

# ACAAM: Developing Addiction Medicine Fellowships



**Jeanette M. Tetrault, MD, FACP, DFASAM**  
**Timothy K. Brennan, MD, MPH**  
**Bruce Hammond, CAE**

ASAM Annual Conference



# Disclosure Information

## ACAAM: Developing Addiction Medicine Fellowships

April 13, 2023      7:30 PM – 8:45 PM

Jeanette M. Tetrault, MD, FACP, DFASAM

◆ No Disclosures



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# Learning Objectives

- ◆ Describe the current role of fellowship training programs in meeting Addiction Medicine workforce needs.
- ◆ List key activities that fellows engage in during the Addiction Medicine training year.
- ◆ Identify the steps required to start an Addiction Medicine fellowship program.

# This Session

- ◆ ACAAM: Building the Addiction Medicine Workforce
- ◆ Fellowship Basics
- ◆ The Fellowship Training Experience

# ACAAM: Building Addiction Medicine Workforce

- ◆ To help meet the critical need for better integrating evidence-based practice into treatment, Addiction Medicine fellowship programs are dedicated to expanding the workforce of clinical experts, educators, researchers and health system leaders trained in the latest scientific advances <sup>1</sup>



1. Derefinko KJ, Brown R, Danzo A, Foster S, Brennan T, Hand S, Kunz K. Addiction Medicine Training Fellowships in North America: A Recent Assessment of Progress and Needs. *Journal of Addiction Medicine*. 2020 Jul/Aug;14(4):e103-e109

# ACAAM: Building Addiction Medicine Workforce



The screenshot shows the top of a web browser displaying the Lancet website. The page title is "Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission". It includes a "Webinar" section with a link to "Join the global launch of the Stanford-Lancet Commission on opioid use in North America" and a "Related content" section with an editorial link "A time of crisis for the opioid epidemic in the USA".

**THE LANCET** Log in

## Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission

Published: February 2, 2022

### Executive Summary

Since 1999 more than 600,000 people in the USA and Canada have died from opioid overdose and a staggering 1.2 million more are estimated to die due to overdose by 2029. The Stanford-Lancet Commission was formed in response to the soaring opioid-related morbidity and mortality that the USA and Canada have experienced by analyzing the state of the opioid crisis and proposing solutions to it domestically while attempting to stop its spread internationally. The Commission identifies where renewed commitment to reform and progress must be made, including regulation, healthcare and treatment, the criminal justice system, prevention, innovation to the opioid response, and curtailing the global spread of the epidemic.

### Commission

**THE LANCET COMMISSIONS**  
**Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission**  
Keith Humphreys, Chelsea L Shover, Christina M Andrews, Amy S B Bohnert, Margaret L

### Webinar

Join the global launch of the Stanford-Lancet Commission on opioid use in North America

### Related content

**EDITORIAL**  
**A time of crisis for the opioid epidemic in the USA**  
The Lancet  
*The Lancet*, Vol. 398, No. 10297

“One of the most positive developments of the past 10 years is the 2015 recognition of addiction medicine as a medical specialty, paving the way for a diverse set of physicians to receive additional training in addiction medicine ...fellowships should be expanded to increase the workforce targeting substance use disorders.”<sup>2</sup>

