Opioid Regulatory Collaborative Meeting
Panel I: Strategies to Advance Effective and Individualized Education

NAM Special Publication Findings and Competency Framework

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About the Action Collaborative and the Education and Training Working Group

The Action Collaborative is a public-private partnership of over 60 members from the public, private, and non-profit sectors.

Mission: To convene and catalyze public, private, and non-profit stakeholders to develop, curate, and disseminate multi-sector solutions designed to reduce opioid misuse, and improve outcomes for individuals, families, and communities affected by the opioid crisis.

Leadership: Steering Committee co-chaired by NAM, Aspen Institute, HHS, and HCA Healthcare
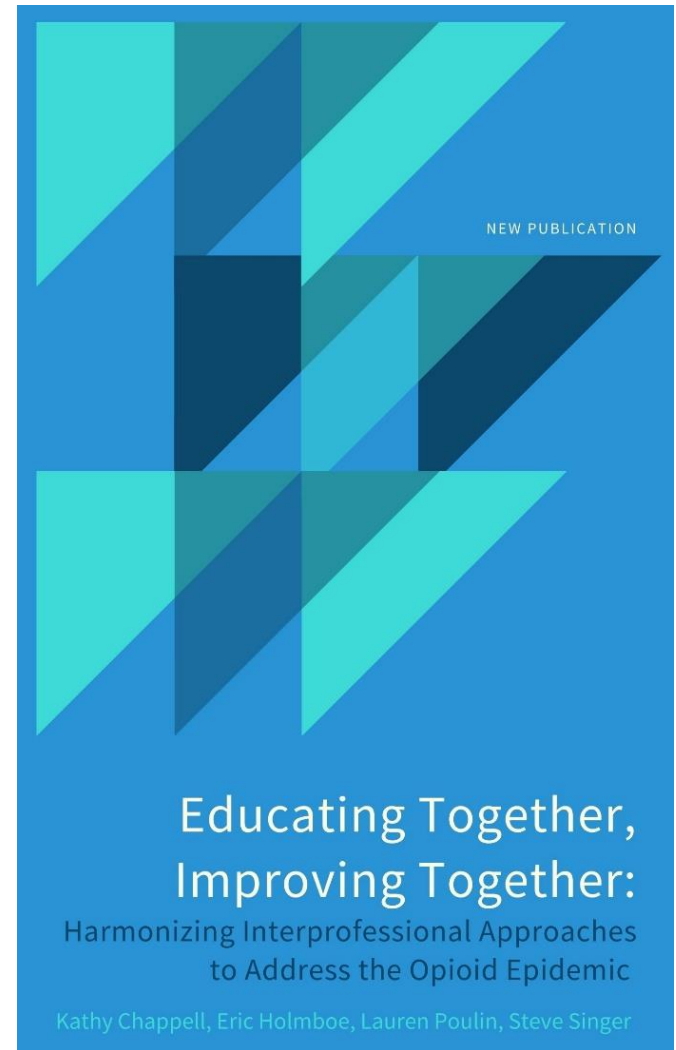
Four priority focus areas (working groups): Health professional education and training; Pain management guidelines and evidence standards; Prevention, treatment, and recovery services; and Research, data, and metrics needs

Health Professional Education and Training Working Group Co-leads: Kathy Chappell (American Nurses Credentialing Center), Eric Holmboe (Accreditation Council for Graduate Medical Education), Steve Singer (Accreditation Council for Continuing Medical Education)

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NAM Special Publication

On December 16, 2021 the Education and Training Working Group released a [NAM Special Publication](#) to describe and assess: **professional practice gaps**, existing **regulatory requirements and policy standards**, and identified five **actionable priorities** needed to strengthen coordination and collaboration across the health education system

NEW PUBLICATION

Educating Together, Improving Together:
Harmonizing Interprofessional Approaches to Address the Opioid Epidemic

Kathy Chappell, Eric Holmboe, Lauren Poulin, Steve Singer

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<u>Literature Review Findings</u>

- PPGs were associated with prescribing or tapering opioids (93%), followed by monitoring (10%), screening/assessment (8%), nonpharmacological treatment (7%), identification/diagnosis (4%), prescribing non-opioids (3%), and referral (3%)

- Root causes: clinical knowledge (wasn't aware of best practice; 40%), attitudes and biases (30%), and/or the use of (failure to use/lack of available) evidence-informed tools and resources (26%)

