: none">• Physician Well-Being (NEJM Catalyst, 8/2017): https://catalyst.nejm.org/physician-well-being-efficiency-wellness-resilience/• Physician Wellness: Preventing Resident and Fellow Burnout (AMA STEPS Forward Practice Improvement Strategies, online module, 10/2015): https://www.stepsforward.org/modules/physician-wellness• AMA Wire: https://wire.ama-assn.org/life-career/physician-wellness• S. Ludwig. Domain of Competence: Professionalism Academic Pediatrics 2014;14:S66–S69
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Interpersonal and Communication Skills:

Interpersonal and Communication Skills 1	Patient- and family-centered communication
Overall Intent	To deliberately use language and behaviors to form a therapeutic relationship with a patient and his/her family, to identify communication barriers, including self-reflection on personal biases, and minimize them in the doctor-patient relationship; to organize and lead communication around shared decision-making
Level 1 Examples	<ul style="list-style-type: none"> ● Uses the words “positive” and “negative” to describe the results of a toxicology test, instead of words that contain judgement, such as “clean” and “dirty” ● Identifies low health literacy as a potential barrier to effective communication ● Effectively explains the potential role of an addiction medicine specialist in the management of complex chronic pain
Level 2 Examples	<ul style="list-style-type: none"> ● Actively restates features of a patient’s own narrative in order to create a therapeutic alliance ● Uses diagrams to explain pathology and treatment options of OUD ● Leads a family meeting to discuss consideration of buprenorphine in a patient with moderate OUD and chronic pain, and elicits concerns and barriers to care
Level 3 Examples	<ul style="list-style-type: none"> ● Uses patient-centered interviewing to explore reasons for medication non-adherence and lack of consistency with follow-up ● Reflects, with guidance, on experiences of working with patients who were unsuccessful in prior treatment episodes ● Effectively discusses the risks and benefits of all treatment options for OUD, including side effects and potential relapse
Level 4 Examples	<ul style="list-style-type: none"> ● Consistently models appropriate terminology in discussions with patients, family members, clinicians, and staff members, such as “patient with alcohol use disorder” instead of “alcoholic” ● Through advanced motivational interviewing skills, works with a patient with cirrhosis to develop a plan to decrease at-risk alcohol use even when abstinence is the recommended goal ● Consults with peers and/or supervisors to identify and mitigate bias introduced by personal experiences with SUD
Level 5 Examples	<ul style="list-style-type: none"> ● Leads a workshop at a regional or national meeting on patient-centered treatment planning and shared decision making ● Coaches residents to respond to patient body language within the context of the clinical encounter
Assessment Models or Tools	<ul style="list-style-type: none"> ● Direct attending assessment of patient/family encounters ● Standardized patient interviews or structured case discussions ● Self-assessment including opportunities for self-reflection ● Videotaped patient interviews ● OSCE
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> ● Botticelli MP, Koh HK. Changing the Language of Addiction. JAMA. 2016 Oct4;316(13):1361-1362 https://www.ncbi.nlm.nih.gov/pubmed/27701667

- Kelly JF, Wakeman SE, Saitz R. Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. Am J Med. 2015 Jan;128(1):8-9 <https://www.ncbi.nlm.nih.gov/pubmed/25193273>

