# Outcomes from the National Academy of Medicine's Action Collaborative on Countering the US Opioid Epidemic: Implications for the Health Care Professions

Kathy Chappell, PhD, RN, FNAP, FAAN
Senior Vice President, Accreditation, Certification, Measurement, Institute for Nursing Research and Quality Management, and Advanced Practice Initiatives
American Nurses Credentialing Center

Steve Singer, PhD
Vice President of Education and Outreach
Accreditation Council for Continuing Medical Education (ACCME)

# Overview

- Reflection
- Stakeholders and roles
- Framing the problem
- Gaps, gaps and more gaps
- Tools and resources
- MAT/MATE Act and implications
- Reflection
- Q&A

# Reflection

Reflect on how the US opioid crisis has impacted you in your own setting:

1. *What are the biggest challenges you are facing or have faced?*
2. *Where are the most opportunities for having a positive impact?*

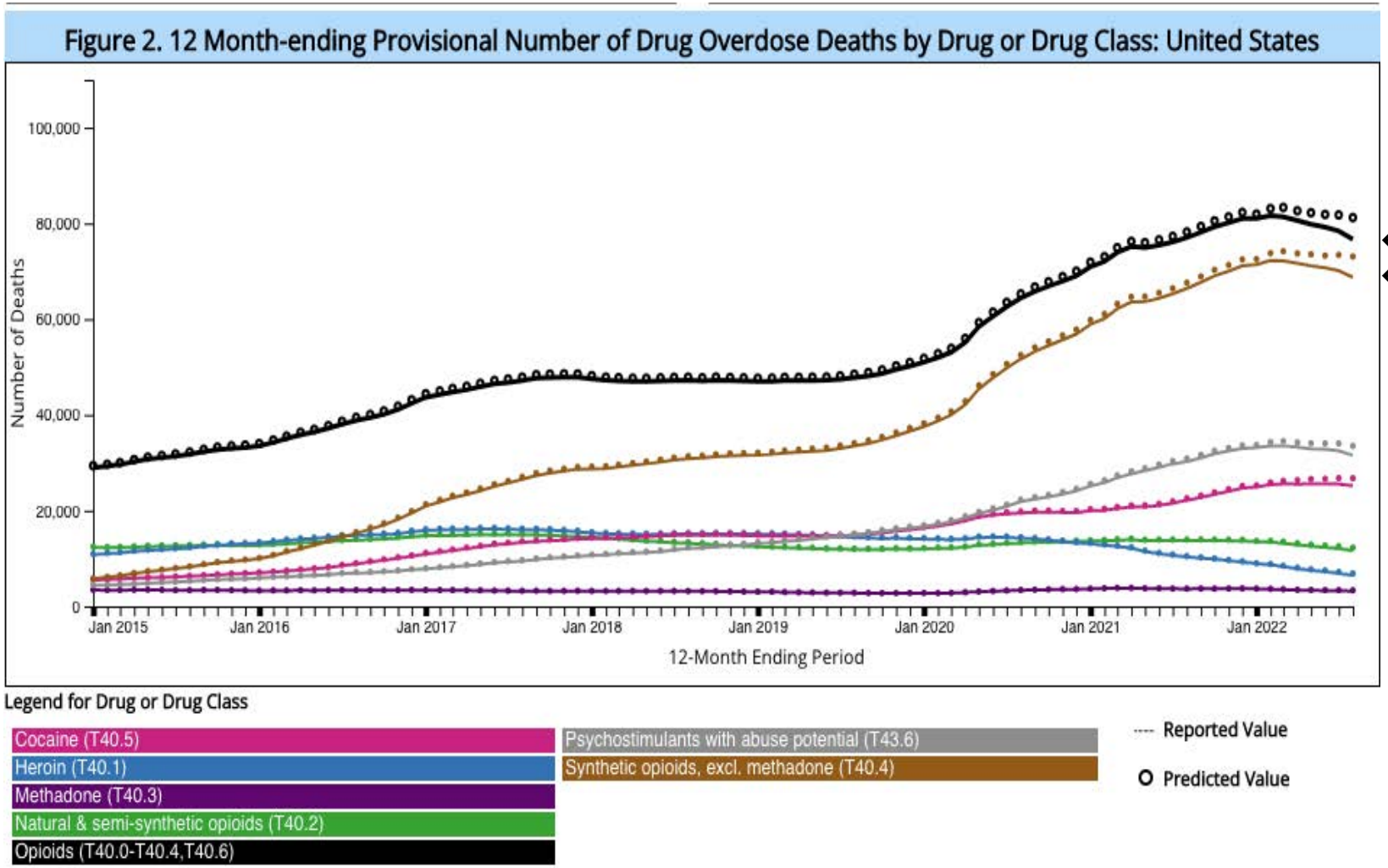
# Stakeholders and Roles

| | |
|---|---|
| APRNs | • Deliver safe, effective, high-quality care<br>• Comply with reasonable regulatory expectations |
| Regulators and Certifying Bodies | • Protect the public<br>• Maintain required documentation<br>• Validate regulatory requirements with reduced burden |
| Accreditors | • Maintain standards for independent, evidence-based CE that is developed to address gaps in practice<br>• Evaluate learners beyond level of knowledge gain |
| Other Professions | • Understand shared gaps and needs<br>• Collaborate across professions for higher impact |
| CE Community | • Develop CE that meet needs of multiple professionals and addresses the identified gaps in practice |

# Framing the Problem

Addressing the Complexity of the Opioid Epidemic

# Synthetics Are Now Linked to Almost 90% of Opioid Overdose Deaths




Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2022

