COPE News

COPE’s Region I Summit Brings Together Faculty from New England Medical Schools

Faculty from allopathic and osteopathic medical schools across New England gathered at the JFK Federal Building in Boston on March 15th for the first COPE regional summit on integrating knowledge about substance use and related disorders into medical school curricula.

Summit host A. Kathryn Power, M.Ed., Region I Administrator for the federal Substance Abuse and Mental Health Services Administration, welcomed participants to the event and said, “We appreciate your willingness, as leaders of New England medical schools, to address the issues of substance use and related disorders in teaching our future medical professionals.” In their greetings to the group, Stephen Shannon, D.O., M.P.H., President of the American Association of Colleges of Osteopathic Medicine, and Dave Davis, M.D., Senior Director with the Association of American Colleges, both pointed to the need for additional resources for teaching about substance use disorders, as well as innovative methods for bringing students together with addiction medicine physicians in both teaching and practice.

Through descriptions of curricula and teaching activities at their own medical schools, as well as a preview of the results of COPE’s survey of medical school faculty, Summit attendees developed a detailed picture of what currently is being taught in New England medical schools. This was followed by small group discussions focused on how to improve the amount of time devoted to substance use disorders, how to provide faculty with the resources they need to support such teaching, and how to better integrate information on SUDs and related disorders into courses on a variety of topics, rather than segregating that information in a single specialized course on addictions.

The small groups developed a number of innovative approaches, which will be described in future issues of Addiction Education News. Citing the benefits of the information-sharing accomplished at the Summit, participants also recommended bringing the group back together in six to 12 months to assess progress, and finding other ways to continue the dialogue in the interim. Summit co-chairs David C. Lewis, M.D. and Stephen A. Wyatt, D.O., assured the group that fostering information-sharing among faculty is one of COPE’s highest priorities, as is replicating the Summit with medical school faculty in other HHS Regions.

In addition to SAMHSA, support for the Summit was provided by the New England Chapters of the American Society of Addiction Medicine and C4 Recovery Solutions, organizer of the annual Cape Code Symposium on Addictive Disorders. A report of the Summit will be posted on the COPE website as soon as it is available.

Working in small groups, Summit participants created strategies to expand attention to substance use and related disorders in undergraduate medical education and to develop new resources to support those who teach about SUDs.
Resources

Smoking and Mental Illness Addressed in New CDC Report

The February 2013 issue of the Centers for Disease Control and Prevention's publication Vital Signs addresses the connection between smoking and mental illness.

The report points out that, despite increased evidence provided in the 2010 Surgeon General’s report that cigarette smoking causes disease and that no level of cigarette use is safe, cigarette use among certain groups of Americans remain high. One group, persons who suffer from a mental illness, suffer disproportionate levels of tobacco-related deaths.

Read the entire report at HTTP://WWW.CDC.GOV/VITALSIGNS/SMOKINGANDMENTALILLNESS/INDEX.HTML#INTRODUCTION.

Core Competencies in Addressing SUDs and Related Disorders

Identification of the core competencies needed to appropriately identify and manage SUDs is a complex subject that has been addressed by a number of groups and individuals over the years. The following documents represent key contributions to the discussion. Most are posted on the COPE website (WWW.COPE-ASSN.ORG) under “Resources.”

1991_HRSA_Physician.Consortium

1994_Macy.Conference_Summary

2002_Project_Mainstream

2004_ONDCP_Leadership.Conference


2007_UK_Curriculum

2009_NIDA-Med_Resources

2010_Osteopathic_Curriculum

2012_Wyatt, Wilford_Book.Chapter
Federal News

HHS Designates Treatment of Alcohol, Drug Use Disorders an “Essential Benefit”

In a final rule issued February 20th, the Department of Health and Human Services designated treatment of alcohol and drug use disorders as an “essential health benefit,” which the Accountable Care Act will require most health insurance plans to offer beginning in 2014.

An HHS news release said that, in the past, nearly 20 percent of individuals who had health insurance coverage did not have benefits for mental health services, and nearly a third had no coverage for services related to substance use disorders. Under the new rule, 32 million persons will gain access to coverage of mental health care and an additional 30 million persons who already have some mental health coverage will see an improvement in their benefits, according to HHS Secretary Kathleen Sebelius, who added that the rule also will make it easier for consumers to compare health plans.

Each state will set its own benchmark insurance plan that reflects coverage typically offered by employers in that state. More than 30 states are using a plan offered by Blue Cross and Blue Shield as their benchmark.