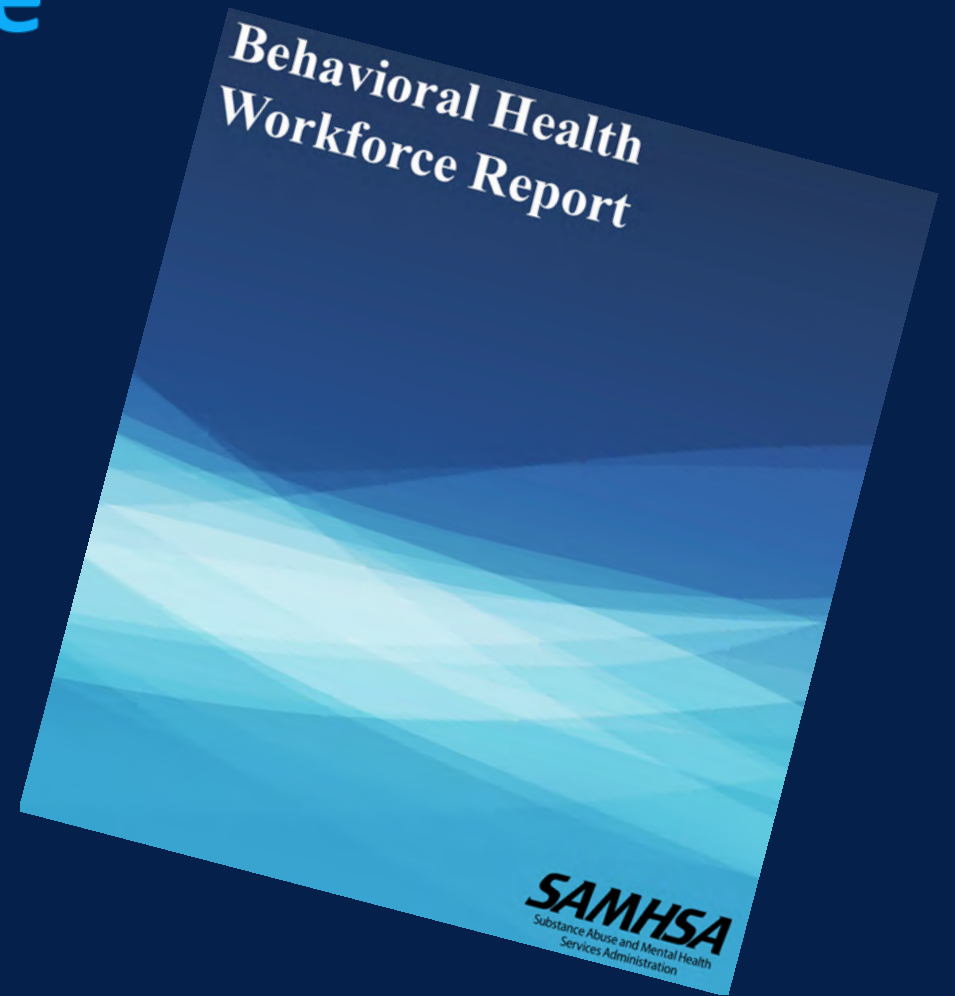
2. Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission. Humphreys K, et al. *Lancet*. 2022 Jan 31. doi: 10.1016/S0140-6736(21)02252-2.





# ACAAM: Building Addiction Medicine Workforce

- ◆ *The task before us is great:*
  - ◆ SAMHSA recently calculated that 41,000 additional Addiction Medicine Physicians are needed <sup>3</sup>



3. Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral health workforce report. <https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>. Accessed December 18, 2020.

# ACAAM: Building Addiction Medicine Workforce

2007

- The American Board of Addiction Medicine and the ABAM Foundation as precursors to ACAAM
- ABAM certified physicians in Addiction Medicine
- ABAM Foundation accredited 55 Addiction Medicine fellowships through 2017

2016-2018

- ABAM/Foundation achieved formal recognition of Addiction Medicine as a multi-specialty subspecialty
- Responsibility for new physician certifications transferred to American Board of Preventive Medicine (ABPM)
- Accreditation responsibility transferred to Accreditation Council for Graduate Medical Education (ACGME)

2018-present

- 86 ACGME-accredited fellowships in 39 states, plus District of Columbia and Puerto Rico
- Approximately 600 graduates from ?? through 2022
- Enter into the NRMP Match for 2023-2024 application cycle



# ACAAM: Building Addiction Medicine Workforce

- ◆ ACAAM began in 2007 as the American Board of Addiction Medicine and the ABAM Foundation
  - ◆ ABAM certified physicians in Addiction Medicine
  - ◆ ABAM Foundation accredited 55 Addiction Medicine fellowships through 2017



# ACAAM: Building Addiction Medicine Workforce

- ◆ 2016-2018: ABAM/Foundation achieved formal recognition of Addiction Medicine as a multi-specialty subspecialty
  - ◆ Responsibility for new physician certifications transferred to American Board of Preventive Medicine (ABPM)
  - ◆ Accreditation responsibility transferred to Accreditation Council for Graduate Medical Education (ACGME)

# ACAAM: Building Addiction Medicine Workforce

- ◆ Established original training requirements & competencies
  - ◆ Compendium of Educational Objectives for Addiction Medicine Training (2010-13) <sup>4</sup>
  - ◆ Core Competencies for Addiction Medicine (2012) <sup>5</sup>
- ◆ Collaborated with ACGME on current guidance
  - ◆ ACGME Program Requirements for Graduate Medical Education in Addiction Medicine
  - ◆ Addiction Medicine Milestones

4. ABAM Foundation (ACAAM). Compendium of educational objectives for addiction medicine training. <https://www.acaam.org/fellowship-resource-center/resources/compendium-of-educational-objectives/>