# Provisional* Drug Overdose Deaths 12-months Ending in Select Months

| | ALL DRUGS | HEROIN | NAT & SEMI SYNTHETIC | METHADONE | SYNTHETIC OPIOIDS (mainly illicit fentanyl) | COCAINE | OTHER PSYCHO-STIMULANTS (mainly meth) |
|---|---|---|---|---|---|---|---|
| 8/2021* | 104,038 | 10,488 | 13,970 | 3,708 | 67,624 | 22,571 | 30,876 |
| 12/2021* | 109,179 | 9,411 | 13,906 | 3,765 | 72,484 | 25,174 | 33,637 |
| 8/2022* | 107,477 | 6,863 | 12,272 | 3,357 | 73,102 | 26,786 | 33,534 |
| Percent Change 8/21-8/22 | 3.3% | -34.5% | -12.2% | -9.5% | 8.1% | 18.7% | 8.6% |

*NCHS Provisional drug-involved overdose death counts are PREDICTED VALUES, 12 months ending in select months.
*https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm*


*Self-awareness to identify one's own professional practice gaps and educational needs*

*"We were never trained for dealing with drug seeking patients and we don't have the time in our clinic structures to handle these patients. I don't really know what I can do differently."*

*"It's frustrating when everyone has the right to decline scripts, but no one has to provide a viable alternative solution. I'm the one left to care for the patient alone."*

*“I try my best to take care of patients, but I was never trained on how to identify misuse and early abuse or manage these complex patients in my office.”*

*“My state requires OUD training then makes me take the same unhelpful course every year.”*


*Meeting learners where they are with education that helps them close their professional practice gaps*


*Improving outcomes for individuals and teams*

*“Why can’t I test out of mandatory CE if I can demonstrate my competence?”*

*“Considering the time it takes, what evidence do you have that this education will actually help me to improve my practice?”*