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Interpersonal and Communication Skills 2	Interprofessional and team communication
Overall Intent	To effectively communicate with the health care team, including with consultants, in both straightforward and complex situations
Level 1 Examples	<ul style="list-style-type: none"> • Requests a consultation from infectious disease (ID) for management of a new diagnosis of HIV with plan to collaborate on the patient's care • Receives and acknowledges a request for medication management for a patient with substance use admitted to a specialty service • Listens to and considers others' points of view, is non-judgmental and actively engaged, and demonstrates respect for different clinical disciplines
Level 2 Examples	<ul style="list-style-type: none"> • Efficiently communicates key details and specific clinical questions while requesting psychiatric consultation for a patient with co-occurring psychiatric condition • Provides clear and detailed initial recommendations for withdrawal management to the requesting physician by phone and within the electronic health record • Communicates clearly and concisely in a timely manner during encounters with consultants and primary team members • Requests 1:1 feedback session with consultation team after a challenging case
Level 3 Examples	<ul style="list-style-type: none"> • Summarizes plan of care provided by a consultant to complete closed-loop communications • Discusses gaps in withdrawal management provided by primary team and reviews opportunities to improve care in clear and constructive manner • Uses teach-back of other strategies to assess receiver understanding during consultations • Inconsistently provides feedback or constructive criticism to superiors, including to addiction medicine faculty members; is unable to consistently manage conflict between team members
Level 4 Examples	<ul style="list-style-type: none"> • Balances recommendations from social work and ID in determining care plan for patient with IV substance use and need for long-term antibiotics • Provides constructive feedback on streamlining clinic intake workflow to the attending physician on the consult service • Offers suggestions to negotiate or resolve conflicts related to patient care among health care team members; raises concerns or provides opinions and feedback, when needed, to superiors on the team
Level 5 Examples	<ul style="list-style-type: none"> • Regularly provides opportunity for clinic team to provide 360-degree feedback on clinic operations and care planning, and negotiates differences of opinion respectfully • Presents quality improvement project at a national meeting describing the new approach to interprofessional team building to improve patient care
Assessment Models or Tools	<ul style="list-style-type: none"> • Direct observation • Global assessment

	<ul style="list-style-type: none"> • Multi-source assessment • Simulation encounters • Standardized patient encounters or OSCE • Checklists • Record or chart review • 360 evaluation from multidisciplinary team
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • François, J. (2011). Tool to assess the quality of consultation and referral request letters in family medicine. <i>Canadian Family Physician</i>, 57(5), 574–575. • Consultant Evaluation of Faculty form in Dehon E, Simpson K, Fowler D, Jones A. Development of the faculty 360. <i>MedEdPORTAL Publications</i>. 2015;11:10174. http://doi.org/10.15766/mep.2374-8265.10174. • ACOG: Seeking and giving consultation. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Seeking-and-Giving-Consultation • Core Interprofessional eLearning Modules: https://ipe.asu.edu/core-interprofessional-elearning-modules

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Interpersonal and Communication Skills 3	Communication within health care systems
Overall Intent	To effectively communicate using a variety of methods and with various stakeholders within the organization
Level 1 Examples	<ul style="list-style-type: none"> • Notes are accurate but include extraneous information not pertinent to patients' SUD history and presentation • Appropriately uses ROI documentation from the institution in an effort to maintain consistency with applicable confidentiality rules and regulations
Level 2 Examples	<ul style="list-style-type: none"> • Notes are organized and accurate but carry forward outdated laboratory or imaging results • Appropriately uses documentation templates or forms to communicate efficiently between team members and with other disciplines
Level 3 Examples	<ul style="list-style-type: none"> • Effectively describes use of history, physical examination, and laboratory results to support diagnosis and treatment plan • Documents change in plan of care taking into account unexpected urine toxicology results • Opts to discuss new HIV diagnosis obtained via screening labs in person rather than by telephone
Level 4 Examples	<ul style="list-style-type: none"> • Reviews medical student documentation in the record and provides helpful feedback on organization and communication • Leads didactic session on non-judgmental communication • Notes are exemplary, but is not yet able to provide feedback to trainees and colleagues who are insufficiently documenting substance use history
Level 5 Examples	<ul style="list-style-type: none"> • Teaches colleagues how to improve clinical notes, including use of appropriate, non-stigmatizing terminology, billing compliance, conciseness, and inclusion of all required elements • Leads a task force established by the health system QI committee to develop a plan to improve hand-offs between providers
Assessment Models or Tools	<ul style="list-style-type: none"> • Chart (history of present illness [HPI], progress notes, procedure notes, discharge summary) audit • Observation of sign-outs, observation of requests for consultations • 360 evaluation of chart documentation • Chart stimulated recall exercise addressing systems based practice
Curriculum Mapping	
Notes or Resources	<ul style="list-style-type: none"> • Jennifer A. Bierman, Kathryn Kinner Hufmeyer, David T. Liss, A. Charlotta Weaver & Heather L. Heiman (2017): Promoting Responsible Electronic Documentation: Validity Evidence for a Checklist to Assess Progress Notes in the Electronic Health Record, Teaching and Learning in Medicine, • ASAM Primer on CFR 42: https://www.asam.org/resources/publications/magazine/read/article/2013/08/15/confused-by-confidentiality-a-primer-on-42-cfr-part-2