Integrating an Inter-Professional Primary Care Based Substance Use Disorder Curriculum into a (jam packed) Med-Peds Residency Program

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Disclosures

- There are no disclosures relevant to this talk.
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Learning Objectives

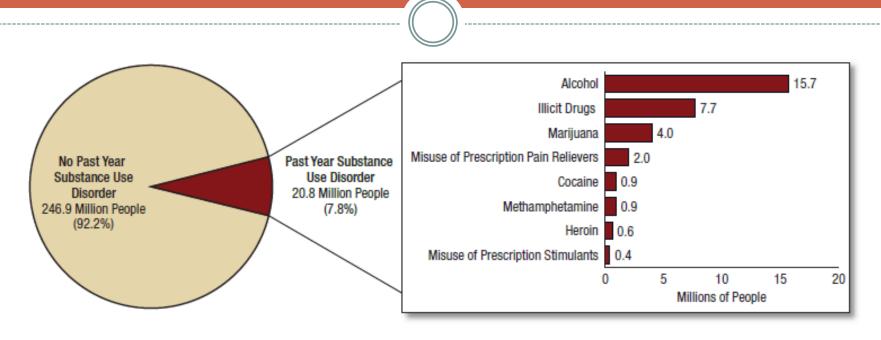- Recognize the importance of education in substance use disorder

- Discuss consensus recommendations for substance use disorder education

- Design your own substance use disorder curriculum today (in this workshop!)

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Past Year Substance Use Disorder: 2015

No Past Year Substance Use Disorder
246.9 Million People (92.2%)

Past Year Substance Use Disorder
20.8 Million People (7.8%)

	Millions of People
Alcohol	15.7
Illicit Drugs	7.7
Marijuana	4.0
Misuse of Prescription Pain Relievers	2.0
Cocaine	0.9
Methamphetamine	0.9
Heroin	0.6
Misuse of Prescription Stimulants	0.4

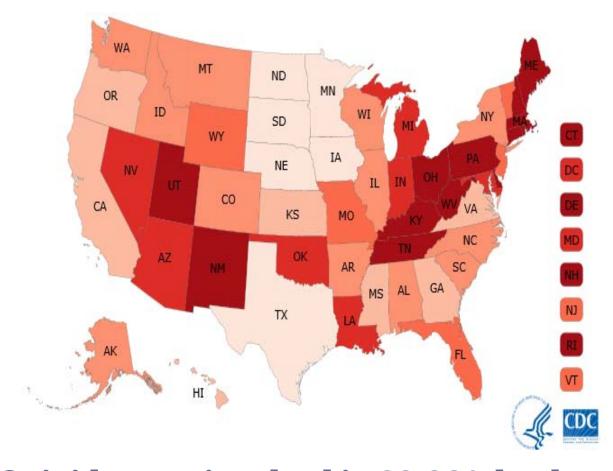National Survey on Drug Use and Health, 2016

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Opiate Deaths, 2015
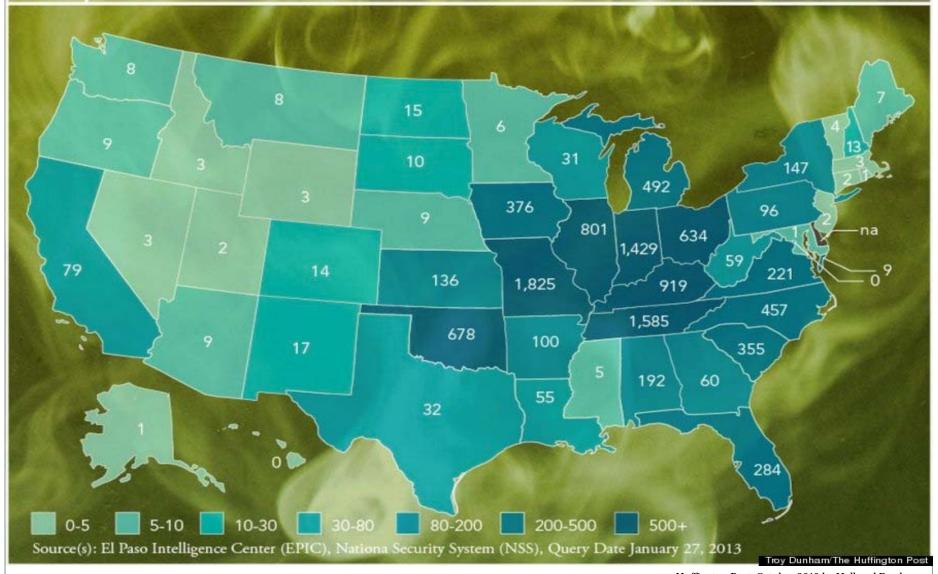
Opioids were involved in 33,091 deaths in 2015, and opioid overdoses have quadrupled since 1999.

