



Addiction Medicine Practice Pathway: Unlock Your Potential for Writing Successful Practice Activities.

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Disclosures

Presenter 1: Cara Poland, MD, MEd, FASAM

Presenter 1 Commercial Interests: No Disclosures

Presenter 2: Lia Bennett, MPH

Presenter 2 Commercial Interests: No Disclosures

Presenter 3: Candace Heeringa, BA

Presenter 3 Commercial Interests: No Disclosures

- Welcome
- Speaker Introductions
- What is MI CARES?
- Ice Breaker
- Didactics
- Live Coaching
- Q&A



Today's Speakers



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Principal Investigator/ Content
Expert



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Research Assistant



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MI CARES Overview and Why

- Need more highly trained physicians to meet demand for prevention and treatment services
- 2016: American Board of Medical Specialties (ABMS) announced Addiction Medicine as a multi-specialty subspecialty of Preventive Medicine
- 2017-2021: Five-year opportunity to build sustainable workforce through the “Practice Pathway” process
- 2021-2025: Practice Pathway extended
- Conservative estimates indicate a need for 7,500 full-time certified addiction medicine physicians to meet public health demands nationwide



MI CARES is supported by the U.S. Substance Abuse and Mental Health Services Administration through the Michigan Department of Health and Human Services Opioid Response Fund