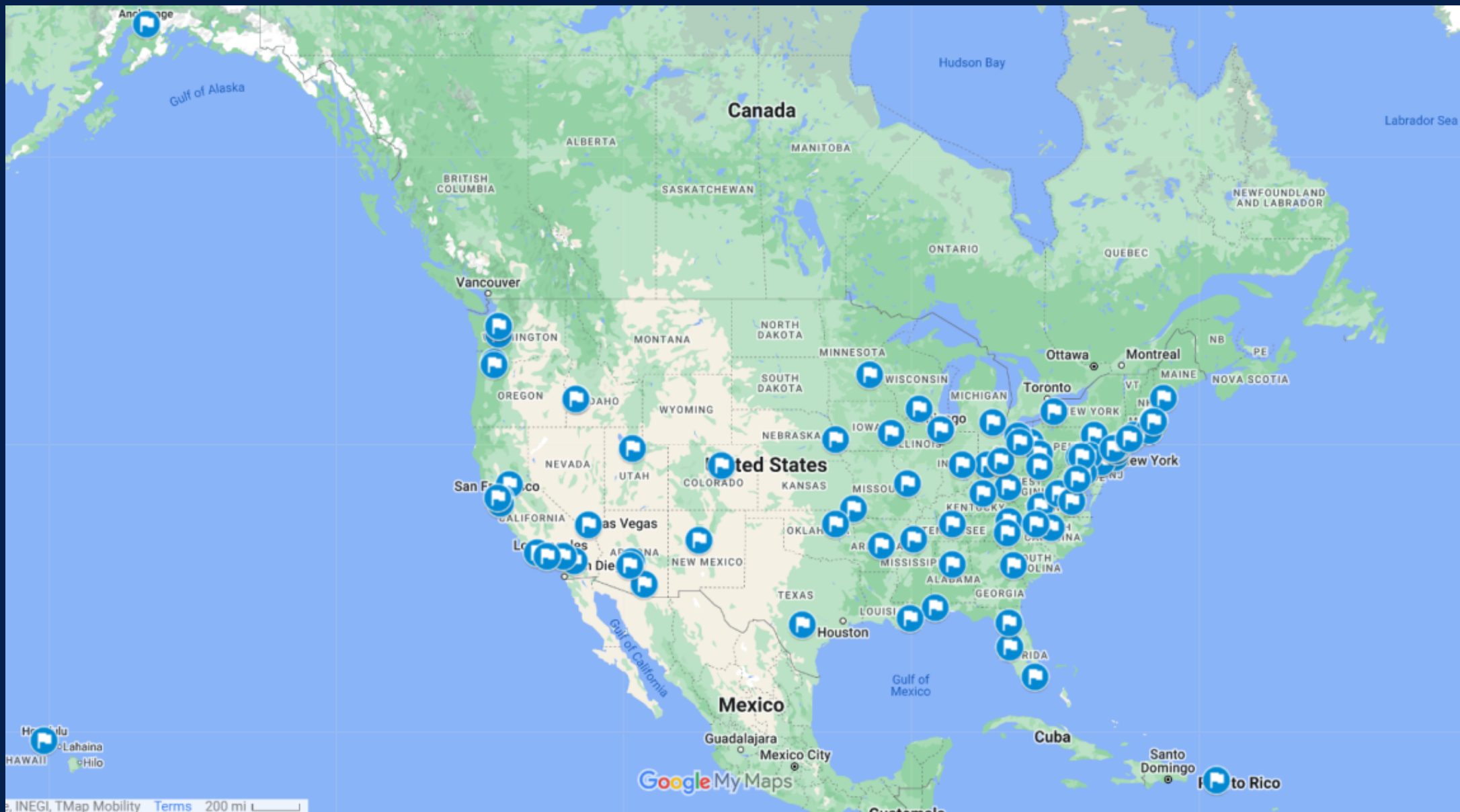
5. ABAM Foundation (ACAAM). Core competencies for addiction medicine. <https://www.acaam.org/fellowship-resource-center/resources/core-competencies/>



# ACAAM: Building Addiction Medicine Workforce

- ◆ ACAAM's work over the past decade has resulted in
  - ◆ A growing foundation of Addiction Medicine Fellowships
    - ◆ 86 ACGME-accredited programs
    - ◆ Fellowships in 39 states, plus District of Columbia and Puerto Rico
  - ◆ An expanding network of graduates
    - ◆ Approximately 600 from through 2022

# 93 ACGME Fellowships



# 2022 Addiction Medicine Match Statistics

- ◆ Participated in the Medicine and Pediatric Specialties Match (formerly the Medical Specialties Matching Program)
- ◆ 75 programs participated with more than 190 slots available to be filled.