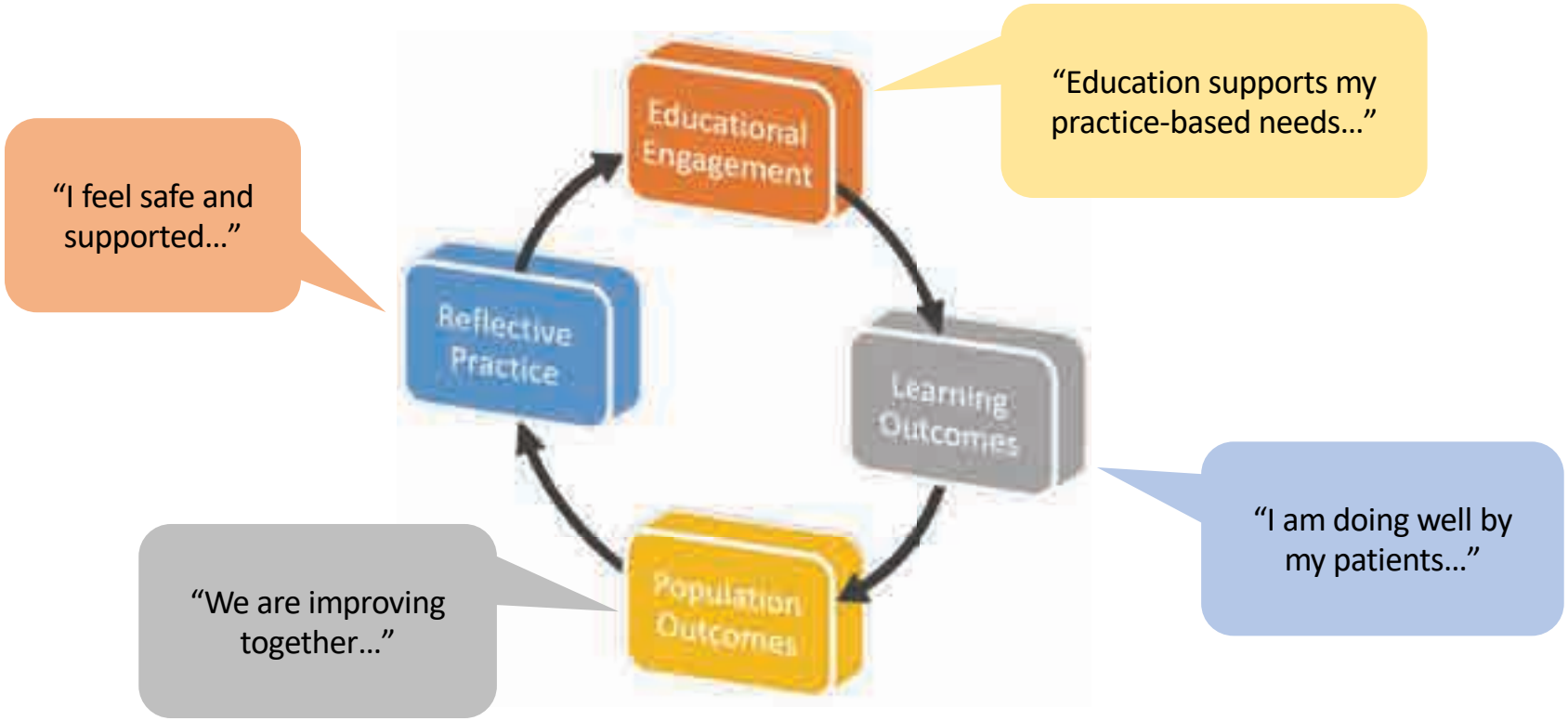
*“Show me the evidence that investing more in interprofessional continuing education (IPCE) will improve care and reduce cost in our system?”*

*“Everyone wants community health workers with lived experience, but no one helps me find, train or retain those folks."*


*Demonstrating improvements in patient outcomes and population health*

# Shared Goals

*"We want a system where…"*



# National Academy of Medicine Action Collaborative on Countering the US Opioid Epidemic

https://nam.edu/programs/action-collaborative-on-countering-the-u-s-opioid-epidemic/

NATIONAL ACADEMY OF MEDICINE

Leadership • Innovation • Impact | for a healthier future

# About the Action Collaborative and the Education and Training Working Group

***The Action Collaborative is a public-private partnership of over 60 members from the public, private, and non-profit sectors.***

**Mission**: To convene and catalyze public, private, and non-profit stakeholders to develop, curate, and disseminate multi-sector solutions designed to reduce opioid misuse, and improve outcomes for individuals, families, and communities affected by the opioid crisis.