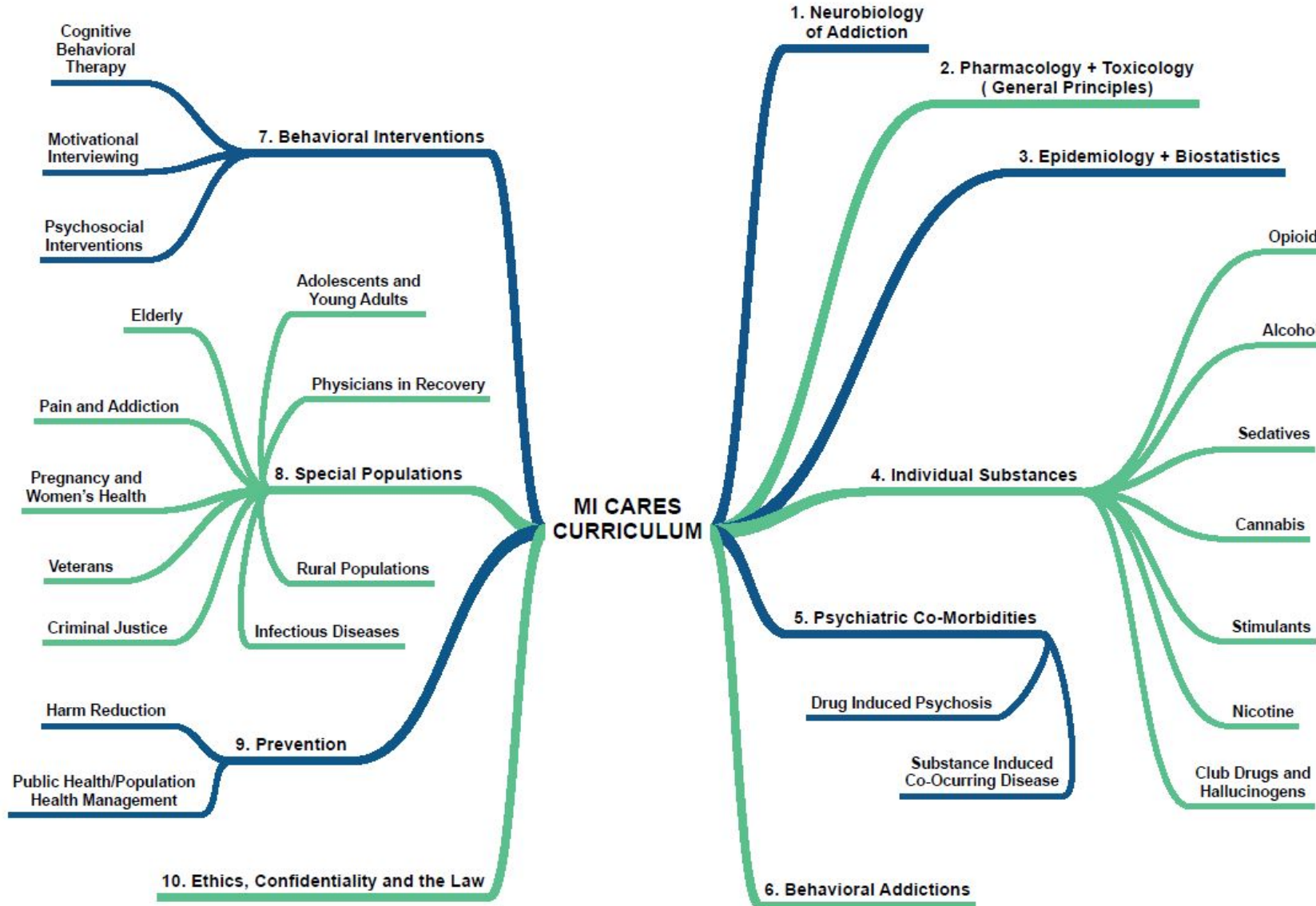
MI CARES Program is 2-fold

- **Fold 1:**

- One-on-one support and technical assistance to physicians
- Assess current direct patient roles and responsibilities
- Identify areas outside of direct patient care that include ADM research, teaching and administration

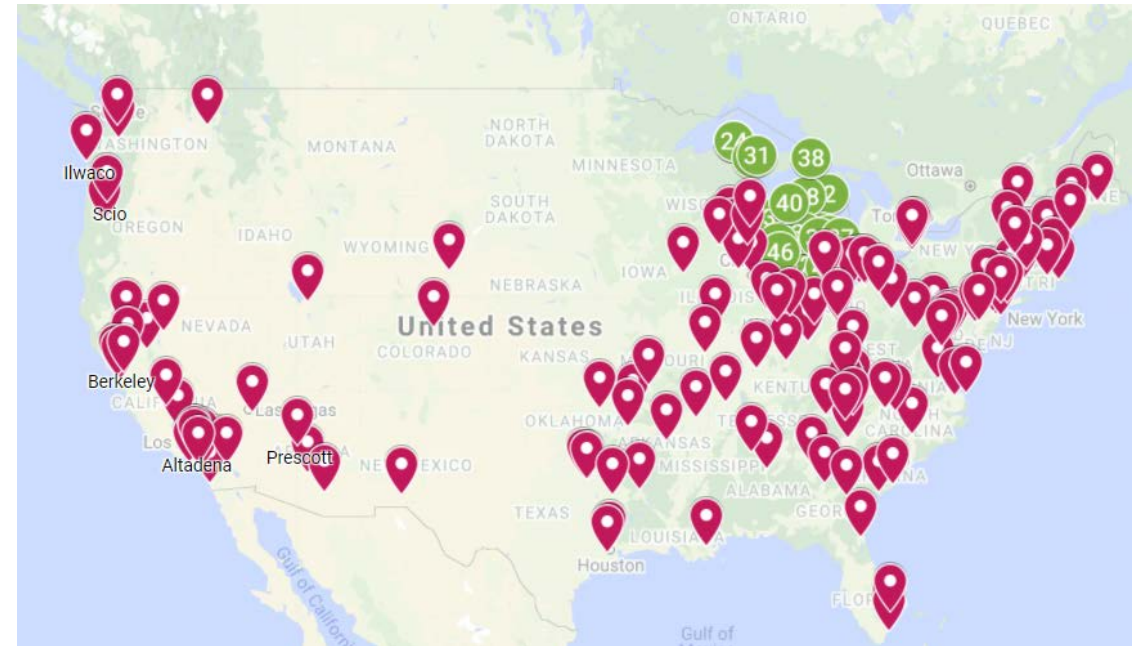
- **Fold 2:**

- Asynchronous core content modules providing a general overview of addiction
- Review questions after each module



MI CARES Footprint

- 304 total participants
- 41 States
- 16 Specialties
- In 2020, 47 of our participants passed the certification exam!