# Timeline for 2023-24 Cycle

- ◆ 2023 Key Dates:
  - ◆ July: ERAS applications available for review
  - ◆ September 28: Ranking opens
  - ◆ November 2: Quota Deadline (final confirmation of slots in Match)
  - ◆ November 16: Ranking closes
  - ◆ November 30: Match Day

# ACAAM: Key Initiatives to Build Addiction Medicine Workforce

## Curriculum

- National Didactic Series
- Launched 2020

## Anti-Racism, Diversity, Equity and Inclusion

- 14-point plan
- Guides all ACAAM Activities

## Pipeline Development

- Promote Addiction Medicine Training and Career paths
- Focus on underrepresented groups and underserved communities

## Fellowship Development

- Increase training capacity to meet workforce need

# Key elements of an Addiction Medicine fellowship training program

## ACGME Program Requirements for Graduate Medical Education in Addiction Medicine

Applications will be accepted from programs for which the Sponsoring Institution also sponsors an ACGME-accredited program in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry.

Applications for accreditation of addiction medicine fellowship programs will be accepted by the Review Committees for Family Medicine, Internal Medicine, and Psychiatry. Applications for accreditation are available on the Program Requirements and FAQs and Applications page of each specialty's section of the website.

If the program is not affiliated with an ACGME-accredited program in family medicine, internal medicine, or psychiatry, the program may apply as a residency-independent fellowship (see the [ACGME Manual of Policies and Procedures](#) Subject 15.b.(2).(b)). In this circumstance, email [ads@acgme.org](mailto:ads@acgme.org) for instructions prior to initiating the application.

ACGME-approved focused revision: June 13, 2020; effective July 1, 2020



#ASAM2020

# The Basics

- Fellowships are 12 months (up to 24 months part-time) <sup>6</sup>
- At least 9 months clinical experience

6. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. July 1, 2020. ACGME. Chicago. Available at:

[https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404\\_AddictionMedicine\\_2020.pdf?ver=2020-06-19-124857-297](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404_AddictionMedicine_2020.pdf?ver=2020-06-19-124857-297) #ASAM2020



# The Basics

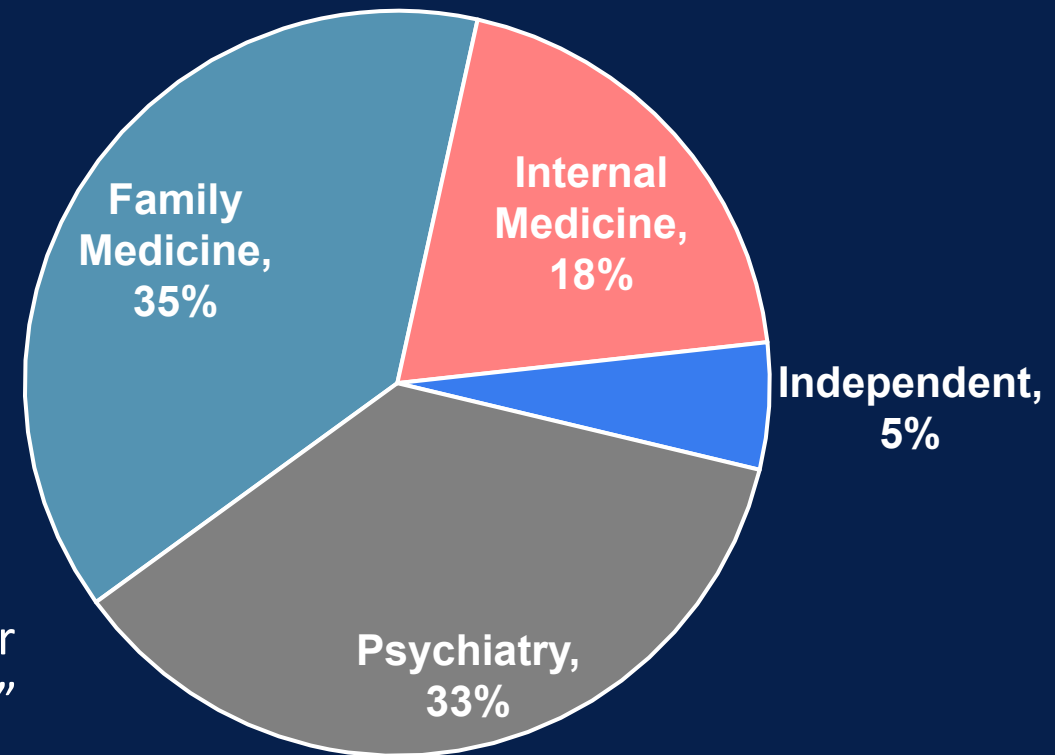
- ◆ Sponsoring institution must have at least 1 residency program in:
  - Anesthesiology
  - Emergency Medicine
  - Family Medicine
  - Internal Medicine
  - Obstetrics & Gynecology
  - Pediatrics
  - Preventive Medicine
  - Psychiatry



