Episode 33 – New MATE CME Training

Intro music: 0:00

Podcast introduction: 0:09
This is Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. This episode we are highlighting a new continuing medical education series that focuses on the treatment of opioid use disorder. If it seems like we've been talking about that a lot here on MedBoard Matters, well, it's because there has been lots to say. First, in December the federal government ended a long-standing requirement for clinicians to obtain a waiver before prescribing medication to treat opioid use disorder. Then in March, the U.S. Drug Enforcement Administration dropped the news that all DEA registrants have to meet a one-time training requirement of eight hours in the treatment of opioid and other substance use disorders. This requirement is part of the Medication and Treatment Access or MATE Act. And it applies to all DEA registrants, regardless of whether they have any plans to treat opioid addiction. In case you didn't realize, the opioid overdose epidemic is still going strong. In North Carolina, the rate of overdose deaths has increased by about five percent in each of the last three years. Bottom line, we need more medical professionals treating opioid use disorder. With so many of its licensees suddenly needing CME on this topic, the North Carolina Medical Board reconnected with WakeAHEC and the Addiction Medicine Fellowship Program at UNC Chapel Hill, to provide it. I was fortunate to get some time to talk about the new CME series earlier this month with Dr. Robyn Jordan, Medical Director of the UNC Addiction Medicine Fellowship.

Interview with Dr. Robyn Jordan: 1:54
JFB: Dr. Jordan, thank you so much for joining me. It's great to have you back on the podcast.

RJ: Thanks so much for having me. Happy to be here.

JFB: The MATE act, as I've summarized and as you know, establishes this new one-time requirement for all DEA registrants to earn eight hours of CME in the treatment of opioid and other substance use disorders. Probably not surprisingly, there are some medical professionals out there, DEA registrants, who are not thrilled about this. They see this as something of a burden, yet another requirement that they have to meet. And I'm hoping that you can help listeners who share that perspective see a silver lining, perhaps. So, I'd like to ask you to begin by saying or speculating, how could this new training mandate improve care for patients?

RJ: Absolutely. And I've already had these questions from people in their community, like, why do I have to do this? And I do think there's a huge benefit in this. The field of addiction has just really grown and expanded. Addiction medicine has only been a specialty for a few years, and many of us out in the field did not get this level of training when we were in medical school. And part of this requirement is that this level of training is going to be incorporated into medical school training. So, it's just a way of getting our workforce up to speed and kind of level set for everybody. And so, it is really important that people understand about addiction. They understand about the stigmas related to addiction and about treatment. So, I do think that it helps people understand, even if you're not ever going to practice it, you're still going to have people in your lives. You're going to have patients that are affected by

substance use. So is good from that perspective. And we are getting a lot of people in primary care are very, very interested in being able to do this work. And so, it's a great way to see how you can integrate addiction treatment into your practice.

JFB: Mm hmm. Now, you have touched on this a little with your comments just now, but I wanted to ask you, how much need do you think there is for clinician training in this particular area of medicine, opioid use disorder?

RJ: I think the need is tremendous. We are still very much in an opioid epidemic, and people will sometimes say, well, but I'm not affected by addiction, or my patients don't have addiction. And then I think the reality is, is likely because we're not screening and likely just, we're just not asking because it is not difficult in our personal lives to know people who have substance use disorders. And so that we tend to translate, but in my clinical life, nobody has a substance use disorder, which, you know, obviously doesn't make sense. So, we all are interacting with people every day who are affected by addiction one way or another. So that just, I think, speaks to the relevance of why this is important.

JFB: Right. And as you've noted, while medical schools are currently incorporating this or in the process of incorporating this type of training into their curriculum, everybody who went through medical school or PA school before now didn't get that kind of comprehensive training. So right now we have about 57,000 licensees, the vast majority of whom are physicians, and PAs. So just doing the math, clearly there are lots and lots of folks out there who don't have this knowledge who could potentially benefit from this training.

RJ: That's absolutely right.

JFB: Okay. One thing I've been wondering about is whether or not having so many DEA registrants complete eight hours of training in the treatment of opioid use addiction and other substance use disorders, if that is going to result in more clinicians beginning to treat opioid use disorder.