In the Literature

The following publications focus on curriculum and faculty development in undergraduate medical education.

Curriculum Development, Content and Evaluation

Association for Medical Education and Research in Substance Abuse (AMERSA). Strategic Plan for Interdisciplinary Faculty Development: Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders (Project Mainstream). Providence, RI: The Association, 2002.


Defining Competencies


Brady KT. Recognizing and treating dual diagnosis in general health care settings: Core competencies and how to achieve them. In Project Mainstream: Strategic Plan for Interdisciplinary Faculty Development: Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders; Part I. Evidence Supporting the Strategic Plan Providence, RI: Association for Medical Education and Research in Substance Abuse, 2002.


West DA & Nierenberg DW. Student experiences with competency domains during a psychiatry clerkship. Academic Psychiatry 2009 May-Jun;33(3):204-211.


Developing Faculty


Changing Medical Students’ Attitudes Toward Patients with SUDs


Instructional Strategies and Resources


Visit COPE on the web at [WWW.COPE-ASSN.ORG](http://WWW.COPE-ASSN.ORG)
Coming Events

AACOM:
April 24-27, 2013
American Association of Colleges of Osteopathic Medicine
“Foundations for the Future” — Joint AACOM & AODME 2013 Annual Meeting
Marriott Waterfront Hotel, Baltimore, Maryland
HTTP://WWW.AACOM.ORG/EVENTS/ANNUALMTG/PAGES/DEFAULT.ASPX

SGIM:
April 24-27, 2012
Society of General Internal Medicine
36th Annual Meeting: Celebrating Generalism — Leading Innovation and Change
Sheraton Denver Downtown Hotel, Denver, Colorado
HTTP://WWW.SGIM.ORG/MEETINGS/ANNUAL-MEETING

ASAM:
April 25-28, 2013
American Society of Addiction Medicine
44th Annual Medical-Scientific Conference
Hilton Chicago Hotel, Chicago, Illinois
HTTP://WWW.ASAM.ORG/EDUCATION/ANNUAL-MEDICAL-SCIENTIFIC-CONFERENCE

APA:
May 18-22, 2013
American Psychiatric Association
166th Annual Meeting: Pursuing Wellness Across the Lifespan
San Francisco, California
HTTP://WWW.PSYCH.ORG/ANNUALMEETING

AMERSA:
November 7-9, 2013
Association for Medical Education and Research in Substance Abuse
37th Annual National Conference
Double Tree Hotel
Bethesda, Maryland
WWW.AMERSA.ORG

AAMC:
November 1-6, 2013
Association of American Medical Colleges
Philadelphia, PA
WWW.AAMC.ORG
About COPE

Mission and Goals
COPE — the Coalition on Physician Education in Substance Use Disorders, LLC — is a voluntary organization devoted to improving patient care and the public health by assuring that all physicians have access to the training and resources they need to prevent, identify, and provide specialty-appropriate interventions for patients who use tobacco or illicit drugs, or who engage in unhealthy use of alcohol or non-medical use of prescription medications. COPE is incorporated as a not-for-profit [501(c)(3)] corporation under the laws of the State of Connecticut.

COPE’s activities involve identifying resources that support physician training and education, providing support and mentorship to medical school faculty and others who provide physician training, and seeking synergy across its members’ efforts. For example, COPE is collaborating with the Association of American Medical Colleges (AAMC), and the American Association of Colleges of Osteopathic Medicine (AACOM) to build a network of faculty in U.S. allopathic and osteopathic medical schools who are responsible for teaching about substance use disorders, for the purposes of networking, mentoring and information-sharing.

Membership
To join COPE, register at the COPE website (WWW.COPE-ASSN.ORG). There is no membership fee.

To volunteer for a COPE committee:
The Liaison Committee is composed of COPE members who represent COPE’s mission and goals to specific organizations and the views of those organizations to COPE. (Liaison representatives are being sought for addiction specialty groups and societies representing physicians in a range of disciplines.

The Faculty Committee is composed of teaching faculty at U.S. allopathic and osteopathic medical schools, as identified through a project with AAMC and AACOM and brought together through a COPE-managed Listserv to share information and provide peer support.

Additional committees are convened by the Executive Committee as needed to address specific projects. If you see a need, propose a committee!

Executive Committee
David C. Lewis, M.D. (Chair)
Mark L. Kraus, M.D., FASAM (Co-Chair)
Anthony Dekker, D.O., FAOAAM, FASAM
J. Harry Isaacson, M.D.
John Renner, M.D., FAPA
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