# The Basics

- ◆ Accreditation applications submitted to Review Committees for:
  - Family Medicine
    - (next deadline Aug. 4)
  - Internal Medicine
    - (next deadlines July 1 & Nov. 11)
  - Psychiatry
    - (next deadlines Nov. 11 & Jan. 13)
- ◆ Fellowships affiliated with another residency (Anesthesiology, Emergency Medicine, Ob-Gyn, Pediatrics or Preventive Medicine) may apply as “residency independent” (contact [ads@acgme.org](mailto:ads@acgme.org))

Affiliated Residency of Fellowship



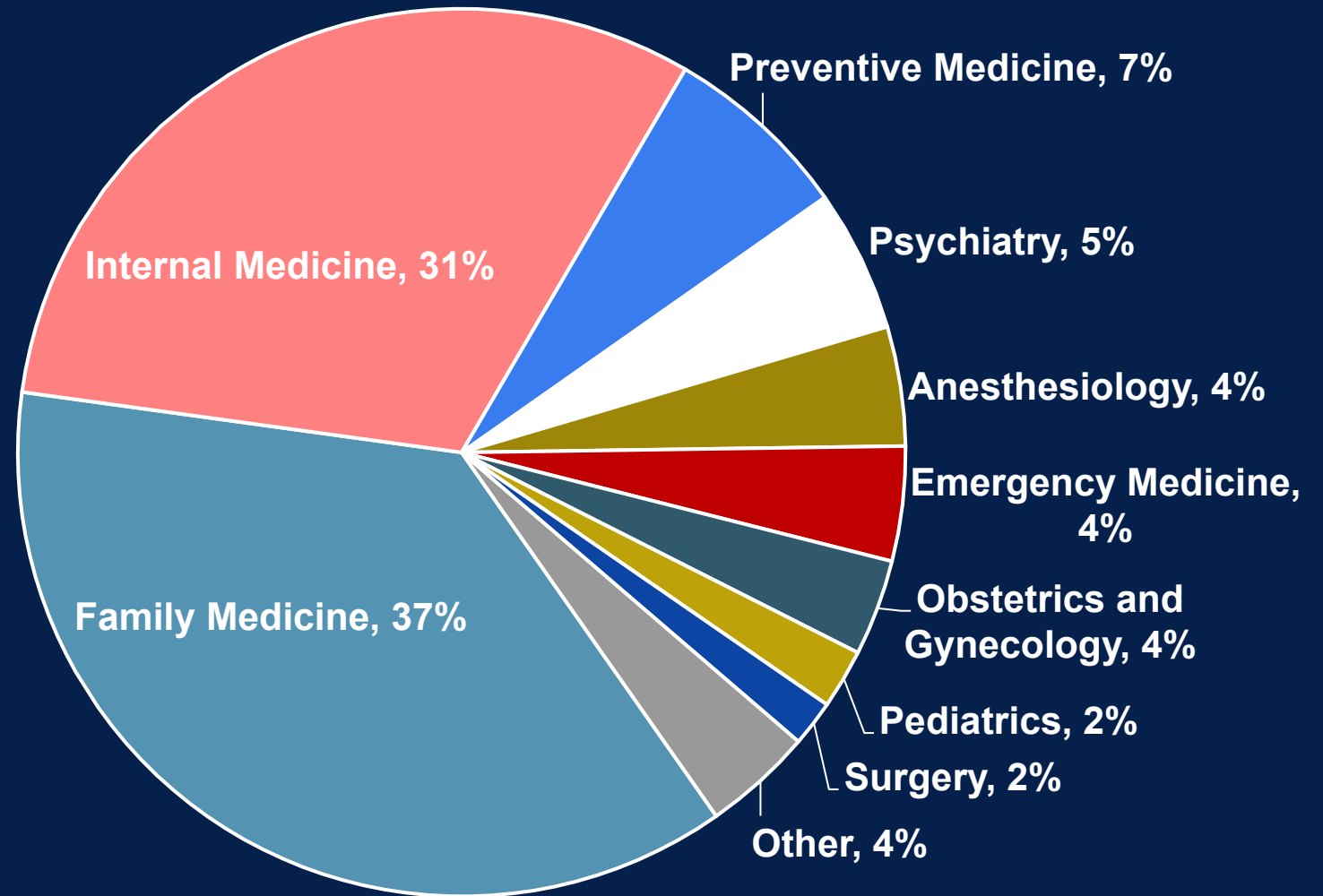
# The Basics

- Multispecialty: Open to graduates of any primary residency
  - ACGME (and ACGME International)
  - AOA