RJ: So, I think it's important to remember that this training is two part. There's a two part of this process. So first it was removal of the data 2000 X waiver that occurred earlier this year. And when they removed the X waiver, they said, we're going to follow up with letting you know what your training requirements are going to be. And so, the DEA eight-hour training requirement is in response to removing the X waiver. And when this all occurred in January, when we were all realizing what was happening, many of us thought, well, is this really going to have an impact? I'm not sure that the waiver was really keeping people from prescribing. Like we really weren't sure if it was just going to change things. And it has it without a doubt. It is absolutely had an impact on people being willing to do this work. So, what removal of the waiver did was took away the stigma and saying that Suboxone is just like any other medication that you're going to prescribe, and it just leveled the playing field a bit and made it seem not so scary. And I think the training requirements are having people realize this is important because clearly the federal government said it's important. And with the work that we do with our NC Star Network, what we do is provide training, education, mentorship with people who are wanting to do this work. And our uptake and requests for mentorships and trainings really took a turn around March and April, where a

lot of people now are reaching out, asking for support and being able to do this work. And in my opinion, the only things that changed where we removed the data waiver and we have this new training requirement and then with that, the money that has come in from the opioid settlement funds. So, I think these three things combined have had a big impact and are going to continue to have an impact on people wanting to do this work.

JFB: Okay. So perhaps not the eight-hour training requirement alone, but that's part of...Okay. That are leading people to be more willing to treat opioid use disorder. Well, that's great. There's certainly a need, as we know, you know.

RJ: Yes.

JFB: So, we're here today primarily because there is this new CME series that UNC Addiction Medicine partnered with NCMB, and WakeAHEC to create to make sure that North Carolina licensees or really any medical professionals who prescribe controlled substances have access to good quality CME in this topic that will qualify them for the MATE Act that will help them meet that new DEA requirement. Um, I just wanted to ask, so what was your reaction when you were asked to participate in that effort?

RJ: So, we with UNC Addiction Medicine Program, we have partnered with both the Medical Board and WakeAHEC in the past to provide lectures for the requirement the North Carolina Medical Board has. And so, we knew that this requirement was going to come as soon as they announced it with the waiver removal. And so, the I'd say the three organizations we began talking immediately when we knew that that requirement was going to be removed and we were going to have a training requirement. So, we were already just taking the steps, not knowing what it was going to be. But we knew we needed to get prepared so that we could respond very quickly. We also knew that the training requirement was going to go into effect June 27th and, you know, March rolls around and, you know, April is coming. And we weren't sure when we were going to find out and if there was going to be enough time to get a training together. And that was my biggest concern, is could we pull something together quick enough before this June deadline? So that was, um, I think, our biggest hurdle of how we could get enough people together to do that training. But it was a very fast process as a from all of us to…to pull it together.

JFB: It was. I mean, it was pretty gratifying to see that you were, in fact, able to get this together in time. And just to clarify for our listeners, the new training requirement did go into effect June 27th. That doesn't mean you have to have completed it by June 27th, just that as you renew with DEA, they're going to start asking their renewing registrants to certify that they have completed the eight hours. So, you still have time.

RJ: Yes. Yes.

JFB: Great. Now, I wondered if I could ask you to give just a basic overview of each of the eight modules that are part of this new series, just to give our listeners an idea of what they would get out of the series if they were to complete it.

RJ: Sure, sure. So, we did eight modules. They are one-hour modules, and you can listen to any one of them and you will get one hour credit for participating. And so, I have a list here in front of me. I'll tell you what the modules are. So, there's The End of a Bygone Era, Removal of the Waiver and Next Steps and Buprenorphine prescribing. I presented this module, and it does discuss the x waiver being removed and it discusses the trends that have occurred with the opioid epidemic and how that has impacted us prescribing buprenorphine or Suboxone. And we have another one, Addiction in Primary Care. And this was presented by Dr. Claire West with UNC Internal Medicine. And this one I think is self-explanatory. Here is many of these titles are I mean, this one is talking about how do you really effectively integrate addiction into a primary care practice, which our internal medicine office has done a very nice job of doing. And so, she describes some of the

JFB: That sounds fantastic. Sounds like there's a real need for that.