Total Meth Laboratory Incidents
Including Labs, Dumpsites Chem/Glass/Equipment

Legend: 0-5 | 5-10 | 10-30 | 30-80 | 80-200 | 200-500 | 500+

Source(s): El Paso Intelligence Center (EPIC), Nationa Security System (NSS), Query Date January 27, 2013

Troy Dunham/The Huffington Post

Huffington Post, October 2013 by Hall and Dunham

Receipt of SUD Services Lags Behind other Chronic Disorders

Any Mental Illness

45.9 million

39.2 % receiving treatment

Substance Use Disorder

23.1 million

11.2 % receiving treatment

Diabetes
25.8 million

84 % receiving treatment

Heart Disease
81.1 million

74.6 % receiving screenings

Hypertension
74.5 million

70.4 % receiving treatment

Current State of Substance Use Education

- 100% of allopathic medical schools and nearly all osteopathic medical schools require instruction in SUD.
  - Curriculum varies
  - Question of carry over into clinical years

- Required SUD training ranges from 31.8% in pediatrics to 95.0% in psychiatry, with 56.3% for all programs combined.

Wyatt SA, et. al. J Am Osteopath Assoc 2007 Sep; 107 (9 Suppl 5) ES27-38.
Isaacson JH, et. al. J Stud Alcohol. 2000;61: 912-5.

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Recommendations for SUD Education

Table 1. Core Competencies for Managing Substance Use Disorders in Primary Care*

Describe the epidemiology and spectrum of unhealthy substance use, including risky use, problem use, consequences, abuse, and dependence.

Screen patients for unhealthy substance use and diagnose substance use disorders.

Assess patients for substance use–related medical, behavioral, and social consequences.

Use brief intervention and other counseling approaches to advise and assist patients concerning unhealthy substance use and substance use disorders.

Use medications indicated for the treatment of substance use disorders.

Refer patients to substance abuse treatment programs when indicated.

* By the end of training, resident physicians should be able to perform these competencies.

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First Task – Needs Assessment

- What SUD education do your residents already receive in your institution?

- What do your residents need in order to be successful in identifying and treating SUD in practice?

- What would you like the focus of your new curriculum to be?

Second Task

Design

Learning

Objectives

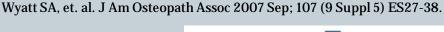# How do I teach something I don't know anything about?

Interdisciplinary Education

- Practitioners from various disciplines are essential participants in national efforts to deal with these problems.

- Resources at Mason Square Neighborhood Health Center

Wyatt SA, et. al. J Am Osteopath Assoc 2007 Sep; 107 (9 Suppl 5) ES27-38.

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PGY - 1s M-P

Resident	1	2	3	4	5	6	7	8	9	10	11	12
1,1	MW	NHC	CCU	P-ER	IP/NF	Nurs	Geri/Amb	MW	CM	IP/NF	Elect	NICU
1, 2	NHC	MW	Geri/Amb	IP/NF	P-ER	NICU	CCU	CM	MW	Nurs	IP/NF	Elect
1, 3	NHC	MW	Amb/Geri	NICU	Nurs	IP/NF	MW	CM	CCU	P-ER	IP/NF	Elect
1, 4	MW	NHC	MW	Nurs	IP/NF	P-ER	CM	CCU	Geri/Amb	NICU	Elect	IP/NF
1, 5	NHC	IP/NF	P-ER	MW	Geri/Amb	CCU	NICU	Nurs	IP/NF	Elect	MW	CM
1, 6	IP/NF	NHC	NICU	Geri/Amb	MW	CM	P-ER	IP/NF	Nurs	CCU	Elect	MW
1, 7	NHC	IP/NF	Nurs	CCU	Elect	MW	NICU	P-ER	IP/NF	CM	MW	Geri/Amb
1, 8	NICU	NHC	IP/NF	Elect	MW	Geri/Amb	Nurs	IP/NF	P-ER	MW	CM	CCU