  - Royal College or College of Family Physicians of Canada
- Certification by American Board of Preventive Medicine



# Fellows from Many Specialties

While most fellows are Family Medicine and Internal Medicine, physicians from many specialties are among the approximately 600 fellowship graduates



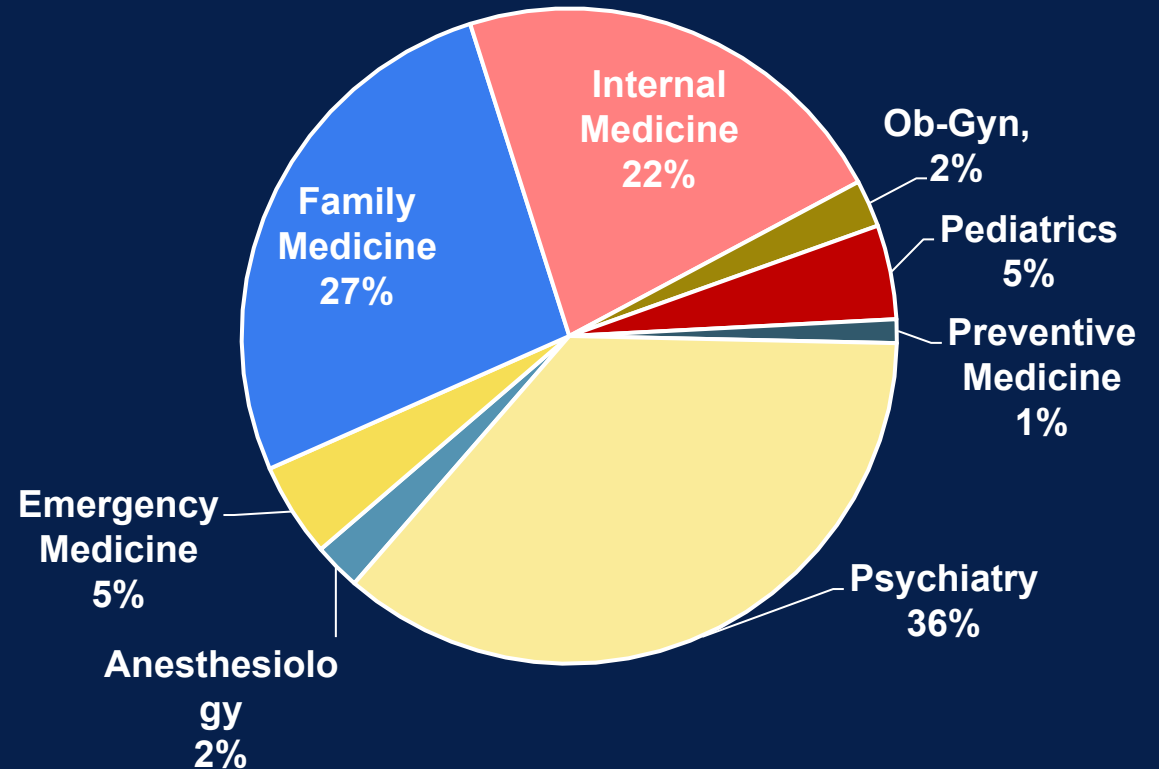


# Program Director

- 0.2 FTE
- Certified in Addiction Medicine by ABPM

*(alternative certification ends June 2022):* <sup>6</sup>

Program Directors have primary certification in a variety of specialties



6. Accreditation Council for Graduate Medical Education. Frequently Asked Questions: Addiction Medicine. September 2020. ACGME. Chicago. #ASAM2020