**Leadership:** Steering Committee co-chaired by NAM, Aspen Institute, HHS, and HCA Healthcare

**Four priority focus areas (working groups):** Health professional education and training; Pain management guidelines and evidence standards; Prevention, treatment, and recovery services; and Research, data, and metrics needs

**Health Professional Education and Training Working Group Co-leads:** Kathy Chappell (American Nurses Credentialing Center), Eric Holmboe (Accreditation Council for Graduate Medical Education), Steve Singer (Accreditation Council for Continuing Medical Education)

# NAM Special Publication

On December 16, 2021 the Education and Training Working Group released a NAM Special Publication to describe and assess: **professional practice gaps**, existing **regulatory requirements and policy standards**, and identified five **actionable priorities** needed to strengthen coordination and collaboration across the health education system

https://nam.edu/programs/action-collaborative-on-countering-the-u-s-opioid-epidemic/educating-improving-together/

# NAM Special Publication

**Literature Review Findings**

- PPGs were associated with prescribing or tapering opioids (93%), followed by monitoring (10%), screening/assessment (8%), nonpharmacological treatment (7%), identification/diagnosis (4%), prescribing non-opioids (3%), and referral (3%)

- Root causes: clinical knowledge (wasn't aware of best practice; 40%), attitudes and biases (30%), and/or the use of (failure to use/lack of available) evidence-informed tools and resources (26%)

- Other factors: communication with patients/families (13%), constraints in the practice setting (12%), and/or communication with other members of the health care team (6%) were also cited as contributing to professional practice gaps

# NAM Special Publication

**Literature Review Findings (cont'd)**

- *General PPGs can be addressed through education system interventions* (e.g. negative attitudes and biases, cross-profession knowledge deficiencies, improvement needed in team-based learning, communication challenges, and insufficient competencies)

- *Pain management-specific PPGs can be addressed through education interventions* (e.g. struggles treating chronic pain compared to acute pain, variation in prescribing practices by provider and type of pain, lack of trust related to the subjectivity of pain)

- *Broader PPGs can be addressed through health system-level interventions* (e.g. insufficient interprofessional teams, issues with access to user-friendly tools, difficulty identifying/applying evidence-based guidelines, challenges with reimbursement, inadequate numbers of critical providers, unaddressed social determinants of health)

# NAM Special Publication

**Licensing, Certifying and Accrediting Body Requirements**

- **Substantial variability in requirements and standards** among licensing, certifying and accrediting bodies:
  - Pain management requirements/standards: Yes: 47%; No/unsure: 53%
  - SUDs requirements/standards: Yes: 31%; No/unsure: 69%

- **Significant gaps between treatment need and capacity exist at both state and national levels**

- Most focus on **accreditation, certification, licensure, or regulation of individuals**, and these bodies have the **most significant variation**. **Program accreditors** seem to have the **least amount of variation**

- Accreditors use measurements such as competencies, best practices, or program requirements. **There are variations between professions, specialties, and oversight**

# NAM Special Publication

**Licensing, Certifying and Accrediting Body Requirements**

- Organizations that license or certify **pharmacist techs, physician assistants, and dental assistants may not have the same requirements and standards** because they practice under direct supervision

- **Educational expectations for allied health professionals** related to pain management, opioid use, and substance use disorder practices are **most often expressed as expectations for (mandatory) participation in continuing education (CE, CME)**

- **Opportunities exist to explore how regulatory organizations can support advancing prevention and treatment of pain and substance use disorder**

# NAM Special Publication

**Actionable Key Priorities Drawn from Conclusions of the Publication**

1. Establish minimum core competencies for all health care professionals in pain management and SUDs, and support evaluating and tracking of health care professionals' competence;
2. Align accreditors' expectations for interprofessional collaboration in education for pain management and SUDs;
3. Foster interprofessional collaboration among licensing and certifying bodies to optimize regulatory approaches and outcomes;
4. Unleash the capacity for continuing education to meet health professional learners where they are; and
5. Create partnerships among organizational stakeholders such as health care organizations and regulatory agencies to harmonize practice improvement initiatives

# Shared Targets for Change

- Simplifying documentation and processes for licensing boards and licensees
- Reducing unwarranted variation
- Supporting educators (and educational engagement)
- Enable the system to address the complexity of highly-variable local needs (eg, by profession, practice setting, patient population)