- Other factors: communication with patients/families (13%), constraints in the practice setting (12%), and/or communication with other members of the health care team (6%) were also cited as contributing to professional practice gaps

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Literature Review Findings (cont'd)

- *General PPGs can be addressed through education system interventions* (e.g. negative attitudes and biases, cross-profession knowledge deficiencies, improvement needed in team-based learning, communication challenges, and insufficient competencies)

- *Pain management-specific PPGs can be addressed through education interventions* (e.g. struggles treating chronic pain compared to acute pain, variation in prescribing practices by provider and type of pain, lack of trust related to the subjectivity of pain)

- *Broader PPGs can be addressed through health system-level interventions* (e.g. insufficient interprofessional teams, issues with access to user-friendly tools, difficulty identifying/applying evidence-based guidelines, challenges with reimbursement, inadequate numbers of critical providers, unaddressed social determinants of health)

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Education Requirements Survey Findings
- **Substantial variability in requirements and standards** among licensing, certification and accreditation:
    - Pain management requirements/standards: Yes: 47%; No/unsure: 53%
    - SUDs requirements/standards: Yes: 31%; No/unsure: 69%

- **Significant gaps between treatment need and capacity exist at both state and national levels**

- Most focus on **accreditation, certification, licensure, or regulation of individuals**, and these bodies have the **most significant variation**. **Program accreditors** seem to have the **least amount of variation**

- Accreditors use measurements such as competencies, best practices, or program requirements. **There are variations between professions, specialties, and oversight**

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Education Requirements Survey Findings

- Organizations that license or certify **pharmacist techs, physician assistants, and dental assistants may not have the same requirements and standards** because they practice under direct supervision

- **Educational expectations for allied health professionals** related to pain management, opioid use, and substance use disorder practices are **most often expressed as expectations for (mandatory) participation in continuing education (CE, CME)**

- **Opportunities exist to explore how regulatory organizations can support advancing prevention and treatment of pain and substance use disorder**

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Key Conclusions

- The education system must work collaboratively across the health care continuum and across professions to **equip health care providers with profession-specific competencies** to deliver care that is evidence-guided, patient-centered, and individualized

- Given the substantial variation across pain management and SUD policies and standards, it should be a priority to **codify areas of unwarranted variation**, and **develop approaches to reduce unintended variation** and **enhance harmonization** across regulators and professions

- There is in a need to foster **greater alignment between health education needs and the resources, requirements, and policies that exist** through focused efforts to translate education and training into effective clinical care and practices

- There are **opportunities to leverage evidence-based educational frameworks** to accelerate the resolution of persisting practice gaps and promote interprofessional practice

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Actionable Priorities

1. Establish minimum core competencies for all health care professionals in pain management and SUDs, and support evaluating and tracking of health care professionals' competence;

2. Align accreditors' expectations for interprofessional collaboration in education for pain management and SUDs;

3. Foster interprofessional collaboration among licensing and certifying bodies to optimize regulatory approaches and outcomes;

4. Unleash the capacity for continuing education to meet health professional learners where they are; and

5. Create partnerships among organizational stakeholders such as health care organizations and regulatory agencies to harmonize practice improvement initiatives

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Competency Framework Background and Scope

- The first actionable priority seeks to **establish a minimum level of core competency** across professions to ensure flexibility reflective of scope-of-practice and setting specific needs

- Additionally core competencies will **reveal critical PPGs** across the health education continuum and re-calibrate the U.S. health care workforce toward **adaptive interprofessional practice** and **improve overall readiness and responsiveness**

- To support this priority, the working group **developed a core competency domains framework** to inform the minimum level of competence needed in pain management and substance use disorder (SUD) care

- The framework is intentionally **broad in scope** to **optimize comprehensiveness and applicability**; of note, the framework describes competency domains and not specific competencies

Core Competency Domains Framework

- Core competency framework identifies a **foundational set of knowledge, skills, and attitudes** that all health professionals, regardless of profession or level, should have competence in to care for patients with pain and/or SUD

- Overarching goals are to:
    - utilize a **public health approach** that sets a **minimum standard of competence** for *all* practicing clinicians; and
    - provide an **implementable framework** that can used to **catalyze the development of specific competencies** across professions and/or disciplines as needed

- Framework is centered around partnering in care with patients, families, and communities, and describes **three broad domains of performance** that collectively reflect competence in health professionals: **1) Core Knowledge, 2) Collaboration, 3) Clinical Practice**

