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Title: Opioid Education in Medical Schools

Introduced by: Ben Malamet and Kultaj Kaleka for the Medical Student Section

Original Authors: Sanjay Das, Kelly Fahey, Rebecca Hamburger, Kultaj Kaleka, and Jeremy Santamaria

Referred to: Reference Committee E

House Action: **APPROVE AS AMENDED**

Whereas, opioids are attributed to over 47,000 overdose deaths in 2017 according to the Centers for Disease Control and Prevention¹, and

Whereas, approximately 130 Americans die every day from an opioid overdose, culminating in nearly 48,000 drug overdose deaths involving an opioid in 2017², and

Whereas, in 2016, there were a total of 1,762 opioid-related overdose deaths in Michigan, exceeding the national rate of 13.3 deaths per 100,000 by an additional 5.2 deaths per 100,000³, and

Whereas, being the primary source of legally prescribed controlled substances, it is the responsibility of physicians to learn safe, optimal prescribing practices for opioids^{4,5,6}, and

Whereas, health professionals, attendings and residents included, often lack the confidence and preparation to approach complex patients who are taking opioids for chronic pain^{4,5,7}, and

Whereas, it has been shown that some medical school curricula may not adequately spend substantial time covering addiction medicine, or lack emphasis on the complexity of opioid substance use disorder⁵, and

Whereas, there is no current standardized curriculum regarding addiction and drug overdose patient care for Medical Schools in the State of Michigan, and

Whereas, prior training initiatives in Medical Schools regarding substance abuse disorders have correlated with significant improvements in students' attitudes, beliefs in role responsibility, and confidence in skills during preclinical years^{8,9}, and

Whereas, the Association of American Medical Colleges created a statement that 74 medical schools signed in order to demonstrate their willingness toward better incorporating opioid-related topics in their training of medical students¹⁰, and

Whereas, there have been successful implementation of interprofessional education workshops in medical schools that simulate the complex issues of substance use disorder while highlighting the importance of collaborative teamwork¹¹, and

Whereas, an eight-hour medication-assisted treatment (MAT) waiver training for medical students is offered by the Providers Clinical Support System, a program funded by the Substance Abuse and Mental Health Services Administration¹², and

Whereas, medical schools can partner with the American Society of Addiction Medicine to implement an eight-hour MAT waiver training course for medical students¹³, and

54 Whereas, the usage of simulated patients and Objective Structured Clinical Exam (OSCE) has shown
55 to increase interviewing and intervention skills, and improve assessment and management skills regarding
56 alcohol and illicit drug abuse^{14,15}, and
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58 Whereas, studies have shown that up to 50 percent of primary care physicians did not address
59 patients substance abuse, with 40 percent of physicians missed diagnosing a substance use disorder¹⁶, and
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61 Whereas, only three percent of primary care physicians in rural areas have received waivers to
62 prescribe buprenorphine to treat opioid use disorder¹⁷; therefore be it
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64 RESOLVED: That MSMS strongly supports the development and implementation of evidence-based
65 opioid and related substance use disorder training programs and education resources in medical school
66 curriculums; and be it further
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68 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) encourage
69 our AMA to work with the Liaison Committee on Medical Education to include formalized opioid and related
70 substance use disorder training using an evidence-based multidisciplinary approach in the curriculum of
71 accredited medical schools.
72

73
74 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or
75 revised MSMS or AMA policy.

Relevant MSMS Policy:

Drug Educational Programs

Drug educational programs by public agencies should be expanded and all medical schools, hospitals and medical societies should establish such programs, with particular attention paid to programs treating pregnant women and teenagers. (Res43-90A)

- Amended 1993
- Edited 1998

Continuing Medical Education for Opioid Prescribing

MSMS supports education to encourage physicians and other health care providers to co-prescribe naloxone when prescribing opiates. (Res51-16)

Relevant AMA Policy:

Improving Residency Training in the Treatment of Opioid Dependence H-310.906

Our AMA: (1) encourages the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid use disorders, under the supervision of an appropriately trained physician; and (2) supports additional funding to overcome the financial barriers that exist for trainees seeking clinical experience in the treatment of opioid use disorders.

Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug

1. Our AMA:

- a. will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth;
- b. encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;
- c. encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;
- d. will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and

- e. supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.
2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:
- reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;
 - increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and
 - reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

Education and Awareness of Opioid Pain Management Treatments, Including Responsible Use of Methadone

- Our AMA will incorporate into its web site a directory consolidating available information on the safe and effective use of opioid analgesics in clinical practice.
- Our AMA, in collaboration with Federation partners, will collate and disseminate available educational and training resources on the use of methadone for pain management.
- Our AMA will work in conjunction with the Association of American Medical Colleges, American Osteopathic Association, Commission on Osteopathic College Accreditation, Accreditation Council for Graduate Medical Education, and other interested professional organizations to develop opioid education resources for medical students, physicians in training, and practicing physicians.