# Competency Framework Background and Scope

- The first actionable priority seeks to **establish a minimum level of core competency** across professions to ensure flexibility reflective of scope-of-practice and setting specific needs
- Additionally, core competencies will **reveal critical PPGs** across the health education continuum and re-calibrate the U.S. health care workforce toward **adaptive interprofessional practice** and **improve overall readiness and responsiveness**
- To support this priority, the working group **developed a core competency domains framework** to inform the minimum level of competence needed in pain management and substance use disorder (SUD) care
- The framework is intentionally **broad in scope** to **optimize comprehensiveness and applicability**; of note, the framework describes competency domains and not specific competencies

# Core Competency Domains Framework

- Core competency framework identifies a **foundational set of knowledge, skills, and attitudes** that all health professionals, regardless of profession or level, should have competence in to care for patients with pain and/or SUD
- Overarching goals are to:
  - utilize a **public health approach** that sets a **minimum standard of competence** for *all* practicing clinicians; and
  - provide an **implementable framework** that can used to **catalyze the development of specific competencies** across professions and/or disciplines as needed
- Framework is centered around partnering in care with patients, families, and communities, and describes **three broad domains of performance** that collectively reflect competence in health professionals: **1) Core Knowledge, 2) Collaboration, 3) Clinical Practice**

# Core Competency Domains Framework

- Each of the performance areas maps to **six core competency domains** and associated subdomains that describe a minimum level of knowledge, skills, and abilities needed for competence

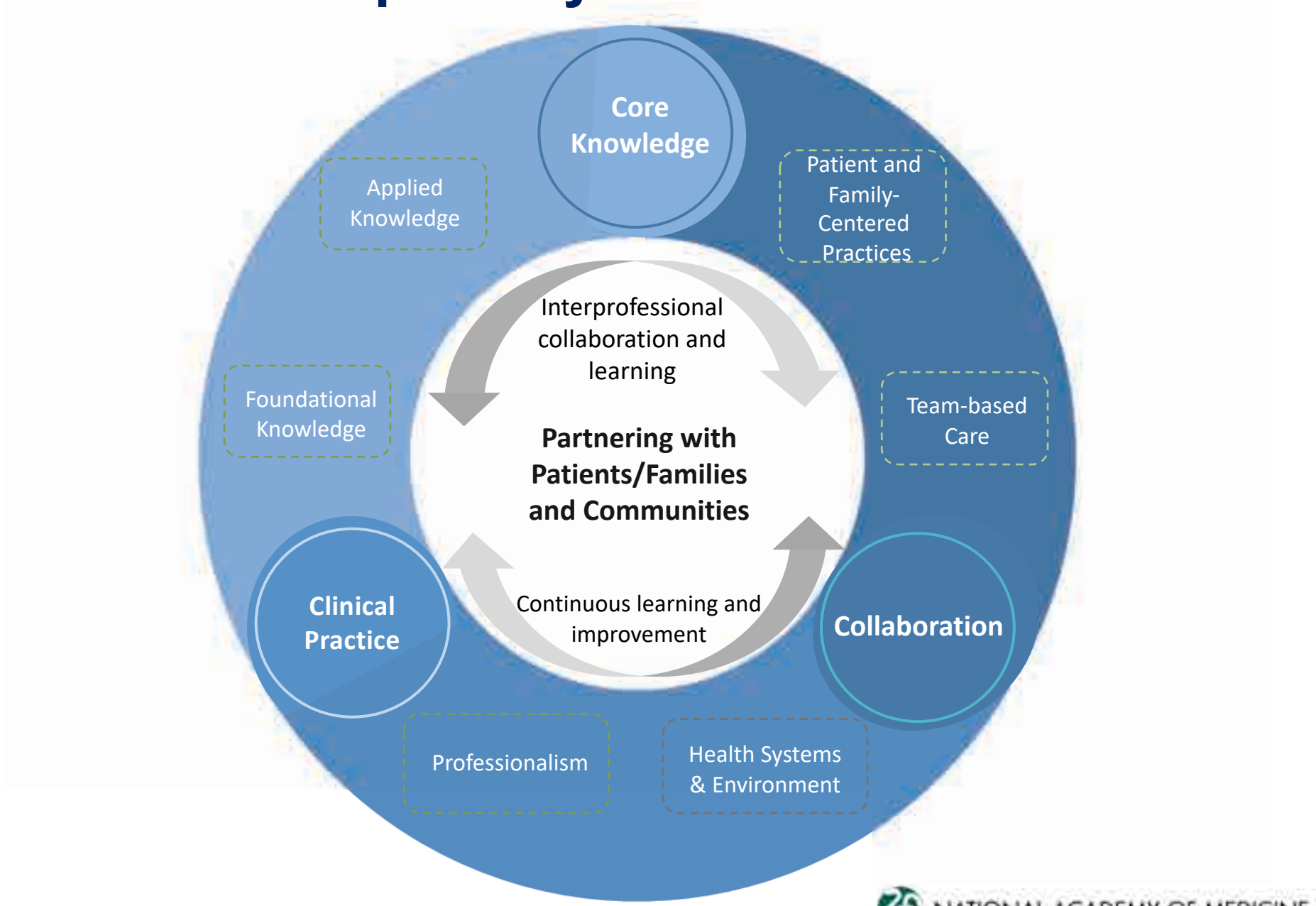
- **Core Competency Domains (and performance domains):**
  1. Baseline Knowledge (Core Knowledge)
  2. Applied Knowledge (Core Knowledge)
  3. Patient-centered Practices (Collaboration)
  4. Team-based Care (Collaboration)
  5. Health Systems and Environment (Clinical Practice)
  6. Professionalism (Clinical Practice)