# Faculty

- ◆ At least 2 certified in Addiction Medicine by ABPM (Program Director & 1 other faculty member)
- ◆ At least 1 certified in Psychiatry (this can be the Program Director)
- ◆ At least 1 certified in 1 of the following (can be Program Dir):
  - Anesthesiology
  - Emergency Medicine
  - Family Medicine
  - Internal Medicine
  - Neurology
  - Ob-Gyn
  - Pediatrics
  - Preventive Medicine
  - Surgery

# Rotations

- ◆ Must be at least 9 months of clinical rotations, including

*“At least three months of structured inpatient rotations, including inpatient addiction treatment programs, hospital-based rehabilitation programs, medically-managed residential programs where the fellow is directly involved with patient assessment and treatment planning, and/or general medical facilities or teaching hospitals where the fellow provides consultation services to other physicians in the Emergency Department for patients admitted with a primary medical, surgical, obstetrical, or psychiatric diagnosis.”*

# Rotations

- ◆ Must be at least 9 months of clinical rotations, including

*“At least three months of outpatient experience, including intensive outpatient treatment or “day treatment” programs, addiction medicine consult services in an ambulatory care setting, pharmacotherapy, and/or other medical services where the fellow is directly involved with patient assessment, counseling, treatment planning, and coordination with outpatient services.”*

# Rotations

## ◆ Continuity Experience

*“At least one half-day per week for at least 12 months, excluding vacation, devoted to providing continuity care to a panel of patients who have an addiction disorder, in which the fellow serves as either a specialty consultative physician with care focused on the addiction disorder or as a physician who provides comprehensive care for the patient panel, including diagnosis and treatment of substance-related problems and other addictions.”*

# Didactics

*“The didactic curriculum must include at least one half-day per week for at least 12 months, excluding vacation, devoted to longitudinal learning experiences, such as didactic sessions, individual or small group tutoring sessions with program faculty members, and/or mentored self-directed learning.”*



# Teaching Key Competencies in Addiction Medicine

- ABAM Educational Objectives <sup>3</sup>
  - Assessment, diagnosis and treatment along continuum of care
  - Prevention, screening, early intervention
  - Interdisciplinary teams (other specialists, psychologists, counselors, etc.)
  - Pharmacology and pharmacotherapies
  - Psychosocial interventions
  - Medically managed withdrawal
  - Management of co-occurring conditions
  - Epidemiology and etiology
  - Behavioral addictions
  - Pregnancy

3. ABAM Foundation (ACAAM). Compendium of educational objectives for addiction medicine training.  
<https://www.acaam.org/fellowship-resource-center/resources/compendium-of-educational-objectives/>



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# Teaching Key Competencies in Addiction Medicine

**New Application: Addiction Medicine**  
 Review Committee for Anesthesiology, Emergency Medicine  
 Family Medicine, Internal Medicine, Obstetrics and Gynecology,  
 Pediatrics, Preventive Medicine, or Psychiatry  
 ACGME

EDUCATIONAL PROGRAM  
 ACGME Competencies

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the categories listed below. Also indicate the method(s) that will be used to assess competence.

Competency	Settings/Activities	Assessment Method(s)
Comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and SUDs along a continuum of care, including inpatient/residential, outpatient treatments, early intervention, harm reduction, and prevention [PR IV.B.1.b.(1).(a).(i)]	Click or tap here to enter text.	Click or tap here to enter text.
Providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics [PR IV.B.1.b.(1).(a).(ii)]	Click or tap here to enter text.	Click or tap here to enter text.





# Teaching Key Competencies in Addiction Medicine

The Addiction Medicine Milestone Project  
*An Initiative of*  
 The Accreditation Council for Graduate Medical Education  
 AGGME  
 January 2019  
 Version 1  
 Addiction Medicine Milestones, ACGME Report Worksheet

**Patient Care 1: Screening, Evaluation, Differential Diagnosis, and Case Formulation of the Patient with or at Risk of Substance Use, Addictive Disorders, and Comorbidities**

