ACAAM: Developing Addiction Medicine Fellowships

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ASAM Annual Conference
Disclosure Information

ACAAM: Developing Addiction Medicine Fellowships

April 13, 2023  7:30 PM – 8:45 PM
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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
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.

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.\textsuperscript{2}

The task before us is great:

- SAMHSA recently calculated that 41,000 additional Addiction Medicine Physicians are needed.  
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 began in 2007 as the American Board of Addiction Medicine and the ABAM Foundation

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ACAAM: Building Addiction Medicine Workforce

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ACAAM: Building Addiction Medicine Workforce

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


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
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

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Anti-Racism, Diversity, Equity and Inclusion</th>
<th>Pipeline Development</th>
<th>Fellowship Development</th>
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</thead>
</table>
| • National Didactic Series  
  • Launched 2020    | • 14-point plan  
  • Guides all ACAAM Activities | • Promote Addiction Medicine Training and Career paths  
  • Focus on underrepresented groups and underserved communities | • Increase training capacity to meet workforce need |
Key elements of an Addiction Medicine fellowship training program
The Basics

- Fellowships are 12 months (up to 24 months part-time)  
- At least 9 months clinical experience

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

- ACGME Program Requirements
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)

- **Family Medicine, 35%**
- **Internal Medicine, 18%**
- **Psychiatry, 33%**
- **Independent, 5%**

- ACGME Program Requirements
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

- ACGME Program Requirements
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): 6

Program Directors have primary certification in a variety of specialties

- Psychiatry: 36%
- Family Medicine: 27%
- Internal Medicine: 22%
- Emergency Medicine: 5%
- Anesthesiology: 2%
- Pediatrics: 5%
- Preventive Medicine: 1%
- Ob-Gyn: 2%

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.”

- ACGME Program Requirements
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.”

- ACGME Program Requirements
“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
  - 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

# 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 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.

<table>
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<tr>
<th>Competency</th>
<th>Settings/Activities</th>
<th>Assessment Method(s)</th>
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<tbody>
<tr>
<td>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 8.1.5 (1)(a)(i)]</td>
<td>Click or tap here to enter text.</td>
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<tr>
<td>Providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics [PR IV 8.1.5 (1)(a)(ii)]</td>
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Teaching Key Competencies in Addiction Medicine

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;

- ACGME Program Requirements
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;

- ACGME Program Requirements
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.
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
References