- Framework includes two important **facilitating factors** needed for success: **interprofessional collaboration and learning, and continuous learning and improvement**

- Framework has been released as a **publication** through NAM Perspectives

*https://nam.edu/the-3cs-framework-for-pain-and-unhealthy-substance-use-minimum-core-competencies-for-interprofessional-education-and-practice/*

# The Core Competency Domains "C Framework"




NATIONAL ACADEMY OF MEDICINE

# Way Forward

- The framework's usability and impact relies on support from stakeholders representing clinical, educational, regulatory, and financial systems across health care
- A coordinated effort is needed across health professions to incorporate the Cs Framework into existing curricula and should be supported by effective teaching, learning, and evaluation approaches
- Certifying and licensing bodies can support competency tracking; examination criteria across states can incorporate concepts included in the framework
- The core competency framework is a tool that can address practice gaps and serve as a catalyst for individualized and interprofessional education which will support the delivery of safe and high-quality care for a complex health problem

# Additional Workgroup Products

- **Chronic Pain Journey Map**
  A new resource from the NAM Opioid Collaborative highlights gaps in chronic pain care and actions that can be taken to improve the pain management process. Informed by individuals with chronic pain and clinicians in pain management to understand the patient-clinician experience when navigating treatment. Actionable strategies outlined in the map can accelerate a range of pain treatments by outlining approaches to effective communication that lead to strong clinical relationships and strategies to prioritize the quality of life for people with pain.
- **Telehealth**
  NAM Discussion Proceedings provides a summary of conversations about the current telehealth and virtual care environment and introduced key concepts as well as some of the benefits of and barriers to advancing telehealth.
- **Research Agenda**

# THE CHRONIC PAIN JOURNEY

## › Opportunities for Action

This journey map visually describes the experiences of persons living with chronic non-cancer pain and identifies key stages of the journey that have critical touchpoints with the health system. Each stage of the journey illustrates the patients' goals and tangible actions, challenges that emerge from the path to good pain management, and opportunities for action to support those with chronic pain. This map is available in an interactive version, which provides more insight into the chronic pain journey and links to tools and resources.