Core Competency Domains Framework

- Each of the performance areas maps to **six core competency domains** and associated subdomains that describe a minimum level of knowledge, skills, and abilities needed for competence

- **Core Competency Domains (and performance domains):**
  1. Baseline Knowledge (Core Knowledge)
  2. Applied Knowledge (Core Knowledge)
  3. Patient-centered Practices (Collaboration)
  4. Team-based Care (Collaboration)
  5. Health Systems and Environment (Clinical Practice)
  6. Professionalism (Clinical Practice)

- Framework includes two important **facilitating factors** needed for success: **interprofessional collaboration and learning, and continuous learning and improvement**

- Framework is undergoing review and will be released as a **publication** through NAM Perspectives

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The Core Competency Domains "C Framework"

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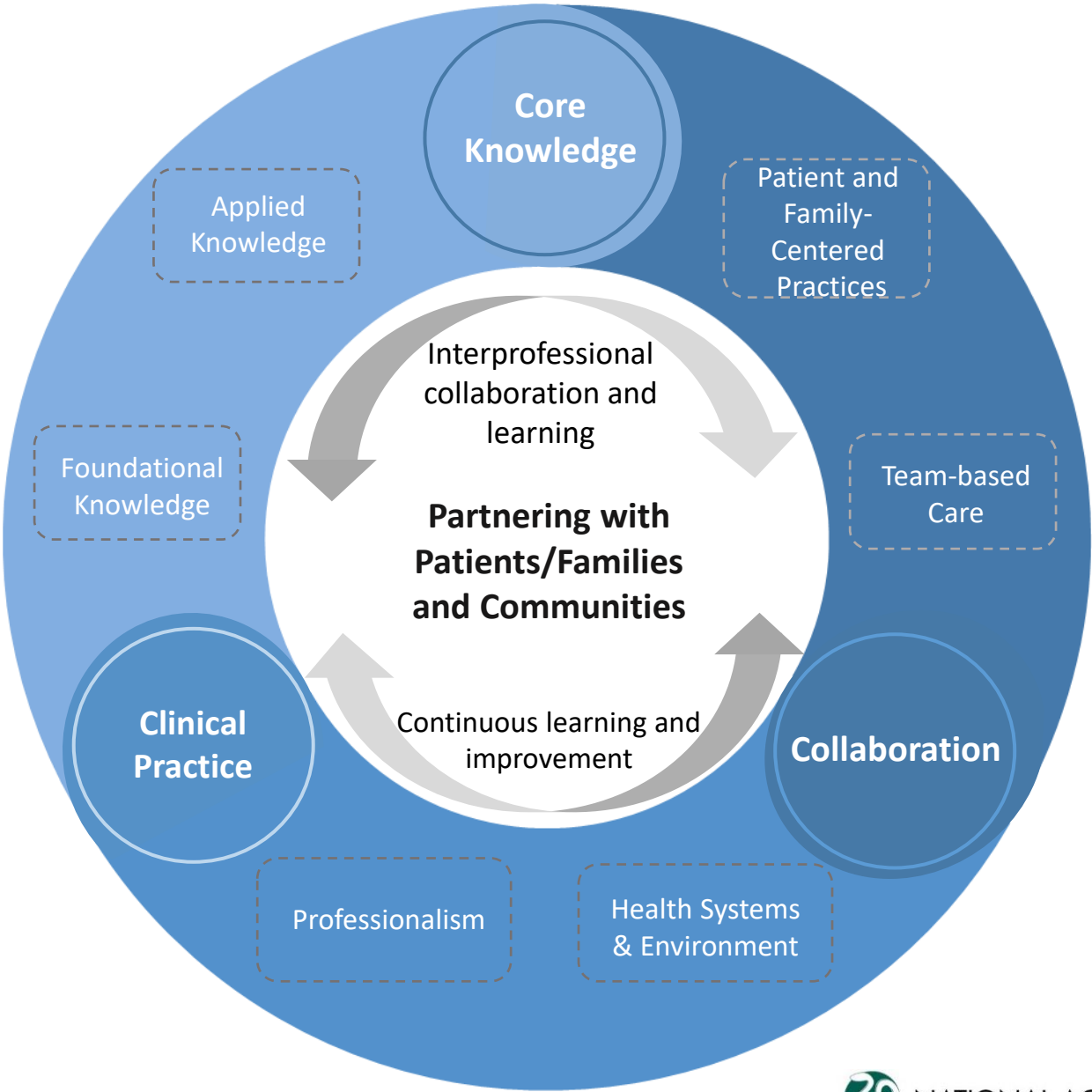
The C Framework