RJ: Absolutely. Because a lot of this addiction work is being done in primary care settings. And so, she describes some of the hurdles that you might find when trying to do this in primary care and give some good tips for that. So, we have Responding to Pediatric Substance Use, which was presented by Dr. Lucian Gonzalez at UNC, who is a pediatrician and addiction medicine board certified, and it discusses what kind of signs and symptoms that you might see in adolescents who are using substances and what to do in those scenarios, how you can get them into treatment, things you want to be thinking about. So, Treating Chronic Pain and Addiction was presented by Dr. Irina Phillips, who's an anesthesiologist and also board certified in pain medicine and works quite a lot with our addiction medicine program. And so, she speaks to treating chronic pain and speaks to the intersections between chronic pain and addiction. And how you kind of navigate that scenario, which we know is very common.

JFB: Yes. If I could interject just briefly, the medical board recently completed a licensee survey, and one of the special topics that the board inquired about was the opioid epidemic and its continued impact on our licensees. And one of the interesting findings was that despite a majority of respondents indicating that they had in fact completed training in prescribing controlled substances and opioids in particular, that a large number of them were still not entirely confident that they could tell the difference between dependance and addiction. So, I'm glad to see that went in the mix.

RJ: Oh, absolutely. And I think if I can interject, I think what that speaks to is it can be very difficult to listen to a lecture or read something in a textbook and translate that directly into the clinic. I do think that that's difficult for many of us to do. And lectures alone typically are not enough to give us comfort to be able to do new things, which is where we really want to support people and provide that mentorship guidance, training for people to have that confidence that they can do this. So, we are very, very open and willing for people to reach out to us and we will provide whatever hand-holding is necessary to let people just feel like they've got a person with them so that they can do this.

JFB: That is great. And we'll ask you about your contact information a little bit later. But that's wonderful.

RJ: Yeah. So, I guess getting back to the topics here, there's one of the ones was Understanding the Impacts of Stigma and Substance Use Disorder. So, this was presented by Dr. Jenny Kemper, who is a psychiatrist at UNC, and she really put a lot of work into describing just some historical perspectives around stigma and racism. And how that shows up in the field of addiction is it's, I think, a very good perspective for us to have in mind and then talks about the steps that we can take to minimize stigma and the own work and our own work that we do. And so, another one is Addiction and Mental Illness. And this was presented by Dr. Roy Stein, who's an addiction psychiatrist with us at UNC. And this one is one that there's I think probably gets a lot of attention, is treating mental illness for people who have substance use disorder. So how do you treat depression and ADHD and distinguishing, you know, people with bipolar disorder or borderline personality disorder? And how do you treat these things in a framework for someone with that who has substance use disorders. Then we have the Impact of Stigma and Bias on Substance Use Disorder, Diagnosis and Treatment. And this lecture was put together by one of our social workers and looking at more of a social work perspective of stigma and bias and how can we change our language and change just our general workflows to have people feel more comfortable talking about addiction in the health care setting. So, while the other one relating to stigma was more a historical perspective and thinking about how we interact directly with our patients in a clinic setting, this was a nice complement to that. This is thinking about what are the real stigmas our patients are facing today? Like what is seen in the hospital where they experiencing? How are we contributing to that?

JFB: Well, thank you for clarifying because I was thinking those titles sound awfully similar. So, I appreciate you differentiating between them.

RJ: They sound similar, but they were very complimentary to each other. And then the last one is the Current State of MOUD Access, and I will clarify, MOUD as medications for opioid use disorder. And this lecture was presented by our pharmacist, Dr. Lindsay Kennedy, and goes a lot more into the pharmacology aspect of background around opioids and just medications to treat opioid use disorder. So, from a very different perspective. So those were the eight hours that we pulled together.

JFB: I wanted to ask, is there a particular order that the module should be viewed in because they don't look to be numbered or ordered, you just sort of self-serve?

RJ: We were very deliberate in that we had a few conversations about how we wouldn't want to organize it, and we really decided as a group we wanted it to just sort of be a mix and match pick and choose that we wanted people to be able to look at it and pick what really spoke to them. If people wanted to do all 8 hours, they certainly could, or if they wanted to look at it as a menu, they could see what might be best for their clinical practice. So…so, we all coordinated in developing the lectures, but developed them very independent of each other so that they would be standalone.