Icebreaker

Complete this sentence,

“I want to become board certified in addiction medicine because...”



Required Documentation of Hours

1,920
minimum

- Min. 480 hours **Direct Patient Care**
- Max. 1,440 hours **Research, Teaching and Administration**
- Max. 480 hours **General Practice ADM specific**
- Practice hours must occur over the last 24 of the previous 60 months prior to application. All practice time must have occurred in the **5-year period prior to application (2017-June 30, 2021)**

Documenting ADM Practice Activity Properly is ESSENTIAL to Success

- Must provide employer information for each position.
- Practice Activities in a drop-down menu
- Choose activity that most closely resembles your practice activity
- Provide detailed description in 800 character or less.

You can request to send a supplemental document

Practice Activity


Note: If you have completed a 12 month fellowship accredited by The Addiction Medicine Foundation (TAMF), you are not required to complete Practice Activity information.

1920 hours of involvement in subspecialty-level practice of Addiction Medicine in the five-year interval immediately preceding the practice activity deadline (Monday, July 1, 2013 12:00:00 AM through Saturday, June 30, 2018 11:59:59 PM) is required. Practice must span at least 24 months and consist of broad-based professional activity with significant Addiction Medicine responsibility. Documentation of Addiction Medicine teaching, research and administration activities, as well as clinical care or prevention of, or treatment of, individuals who are at risk for or have a substance use disorder may be considered.

A minimum of 25% (or 480 hours) of practice must be in direct patient care. Practice outside of direct patient care, such as teaching, research, and administration activities may count for a combined maximum of 75% (or 1440 hours).

Only 25% (480 hours) of general practice can count towards the required hours for practice, and the remaining 75% must be specific Addiction Medicine practice.

Fellowship activity that is not ACGME-accredited or less than 12 months in duration may be applied on the Fellowship step; such fellowship activity may count toward the actual practice time requirement. The actual training must be described for any fellowship activity.

Your verifier/supervisor will need to verify your practice. You can choose whether to send them an online or printed form at the end of this application. You can  [preview the form here.](#)