Level 1	Level 2	Level 3	Level 4	Level 5
Uses validated screening and assessment tools	Actively engages patients in discussions of screening and assessment results	Addresses inconsistencies in collected information from screening and assessment	Teaches validated screening and assessment tools to other health care professionals	Facilitates or leads screening and patient evaluation activities within an organization
Performs biopsychosocial history and targeted physical examination	Incorporates biopsychosocial history, examination, lab, and collateral data into patient evaluation	Performs comprehensive patient evaluation, including patients with complex presentations, with indirect supervision	Independently performs comprehensive patient evaluation, including for patients with complex presentations	Participates in the ongoing development or evaluation of disease identification and diagnostic criteria
Organizes, summarizes, and presents information and develops an initial differential diagnosis	Uses diagnostic criteria to define differential diagnosis while avoiding premature closure	Develops a case formulation, including diagnosis, readiness to change, risk of withdrawal and relapse, psychiatric and medical comorbidities, and recovery/living environment	Continuously reassesses the patient, adjusting the formulation as new data becomes available	
Comments:				

Not Yet Completed Level 1   
 Not Yet Assessable

7. Tetrault, J, et al. The Addiction Medicine Milestone Project. January 2019. ACGME. Chicago. Available at:

<https://acgme.org/Portals/0/PDFs/Milestones/AddictionMedicineMilestones.pdf?ver=2019-05-22-120413-530>



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# Patient Care

- ◆ comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and SUDs along a continuum of care, including inpatient/residential, outpatient treatments, early intervention, harm reduction, and prevention;

# Patient Care

- ◆ providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics;

# Patient Care

- ◆ providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions;

# Patient Care

- ◆ working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patient's care; and
- ◆ providing continuity of care to patients.

# Medical Knowledge

- ◆ the impact of substance use, including psychosocial and medicolegal implications, in diverse populations and cultures, such as in women, neonates, children, adolescents, families, the elderly, sexual and gender minorities, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, and persons involved in the criminal justice system;

# Medical Knowledge

- ◆ prevention of SUDs, including identification of risk and protective factors;
- ◆ comprehensive substance use assessment and re-assessment, including diagnostic interview, use of standardized questionnaires, lab tests, imaging studies, physical examinations, mental status examinations, consultative reports and collateral information;

# Medical Knowledge

- ◆ identification and treatment of common co-occurring conditions, such as medical, psychiatric, and pain conditions;





# Medical Knowledge

- ◆ pharmacotherapy and psychosocial interventions for SUDs across the age spectrum;
- ◆ the effects of substance use, intoxication, and withdrawal on pregnancy and the fetus, and the pharmacologic agents prescribed for the treatment of intoxication, withdrawal, and management, including opioid, alcohol, and sedative hypnotic withdrawal.

# Final Takeaways / Summary

- ◆ More Addiction Medicine Fellowships are needed
- ◆ Accreditation requirements provide a clear blueprint for champions to follow in starting programs
- ◆ Flexibility permits fellowships to adapt to local circumstances and patient needs

# Thank You!



**American College  
of Academic Addiction Medicine**

[www.acaam.org](http://www.acaam.org)



# References

1. Derefinko KJ, Brown R, Danzo A, Foster S, Brennan T, Hand S, Kunz K. Addiction Medicine Training Fellowships in North America: A Recent Assessment of Progress and Needs. *Journal of Addiction Medicine*. 2020 Jul/Aug;14(4):e103-e109
2. Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission. Humphreys K, et al. *Lancet*. 2022 Jan 31. doi: 10.1016/S0140-6736(21)02252-2.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral health workforce report. <https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>. Accessed December 18, 2020.
4. ABAM Foundation (ACAAM). Compendium of educational objectives for addiction medicine training. <https://www.acaam.org/fellowship-resource-center/resources/compendium-of-educational-objectives/>
5. ABAM Foundation (ACAAM). Core competencies for addiction medicine. <https://www.acaam.org/fellowship-resource-center/resources/core-competencies/>
6. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. July 1, 2020. ACGME. Chicago. Available at: [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404\\_AddictionMedicine\\_2020.pdf?ver=2020-06-19-124857-297](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404_AddictionMedicine_2020.pdf?ver=2020-06-19-124857-297)
7. Accreditation Council for Graduate Medical Education. Frequently Asked Questions: Addiction Medicine. September 2020. ACGME. Chicago. Available at: <https://www.acgme.org/Portals/0/PDFs/FAQ/404AddictionMedicine2018FAQs.pdf?ver=2020-10-07-162851-337>
8. Tetrault, J, et al. The Addiction Medicine Milestone Project. January 2019. ACGME. Chicago. Available at: <https://acgme.org/Portals/0/PDFs/Milestones/AddictionMedicineMilestones.pdf?ver=2019-05-22-120413-530>
9. Levreau, D. Fellowship Statistics, presented at ACAAM Board Meeting. December 2022. Chicago