For more, visit us at
nam.edu/chronic-pain-journey-map


INFORMATION GATHERING

- Usable evidence-based resources
- Accessible high-quality care
- Complementary support services


SEEKING CARE & SUPPORT

- Person-centered communication
- Trust and understanding
- Overcoming roadblocks


PARTNERING WITH CARE TEAM

- Multimodal pain therapies
- Collaborative goal-setting
- Coordinated care and communication


COORDINATING MY CARE

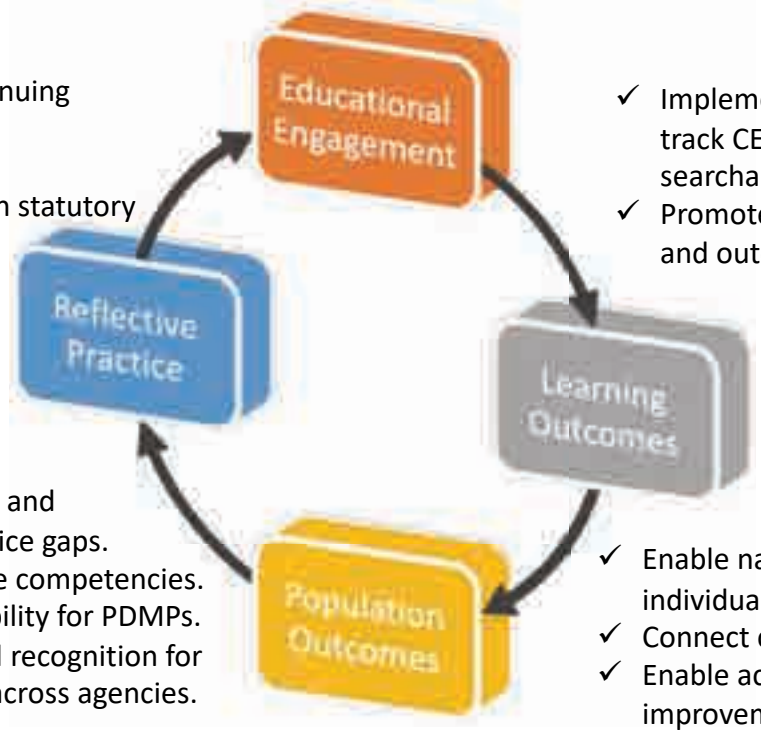
- Effective communication-changing and team-based care
- Actionable care guidelines


- Responsive and adaptive care planning
- Supportive and engaging communication
- Continuous and shared learning

Action Collaborative on Countering the U.S. Opioid Epidemic

# Implementing the Key Priorities*

- ✓ Integrate interprofessional continuing education (IPCE) based on core competencies.
- ✓ Harmonize CE requirements with statutory requirements and programs.




- ✓ Implement a data monitoring system to track CE engagement that provides a searchable national database.
- ✓ Promote investment in CE innovation and outcomes research.

- ✓ Support research to study and disseminate priority practice gaps.
- ✓ Establish minimum IP core competencies.
- ✓ Promote data interoperability for PDMPs.
- ✓ Develop system of mutual recognition for regulatory requirements across agencies.

- ✓ Enable national tracking of competencies for individuals and/or interprofessional teams.
- ✓ Connect competencies with quality metrics.
- ✓ Enable accredited CE to fulfill federal practice improvement initiatives.

*Key Priorities from **Educating Together, Improving Together: Harmonizing Interprofessional Approaches to Address the Opioid Epidemic.** *NAM Special Publication.* Washington, DC: National Academy of Medicine, 2021.

# Current Progress… Emerging Opportunities

- Opioid Regulatory Collaborative
- MATE Act of 2021
- Piloting the 3Cs Framework