Practice Activity

Job Title/Position

Company / Institution / Organization

Start Date

End Date *(optional)*

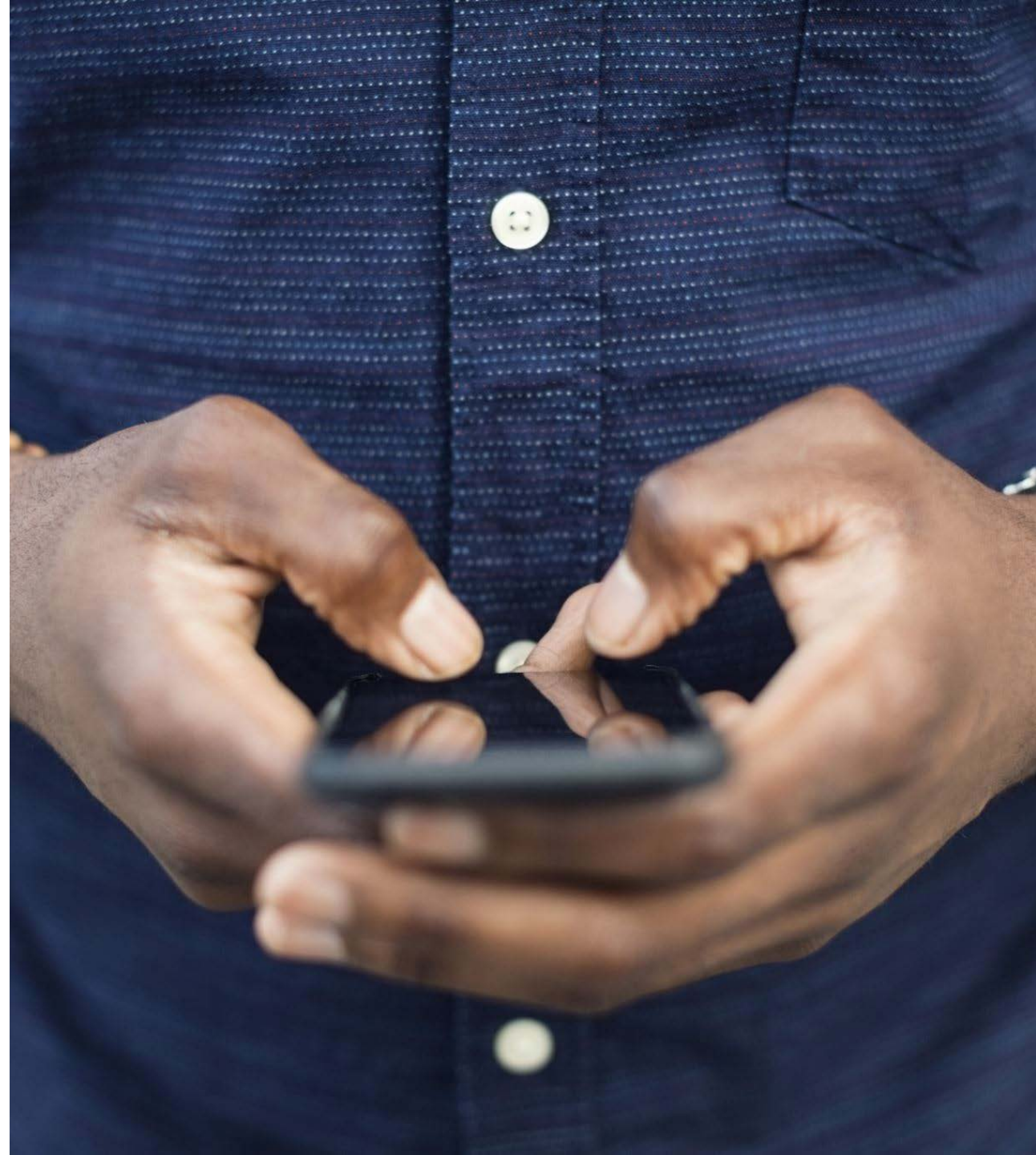
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Progress

- Instructions
- Fees
- Personal Information
- Curriculum Vitae or Résumé
- Medical Degree
- Medical License
- Board Certification
- Fellowship
- Practice Activity
- Letters of Reference
- Additional Questions
- Verification and Letters of Reference Contacts
- Policy On Cheating
- Review Your Application
- Signatures and Acknowledgements
- Payment and Submission

Practice Activity Verification

- Provide verifier contact information
- No family members
- Physician familiar with your practice
- No physician verifier? Must provide an explanation
 - Why no physician?
 - What have you done to seek verification from a physician?
 - What are the ADM qualification and credentials of supervisor?
- Verifier will receive copy of practice description submitted by applicant



General Practice vs. Dedicated to Addiction? Full-time vs. Part-Time?

- Must identify if your role(s) are part-time or full-time and provide # of hours per week for EACH activity listed.
- If full-time, all hours MUST add up to 40 for that role.
- Can select Dedicated to Addiction Medicine or General Practice
- General Practice = addiction medicine specific activities that are relevant in your primary specialty in which you see ADM patients.

Was your practice considered full-time at this organization?

Yes No

Average number of hours per week in position

We consider full-time practice to be 40 hours per week.

Was this work considered general practice, in which you see Addiction Medicine patients, (such as an emergency room physician who sees some Addiction Medicine cases), or is this practice dedicated to the field Addiction Medicine?

General Practice Dedicated to Addiction Medicine

Direct Patient Care Activities

1. Select activity from drop down menu.
2. Enter hours per week spent on activity.
3. Provide a detailed description in the description box (800 characters)
4. Click if activity is General Practice or Dedicated to Addiction Medicine.