<u>Core Knowledge:</u> Foundational concepts of pain/SUD and the behaviors, skills and attitudes needed to effectively apply knowledge; Domains and subdomains include:

I.   **Foundational Knowledge**
   o   Baseline knowledge of pain, SUD, behavioral health, their intersections and discrete concepts
   o   Baseline knowledge of emotional, mental, and behavioral health and their intersections with pain and SUD
   o   Recognize the range of and differences among conditions relating to substance use and pain
   o   Baseline knowledge of stigma related to pain and SUD
   o   Baseline knowledge of clinical practice guidelines
   o   Baseline knowledge of treatment options for pain and SUD
   o   Refers to stigma experienced by patients and understanding the role of self-stigma, societal stigma, and clinician stigma

II.   **Applied Knowledge**
   o   Baseline skills for recognizing and assessing signs of pain and SUD
   o   Baseline skills for determining risks associated with mismanaged/undermanaged pain and SUD
   o   Ability to translate evidence and data into practice
   o   Understanding the relationship between stigma and disparities and inequities in pain and SUD care
   o   Refers to treatment, prevention, and recovery outcomes
   o   Refers to care access and delivery

The C Framework

Collaboration: Core principles of patient and family-centered practices and team-based care, and the behaviors, skills, and attitudes needed for successful collaboration across these groups; Domains and subdomains include:

III. **Patient and family-centered Practices**
- o Respect and appreciate individual and family-level needs and autonomy
- o Recognize and eliminate stigma1 experienced by patients and families
- o Encourage patient and family discussions and expectations for functional care goals
- o Demonstrate attitudes and behaviors reflecting cultural competency
- o Practice effective and evidence-based communication strategies with patients and families, including use of non-judgmental, non-stigmatizing, non-discriminatory language
- o Use person-centered, collaborative approaches and decision-making, including motivational interviewing, redirection of an anchored patient, and conflict resolution techniques
- o Awareness of trauma informed care practices

IV. **Team-based Care**
- o Knowledge of individual roles and responsibilities within the care team
- o Ability to work effectively and collaborate within and across different professions and settings
- o Recognize and eliminate stigma against care teams
- o Practice effective and evidence-based communication strategies with team members
- o Recognize patient and families as members in the interdisciplinary team
- o Provide appropriate referral for pain and SUD

The C Framework

<u>Clinical Practice</u>: Baseline awareness needed to understand health systems/environments and exercise professionalism, and the behaviors, skills, and attitudes that facilitate successful integration with practice; Domains and subdomains include:

V.   **Health Systems and Environment**
- o   Recognition of social determinants of health, high risk populations, and structural barriers affecting pain and SUD care
- o   Knowledge of clinician level stigma and impact
- o   Recognition and appreciation for the role of health care professionals and the responsibility of providing complex care
- o   Understanding of health systems and strategies for navigating practice setting challenges by learning from colleagues
- o   Awareness/appropriate use of current data/evidence, tools, and resources
- o   Awareness of current regulations and policies and their relationship to practice
- o   Knowledge of harm reduction and prevention strategies (individual and population)

VI.   **Professionalism**
- o   Knowledge and use of ethical practices and mediation strategies
- o   Exercise self-care skills
- o   Engage in interprofessional education that supports lifelong learning and professional development related to pain and SUD care
- o   Continually assess and address one's own implicit attitudes and biases
- o   Exercise resourcefulness and adaptability across practice settings
- o   Demonstrate compassion, empathy, and support throughout all stages of care, and exercise the ability to "meet patients where they are"

Way Forward

- The framework's usability and impact relies on support from stakeholders representing clinical, educational, regulatory, and financial systems across health care

- A coordinated effort is needed across health professions to incorporate the Cs Framework into existing curricula and should be supported by effective teaching, learning, and evaluation approaches

- Certifying and licensing bodies can support competency tracking; examination criteria across states can incorporate concepts included in the framework

- The core competency framework is a tool that can address practice gaps and serve as a catalyst for individualized and interprofessional education which will support the delivery of safe and high quality care for a complex health problem