JFB: Okay, great. So, you can do one or you can do them all or something, anything in between.

RJ: Yes, absolutely.

JFB: Okay. So, when…when putting together this series, it sounds like you did a lot of thinking leading up to actually starting work on it about what you were going to accomplish and how exactly you were going to get there, what was the end goal for the user?

RJ: So, people who are already treating addiction likely have already met this requirement. So, people in the past who already had the x waiver or did the x waiver training. They have met the requirement. They don't have to do anything additional. So, we knew our audience was not people who are already doing the work. The audience was for people who are not doing this work and people who are not familiar with opioid use disorder at all, and that ranging to people who are familiar and wanting to integrate this into their workflow. So, we took it from a perspective of targeting that range of audience from people who are very unfamiliar to those who are wanting to integrate this into their practice.

JFB: And a follow up to that is let's assume somebody does all eight of the modules in this series. Where should that clinician be in terms of readiness to treat substance use disorder after completing the full series?

RJ: So hopefully that person is excited about wanting to do this work. Hopefully at the end of this they're understand the relevance of their understanding why those of us who do this work, why we do it, because it is a very rewarding aspect of medicine. So hopefully that point gets across and I look at these trainings as sort of just what I referenced earlier. I look at these trainings is similar to learning how to drive. So, with our teenagers, when they're learning how to drive, we give them a driving manual and we tell them to take the course, but we don't just turn a loose and say, Go, drive. We still have a lot of one-on-one training with our children. We know they have a lot of supervision that they go through to be able to drive independently. And I look at these trainings as very similar. I think there are a lot of very good education, very good background to get you to a point of knowing what you want to do. But from there, some people might feel comfortable doing this on their own. I think many people would probably feel comfortable doing this on their own if they got some support in place. So, I just really encourage people to reach out for a little extra support and then it doesn't take much from there to get people actively engaged.

JFB: I love that analogy, actually. I have a 16-year-old who is on the verge of learning to drive, so I'm familiar with the program and how it's offered. This is also a perfect time to ask you if anyone listening to this podcast does want to reach out to you or to UNC addiction medicine for help or support, how do they do that? What's the best way to reach you?

RJ: So, I'm very reachable and people can reach me by my email, which is easy to find. It is just my name. Robyn_Jordan@med.unc.edu is very easy to find and we have a website that is under construction, but you can still reach us through our website which is NCStarNetwork.org. And on the website, there's a video that describes the work that we do through NC Star Network and kind of gives you an idea of the mentorship and training and things and what we can offer, but then also has our contact information.

JFB: Ok, great. And we will put your email and a link to that website on our show page as well as a link to the series, of course, so people can find that. Before we close, I just wanted to ask you if there is

anything that I have not asked you about the CME series or about the treatment of opioid use disorder that you'd like to add for our listeners benefit?

RJ: I would, I guess, offer that this really is a rewarding line of work that we really do get to have a big impact in people's lives and getting to just be on a journey with people as they get better. So, it is worth considering. Everybody's got to do the trainings whether they want to or not. But I think it's worth knowing this work is rewarding and a good aspect of medicine.

JFB: Right. Well, thank you so much for your time and expertise. It's always nice to have you on the podcast.

RJ: Thank you so much for having me.

Episode closing: 20:44
Well, that brings us to the end of this episode of MedBoard Matters. I hope it was helpful. I want to underline something I mentioned to Dr. Jordan: Any hours completed to satisfy the DEA training requirement can also be used to meet the existing North Carolina Medical Board CME requirement for controlled substance prescribers. The Board clarified this at its July Board Meeting and has started the process of amending its CME rules to reflect it. If you'd like to know more about the MATE Act or access the new CME series and other training that can help you get your eight hours, visit our show page at www.ncmedboard.org/podcast. And do your friends and colleagues a solid and share this information. Remember, a lot of medical professionals are looking for this kind of CME at the moment. Finally, you can reach us by email at podcast@ncmedboard.org. We would love to receive your comments, questions and ideas. Thanks again for listening. I hope you will join me again.