Practice Activities

Please review and select the activities in the lists below that best represent your practice. There are two categories of activities: those involving direct patient care, and research/training/administration. After selecting an activity, please provide the average number of hours per week spent on that activity, and provide a detailed description of your work as it relates to that activity in the description box provided below. A detailed description should include types of treatments, therapies, number of patients treated, and a description of your prescriptive authority. An insufficient response may require a request for additional information and may result in a delay in the decision process. *Please make sure that hours per week entered for all activities adds up to the total hours per week that you entered above (or 40 if you chose full-time).*

You may select and add more than one activity to each category by clicking the "Add" button. For work activities other than those in the lists, please select "Other" from the dropdown.

Direct Patient Care

Type of Activity 1

Addiction Counseling: Individual, Group and Family
▼

Hours/Week Spent on Activity 2

0

Description of Practice Activity 3

Provide a detailed description of the type of counseling and/or behavioral therapies offered by you in your practice. On average, how many patients are seen through individual, group or family counseling per week in your practice?

G

General Practice
 Dedicated to Addiction Medicine

⊗ Remove
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Research, Teaching, Administrative Activities

Enter the same way as Direct Patient Care activities.

Research/Training/Administration

Type of Activity

Administrative Appointments

Hours/Week Spent on Activity

0

Administrative appointments such as a position of authority within a hospital, hospital committee, or substance abuse treatment program; boards of substance abuse treatment programs; and federal or state departments of alcoholism and/or drug abuse.

Description of Practice Activity

Please enter a description.

General Practice Dedicated to Addiction Medicine

List of Direct Patient Care Activities on Application (480 Minimum)

- Prevention Services
- Screening
- Assessment/Diagnosis of Intoxication
- Brief Intervention
- Referral
- Assessment/Diagnosis of Withdrawal
- Management of Mild to Moderate Withdrawal
- Management of Mild to Moderate Intoxication
- Medication Management of Addiction
- Assessment/Diagnosis of Addiction and Substance-related Disorders
- Addiction Counseling: Individual, Group and Family
- Management of Severe or Complex Intoxication
- Management of Severe or Complex Withdrawal
- Management of Psychiatric Complications
- Screening/Referral for Dual Diagnosis
- Assessment/Management of Dual Diagnosis

List of Research, Teaching and Administration Activities on Application (1,440 Maximum)

- Research, Administrative or Training Responsibilities Within a Medical or Professional Organizations
- Volunteer Activities
- Clinical Contributions
- Political or Legislative Involvement
- Administrative Appointments
- Published Work
- Teaching or Educational Contributions



Warm Up Exercise

You are sitting down to apply for the ABPM exam and the first Direct Patient Care activity you choose is “**Assessment and/or Diagnosis of Addiction and Substance-related Disorders**”. How would you write this description on the application?

Proper and Improper Documentation of: Assessment and Diagnosis of Intoxication Which is which?

A.

Half of my position is working as an emergency physician at XXX Hospital. During any given shift we see up to 20% of our patients intoxicated, suffering complications of their addiction (psychiatric disease exacerbation, medical illness, recurrent vomiting, etc.), dual diagnoses, and withdrawal). A portion of all my interactions with these patients are brief interventions and referral to the appropriate treatment centers.

B.

As a practicing emergency physician, a large portion of my daily practice involved diagnosis of patients with intoxication that runs from mild to severe. These intoxications may be intentional or unintentional and include alcohol, medications, environmental exposures, etc. Working in an urban environment, a larger portion, comparatively, present for intoxication. I see an average of 1-5 patients with acute intoxication per shift and I work 9-10 shifts per month. Patients are screened most with AUDIT, POSIT, and NM ASSIST tools. I treat patients with benzodiazepines for X, barbiturates for X, clonidine for X, buprenorphine and methadone for opioid bridge care, and antipsychotics for X.

Proper and Improper Documentation of: Assessment/Diagnosis of Addiction and Substance-related Disorders

A.