PGY - 1s M-P

Resident	1	2	3	4	5	6	7	8	9	10	11	12
1,1	MW	NHC	CCU	P-ER	IP/NF	Nurs	Geri/Amb	MW	CM	IP/NF	Elect	NICU
1, 2	NHC	MW	Geri/Amb	IP/NF	P-ER	NICU	CCU	CM	MW	Nurs	IP/NF	Elect
1, 3	NHC	MW	Amb/Geri	NICU	Nurs	IP/NF	MW	CM	CCU	P-ER	IP/NF	Elect
1, 4	MW	NHC	MW	Nurs	IP/NF	P-ER	CM	CCU	Geri/Amb	NICU	Elect	IP/NF
1, 5	NHC	IP/NF	P-ER	MW	Geri/Amb	CCU	NICU	Nurs	IP/NF	Elect	MW	CM
1, 6	IP/NF	NHC	NICU	Geri/Amb	MW	CM	P-ER	IP/NF	Nurs	CCU	Elect	MW
1, 7	NHC	IP/NF	Nurs	CCU	Elect	MW	NICU	P-ER	IP/NF	CM	MW	Geri/Amb
1, 8	NICU	NHC	IP/NF	Elect	MW	Geri/Amb	Nurs	IP/NF	P-ER	MW	CM	CCU

Third Task

- What are the resources that you have available to help with design and implementation of this curriculum at your institution?

- When can you fit this all in?

Curriculum

Two days of didactic lectures during Mason Square Orientation Month:

- Day 1: Pre work: SCOPE of pain modules (online)
  Chronic Pain Management, Dr. Ronshaugen
  Controlled Substance Agreements, Alicia Gordon, RN
  Motivational Interviewing, Caroline and Keith, BHN
  SBiRT Skills Practice Workshop, Drs. Ronshaugen and Wretzel

- Day 2: SBiRT Skills Practice Workshop, Drs. Ronshaugen and Wretzel
  Opiate Use Disorder and Harm Reduction, Dr. Wretzel
  Buprenorphine Maintenance, Dr. Friedmann
  Buprenorphine Clinic at MSNHC, Jaines Andrades, RN
  Guest in Recovery Luncheon

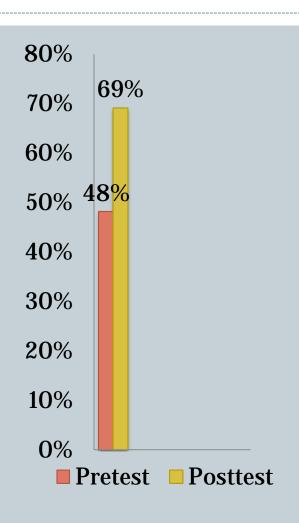University of Massachusetts Medical School

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Curriculum

- Evening Conferences:
  - November: Case Reviews: Difficult Chronic Pain Patients
  - December: Substance Use Disorder Journal Club, Marijuana Use, Opiate Use Disorder and Harm Reduction

- Experiences During Community Medicine Month:
  - AA/ NA meeting, Carlson detox facility, Sloan Clinic, Jail based detoxification clinic, Learn to Cope meeting, Health Care for the Homeless, Clean Slate clinic, MSNHC suboxone clinic
  - Debrief at the end of the month with either Dr. Ronshaugen or Dr. Wretzel

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Outcomes

80%

70%　69%

60%

50%　48%

40%

30%

20%

10%

0%

■ Pretest　■ Posttest

"I feel more comfortable approaching the patient with chronic pain. (I have) more options and opiates are only one modality."

- PGY1 Resident

Fourth Task

- Start Designing!
  - Remember curricular tools such as:
    - Online curricula
    - Guests in Recovery
    - Skills Practice
    - Journal Clubs
    - Community Experiences (think broadly!)

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Debrief