Promotion of Better Pain Care D-160,981

- Our AMA: (a) will express its strong commitment to better access and delivery of quality pain care through the promotion of enhanced research, education and clinical practice in the field of pain medicine; and (b) encourages relevant specialties to collaborate in studying the following: (i) the scope of practice and body of knowledge encompassed by the field of pain medicine; (ii) the adequacy of undergraduate, graduate and post graduate education in the principles and practice of the field of pain medicine, considering the current and anticipated medical need for the delivery of quality pain care; (iii) appropriate training and credentialing criteria for this multidisciplinary field of medical practice; and (iv) convening a meeting of interested parties to review all pertinent matters scientific and socioeconomic.
- Our AMA encourages relevant stakeholders to research the overall effects of opioid production cuts.
- Our AMA strongly urges the US Drug Enforcement Administration to base any future reductions in aggregate production quotas for opioids on actual data from multiple sources, including prescribing data, and to proactively monitor opioid quotas and supply to prevent any shortages that might develop and to take immediate action to correct any shortages.
- Our AMA encourages the US Drug Enforcement Administration to be more transparent when developing medication production guidelines.
- Our AMA and the physician community reaffirm their commitment to delivering compassionate and ethical pain management, promoting safe opioid prescribing, reducing opioid-related harm and the diversion of controlled substances, improving access to treatment for substance use disorders, and fostering a public health based-approach to addressing opioid-related morbidity and mortality.

¹ Centers for Disease Control and Prevention Opioid overdose - drug overdose death data [Internet]. Centers for Disease Control and Prevention. 2017. Available from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

² Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

³ Michigan Opioid Summary. National Institute of Health. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/michigan-opioid-summary>. Published Revised February 2018. Accessed February 22, 2019.

⁴ References Gordon AJ, Harding JD. From education to practice: addressing opioid misuse through health care provider training: A special issue of substance abuse journal. *Subst Abuse*. 2017;38(2):119-121. DOI: 10.1080/08897077.2017.1309938

⁵ Ratycz MC, Papadimos TJ, Vanderbilt AA. Addressing the growing opioid and heroin abuse epidemic: a call for medical school curricula. *Med Educ Online*. 2018;23(1):1466574.

⁶ Binswanger IA, Gordon AJ. From risk reduction to implementation: addressing the opioid epidemic and continued challenges to our field. *Subst Abuse*. 2016;37(1):1-3. [PubMed]

⁷ Allison L. Ruff, Daniel P. Alford, Robert Butler & J. Henry Isaacson (2017) Training internal medicine residents to manage chronic pain and prescription opioid misuse, *Substance Abuse*, 38:2, 200-204, DOI: 10.1080/08897077.2017.1296526

⁸ Chappel JN, Veach TL. Effect of a course on students' attitudes toward substance abuse and its treatment. *J Med Educ*. 1987;62(5):394-400.

⁹ Gopalan R, Santora P, Stokes EJ, Moore RD, Levine DM. Evaluation of a model curriculum on substance abuse at The Johns Hopkins University School of Medicine. *Acad Med*. 1992;67(4):260-266.

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- ¹⁰ Association of American Medical Colleges AAMC statement on addressing the opioid epidemic [Internet]. [cited 2017 June23]. Available from: <https://www.aamc.org/download/457660/data/aamcstatementonaddressingtheopioidepidemic.pdf>.
- ¹¹ An interprofessional education workshop to develop health professional student opioid misuse knowledge, attitudes, and skills. 10.1016/j.japh.2016.12.069
- ¹² Medical Student Creates Pilot for Making MAT Waiver Training Part of UMASS Medical School Curriculum. <https://pcssnow.org/medical-student-creates-pilot-for-making-mat-waiver-training-part-of-umass-medical-school-curriculum/>. Accessed February 23, 2019.
- ¹³ Training to fight opioid addiction. Central Michigan University. College of Medicine faculty member leads effort to equip medical, physician assistant students Web site. <https://www.cmich.edu/news/article/pages/Training-to-fight-opioid-addiction.aspx>. Published 2019. Accessed March 1, 2019.
- ¹⁴ Levin FR, Owen P, Stinchfield R, Rabinowitz E, Pace N. Use of standardized patients to evaluate the physicians in residence program: a substance abuse training approach. *J Addict Dis*. 1999;18(2):39-50.
- ¹⁵ Parish SJ, Ramaswamy M, Stein MR, Kachur EK, Arnsten JH. Teaching about Substance Abuse with Objective Structured Clinical Exams. *J Gen Intern Med*. 2006;21(5):453-459.
- ¹⁶ CASA. The National Center on Substance Abuse at Columbia University . Missed opportunity: national survey of primary care physicians and patients on substance abuse. National Center on Substance Abuse at Columbia University; New York: 2000.
- ¹⁷ Rosenblatt RA, Andrilla CH, Catlin M, Larson EH. Geographic and specialty distribution of US physicians trained to treat opioid use disorder. *Ann Fam Med*. 2015;13(1):23-26.