As part of my bedside consultation service, I am frequently asked to assess and assist with the management of patients with Addiction and SUD. There is frequent overlap with my most common consult-type which is post-overdose care. OD patients commonly have co-occurring psychiatric (psychotic, anxiety, mood disorders, ADHD, PTSD) and substance use disorders which are screening for using AUDIT-C and DSM and recommendations are made for management both before and after discharge. Treatments include naltrexone, buprenorphine, clonidine, SSRIs, nicotine replacement therapies, and antipsychotics. Approximately 50% of my patient consults have established dual diagnoses (DD), thus 1-2 DD patients per call day and I take 7 calls per month.

B.

Many of these activity types overlap in my daily practice as a medical toxicologist. In general, my bedside practice is involved in diagnosis and management of the most severe poisonings/withdrawal and we evaluate and manage these patients at the bedside.

Documenting Direct Patient Care Activities

- **You want to show that you have SIGNIFICANT ADM responsibility**
- **Provide a detailed explanation of each practice activity**
- **Include:**
 - Volume of patients
 - Types of treatments or therapies
 - Types of substance use disorders treated
 - MAT
 - Practice procedures
 - ADM Screening tools



Proper and Improper Documentation of: Teaching or Educational Contributions

A.

I am a frequent lecturer to various learners about poisoning diagnosis and management, withdrawal, and SUD. I have recurrent lecture requirements at a medical school once per month which consists of 30 learners such as emergency medicine residents (once per month – 45 learners - and quarterly - 200 learners) and poison center rotators (120 learners/year). Previously, I was the Education Director of the PCC rotation and created reading outlines, interactive cases, lectures, leading journal club, and topic presentations. I formally teach the Medical Toxicology fellows about the treatment and management of poisoning, substances of misuse, other intoxicants, and withdrawal on a weekly basis.

B.

We teach students core curriculum of addiction medicine and medical toxicology which involves the diagnosis and management of both intoxication and withdrawal. We heavily emphasize mental health issues including the issues with dual diagnosis at a University to various learners.

Proper and Improper Documentation of: Research, Administrative or Training Volunteer Activities

A.

As the project director on a SAMSHA grant at XX institution, I have launched 5 sessions adapted from ASAM for both medical students, physician assistant students and faculty educators in MAT for increasing the number of clinicians with the X waiver to prescribe MAT. I am a co-facilitator of the MAT training sessions alongside another addiction medicine physician. As the holder of an X waiver, I am in the process of building a clinical infrastructure for MAT in a clinical practice setting that serves approximately 1,000 patients. Through this work, I have trained approximately 20 students.

