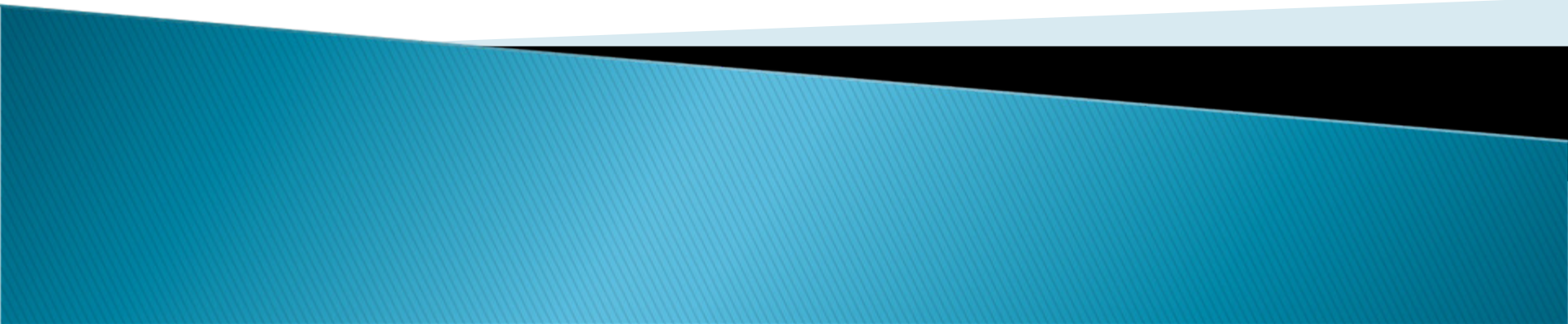



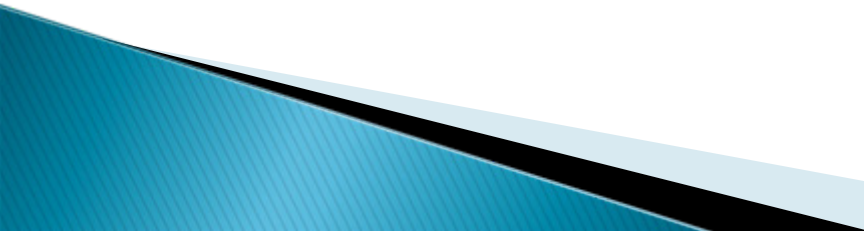
Report from breakout group: Educational needs



General areas of recommendations:

- ▶ Resident training in opioid dependence treatment (medical students too)
 - ▶ Improving and funding the 8-hour courses
 - ▶ Regional meetings and roundtables
 - ▶ Team care
 - ▶ CME specific to specialty
 - ▶ Liaison with safe prescribing trainings
 - ▶ Materials update, including DEA inspection compliance
- 


Residency training in opiate dependence treatment

- ▶ Recommend CSAT fund demonstration projects within all kinds of residencies, including internal medicine, family practice, OB, Emergency Medicine, Pediatrics.
 - Physicians in training should be able to see patients who are doing well in medication-assisted addiction treatment, and to learn from physicians skilled in addiction treatment
 - Training should include motivational enhancement, cognitive behavioral treatments as well as proper use of medication.
 - Should include path for residents to eventually become waived physicians.
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(Medical students too)

- ▶ Medical students should be able to see patients who are doing well in addiction treatment, including medication-assisted treatments.

8-hour DATA trainings:

- ▶ Recommend CSAT identify ways to fund in-person 8-hour trainings.
 - ▶ Recommend CSAT fund demonstration projects on innovative ways to deliver the trainings, including webinars, videos, and ways to incorporate MI and CBT for physicians.
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Local docs get together

- ▶ Recommend CSAT support ways for physicians who work in MAT to get together in regional meetings and local round-tables.
 - ▶ Suggestion that PCSS mentors could be involved in this kind of outreach, or PCSS as a platform to develop regional meetings and roundtables.
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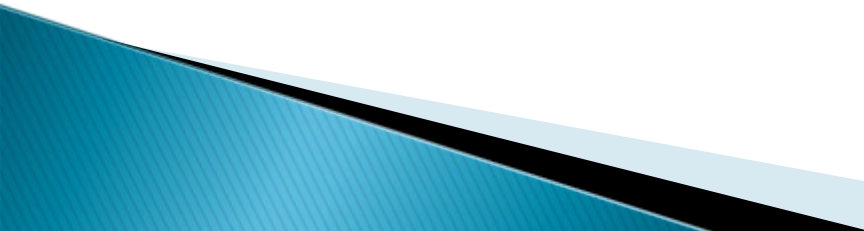
Team care

- ▶ Recommend that CSAT help clarify and educate physicians and accrediting bodies and agencies on the role of protocol-driven team care in MAT
 - Team approach is considered best practice in chronic care delivery
 - Evidence-based approach to use of nurses, case managers, pharmacists, etc.

CME specific to specialty

- ▶ Recommend that CME activities related to buprenorphine, including the 8-hour course, have content and level adjustments according to whether the participants are addiction specialists or not.

Liaison with safe prescribing courses

- ▶ Recommend that content about treatment or opioid dependence, including office-based buprenorphine treatment, be included in courses for physicians about safe opioid prescribing
 - Many physicians are interested in how to improve their use of opioids in pain treatment, and are taking courses in safe prescribing of controlled substances.
 - This is an opportunity to show that there is good addiction treatment, and to motivate physicians to participate in OBOT.
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Materials update

- ▶ Recommend that educational materials be updated to include latest research, new technologies such as videos and webinars, and specific information about DEA inspection compliance
 - Education on DEA inspections should be focused on facilitating smooth inspection compliance while motivating physicians to participate in treatment of opioid addiction.