# MAT & MATE Acts

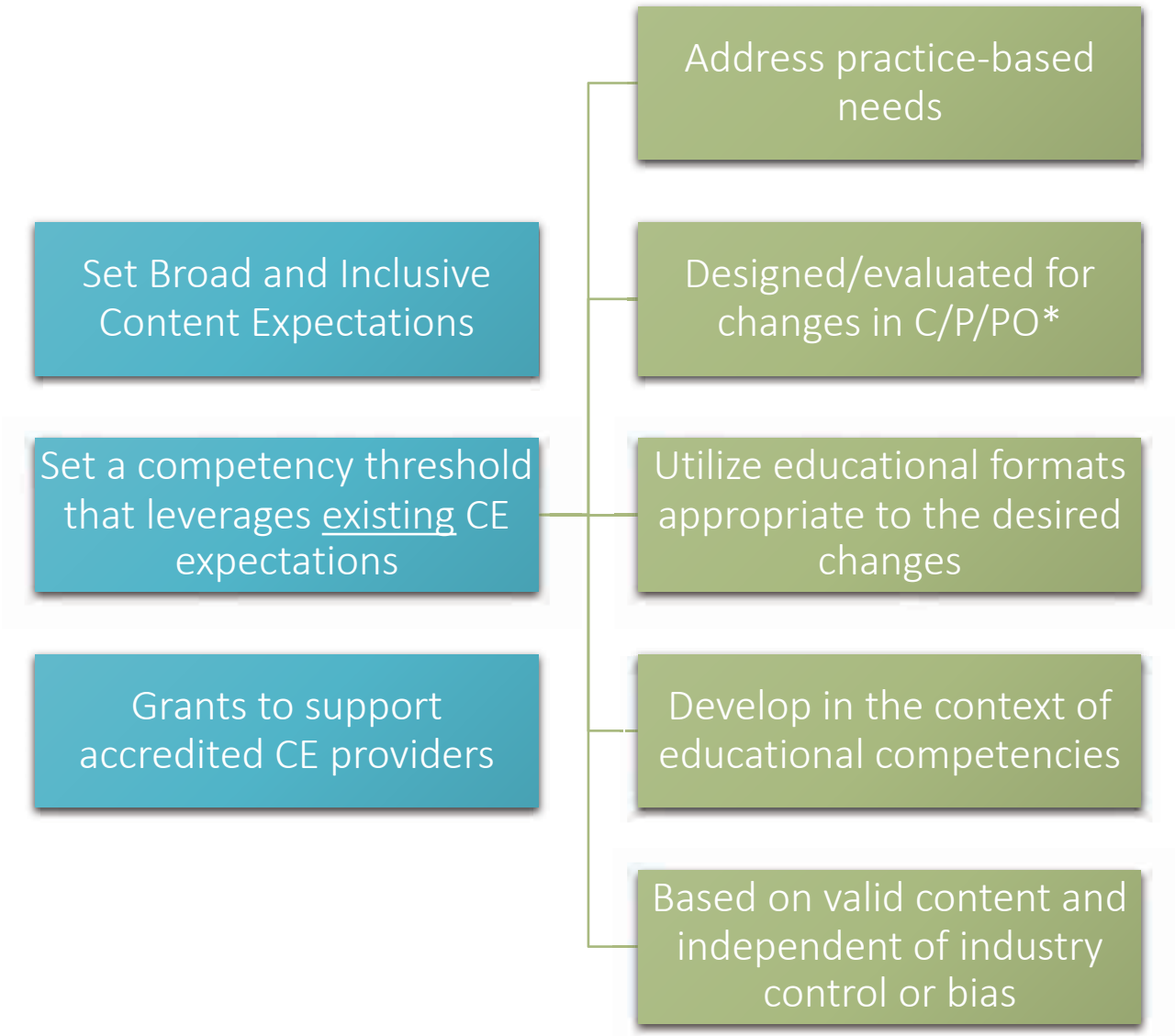
- Mainstreaming Addiction Treatment (MAT) and Medication Access and Training Expansion (MATE) Acts passed in December as part of the Consolidated Appropriations Act

- The MAT Act eliminates the need for clinicians to apply for an X-waiver to prescribe buprenorphine
  - It also eliminates patient caps restricting the number of patients a prescriber can treat with buprenorphine

- The MATE Act requires prescribers of controlled substances to complete a one-time, 8-hour training on treating and managing patients with SUD for their DEA license

- Potential for this to increase access to needed care

# CE Accreditor feedback to SAMHSA/DEA




*C/P/PO Outcomes of (learners') competence, performance, and/or patients' outcomes

# Reflecting on These Opportunities

Have we identified and addressed some barriers that you also identified?

Have we shared some potential tools or resources that you might be able to implement in your practice setting?

What might you bring back to your organization and what change would you like to make?

# Thank You!

Kathy.chappell@ana.org

Ssinger@accme.org