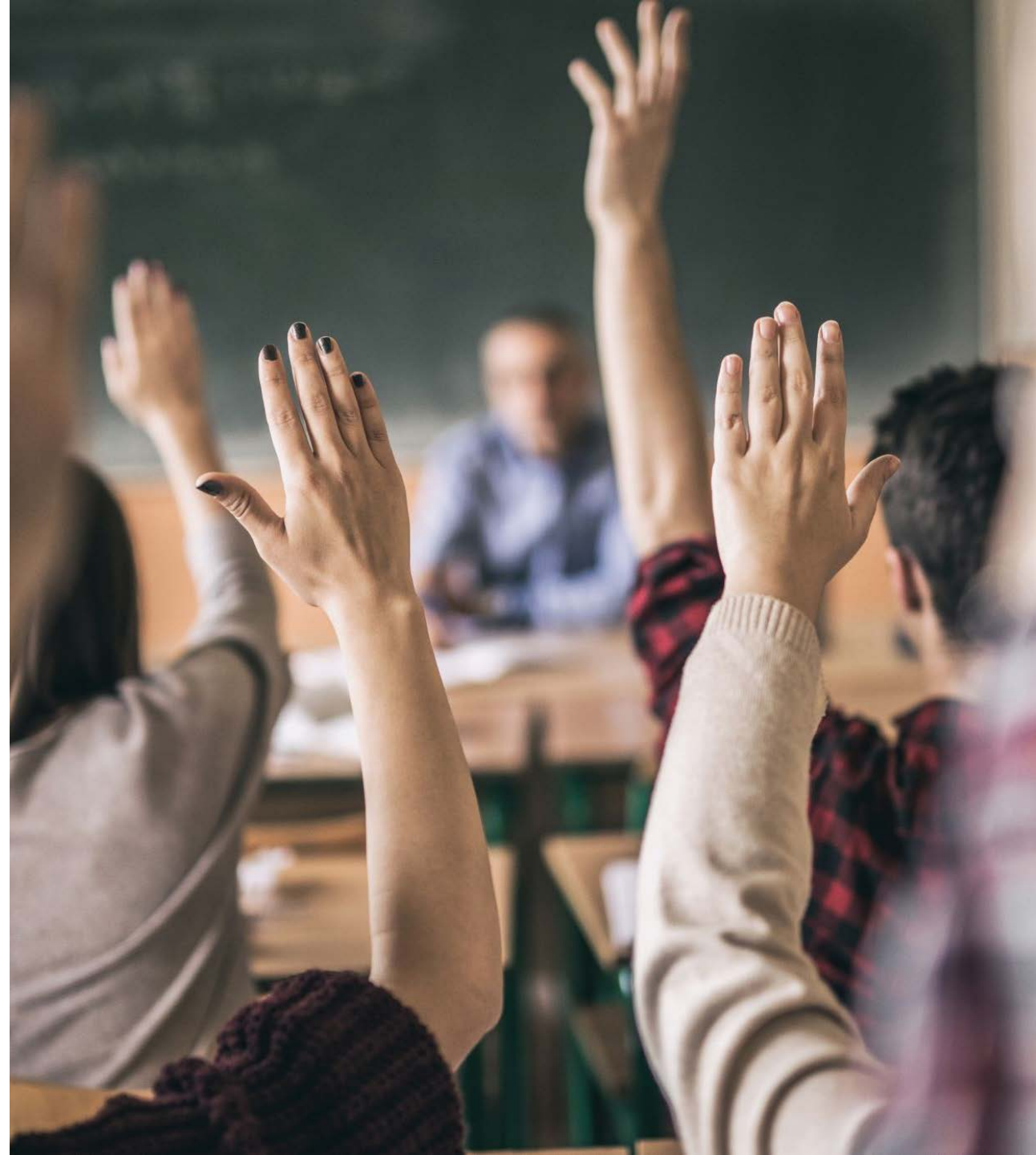
B.

I am a co-facilitator of a few MAT training sessions alongside another addiction medicine physician. We teach Bup. waiver courses a few times a year. I am the only physician in the area qualified to teach these waiver courses.

Documenting Research, Teaching and Admin Activities

Be sure to include:

- Name of affiliated organization
- Type of research conducted
- Number of residents, medical students, mentees under supervision, etc.
- Number and frequency of lectures, courses taught
- Citation(s) of published work



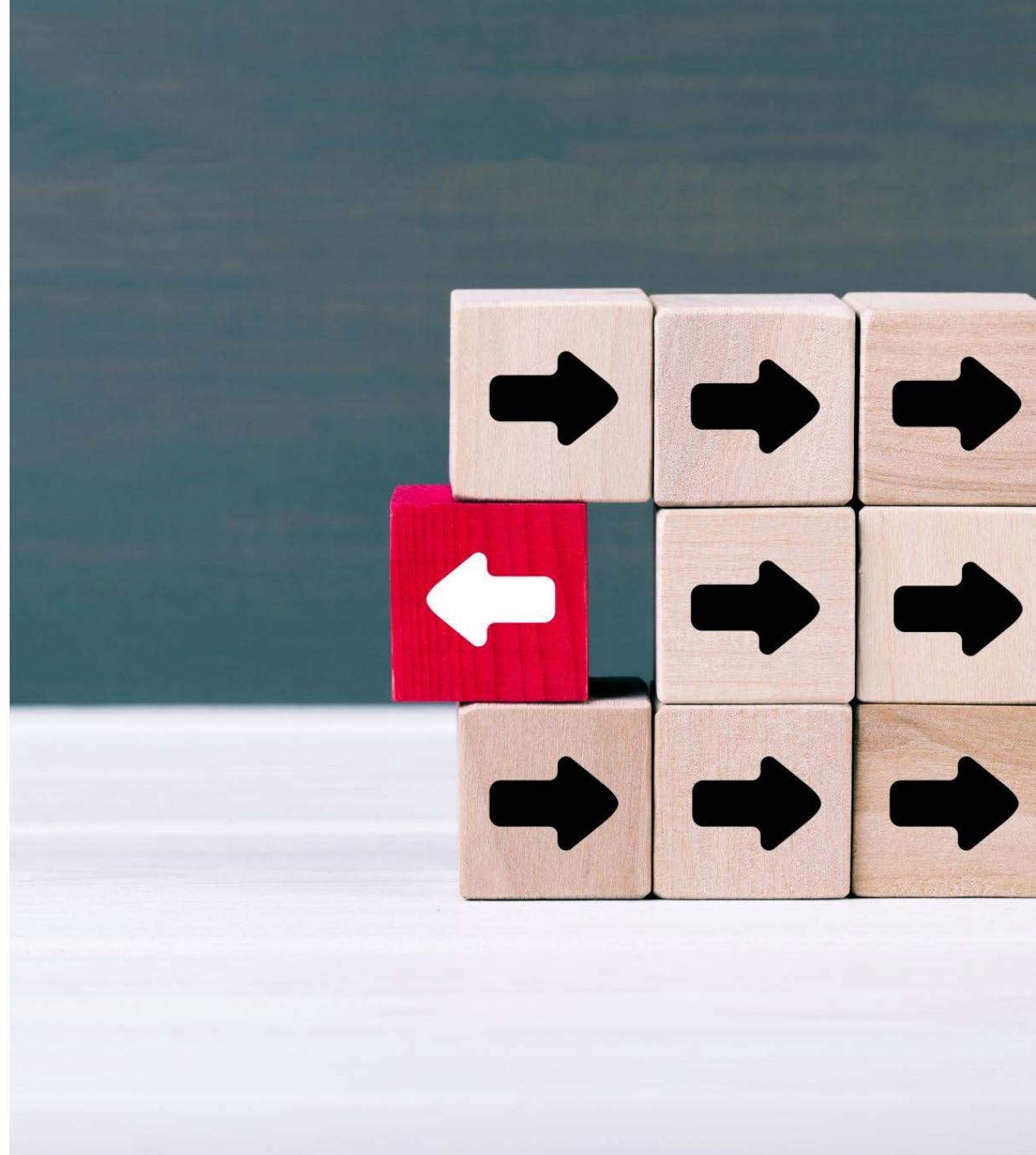
Direct Patient Care Activities

- **Do:**
 - Take your time, this is a “labor of love”
 - Provide sufficient descriptions of the practice activities in which you are engaged on the application
 - Provide explanation(s) for any current or prior medical license actions
 - List inpatient practice of addiction medicine specific activities separate from outpatient practice of addiction medicine specific activities
 - List buprenorphine practice separately
 - Be thorough, and describe yourself as an expert sub-specialty level addiction medicine physician
 - Sign up with MI CARES for further assistance



Direct Patient Care Activities

- **Don't:**
 - Rush
 - Be vague with practice descriptions
 - Double count practice activities resulting in insufficient time.
 - Include inpatient and outpatient activities in the same practice activity description
 - Forget to include volume of patients, types of treatments or therapies offered, types of addictions treated, and types of medications used in activity descriptions.
 - Wait until the last minute to apply





Follow-up Exercise

Now that you had an opportunity to review a few examples and expectations of your practice activities, let's edit the first draft of your description for **“Assessment and/or Diagnosis of Addiction and Substance-related Disorders”**. Think about your level of detail and other important elements you can add to make this a strong description.



Let's Open the Floor for Questions

In Summary

- American Board of Preventive Medicine requiring 1,920 of experience
- 480 hours of direct patient care
- 1,440 hours of teaching, research and administrative
- Be descriptive and thorough when documenting practice activities
- Enroll in MI CARES for further assistance

<https://micares.msu.edu>

THANK YOU!



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