

Addressing the Opioid Crisis in Ohio:  
A White Paper from the Consortium of Ohio Medical School Curricular Deans

**Introduction: The Opioid Crisis**

The opioid addiction crisis remains a problem across the country, and particularly in Ohio<sup>1</sup>. According to a Kaiser Family Foundation report, in calendar year 2014, Ohio led the nation in opioid overdose deaths (2,106), and in heroin overdose deaths, with one in nine heroin-related deaths occurring in the state. In calendar year 2015, Ohio saw 3,050 deaths due to overdose, and ranked first in the nation in synthetic opioid (other than methadone) overdose deaths and heroin deaths. In 2016, Ohio ranked first in the nation in number of deaths due to synthetic opioid use (Candisky & Johnson, 2016). Ohio has seen an increase in the dedication of resources to combat this epidemic, from the creation of the Governor’s Cabinet Opiate Action Team (GCOAT) in 2011, to the recent call by Governor Kasich, during his 2017 State of the State address, for an additional \$20 million to be allocated by the Ohio Third Frontier Commission for innovation regarding approaches to combat the epidemic (Office of Governor John Kasich, 2017). At a recent meeting, the Ohio Council of Medical School Deans charged their curricular deans with finding ways that we might leverage undergraduate medical education in a collaborative, inter-institutional way to help contribute to these efforts.

**Background: Involvement of Medical Education**

Our initial discussions started with a brief review of important recent activities combining medical education and opioid misuse. To date, much of the educational effort around opioid use and dependence has been targeted toward practicing prescribers. While this effort is clearly important, we feel that it is important to broaden the scope of education and address these issues early in the training of future health care providers. We feel that it is also important to address this topic in the greater context of addiction, pain, and pain management. Others, including the Association of American Medical Colleges (2017), have joined in this call for medical schools to revisit “clinical and classroom curricula to include pain management and substance abuse treatment.”

**Current Efforts**

*Outside Ohio*

As noted above, the AAMC has helped to lead the response from medical education to address the opioid crisis. This has included individual statements, several webinar series devoted to the topic, and other efforts at promoting activities that are ongoing at individual medical schools. A recent article by Antman et al. (2016) described a coordinated response in Massachusetts, in which the deans of the four medical schools in the commonwealth convened in partnership with the commonwealth administration and medical society. In that forum, the group generated a set of competencies related to opioid abuse and prescribing. The results were presented in the article and in a government-issued document.

*At Ohio Consortium Schools*

Ohio schools are also making a concerted effort to help address the opioid crisis. The Consortium of Ohio Medical School Curricular Deans reported a number of activities that exist at their respective institutions. These activities range from team- and case-based learning exercises to the use of SMARTRx (Safe Medicine and Responsible Treatment) modules developed by the Ohio State Medical Association. In addition, students are also provided with immersive curricular experiences through the use of 3D simulation, observed structured clinical examination (OSCE) assessments, and patient screening and interview exercises using role-

playing. Schools have also reported dedicated points in their curriculum that specifically address content areas related directly to addiction and pain management.

### **Proposal**

After our productive discussions noted above, the group has set the following as our priorities:

- the collaborative generation and adoption of common learning objectives, using previous work in this area as a foundation;
- the establishment of a shared toolbox of teaching/learning methods and assessments, and
- the piloting of key instructional methods and assessments across institutions.

In a series of in-person and phone conferences, we have agreed to adopt the competencies as set forth by Antman and others, with minor modifications. These are summarized in Appendix B. We have collaborated on an online platform to share our instructional and assessment activities. We have also established workgroups to study the incorporation across medical schools of a minimum of three instructional and assessment methods: 1) completion of online modules (such as “SMARTRx”), 2) a hybrid team-based learning and standardized patient activity, and 3) an observed structured clinical examination station (OSCE).

### **Future Directions**

After our discussion, we also proposed four key future directions for actions beyond our initial meetings:

- engagement of other collaborators, including both private and governmental organizations, and partners in other levels of education (graduate, continuing) and in other disciplines/professions;
- dissemination of key findings from our collaboration, at local, regional, and national venues; and
- leveraging the consortium for work on other areas of need for Ohio.
- Identifying grants or other resources to develop curriculum and assess the impact of such curricular efforts.

As noted above, we are individually and collectively dedicated to addressing the health needs of Ohio and Ohioans, and hope that our work in this group serves as an additional step we are taking to further that effort. Our students will soon be on the front-lines in helping combat the opioid epidemic and improving the health of Ohio’s communities. Therefore, we recognize the importance in educating our students around this issue by providing them with intensive and immersive learning experiences. We are confident that our combined efforts will lead to better outcomes for our students, our state, and its citizens.

Signed,

Members of the Consortium of Ohio Medical School Curricular Deans

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## Appendix A: Consortium Members

### School Lead Representatives

John A. Davis, PhD MD  
Associate Dean for Medical Education  
Ohio State University College of Medicine

Patricia Thomas, MD  
Vice Dean for Education  
Case Western Reserve School of Medicine

Jeremy J. Laukka, MD  
Assistant Dean for Foundational Sciences  
University of Toledo College of Medicine

Pamela L. Baker, PhD  
Associate Dean for Medical Education  
University of Cincinnati College of Medicine

Brenda Roman, MD  
Associate Dean for Medical Education  
Wright State Boonshoft School of Medicine

Nicole Wadsworth, DO  
Associate Dean for Medical Education  
Ohio University Heritage College of Medicine

Lisa N. Weiss, MD MEd  
Associate Dean of Curriculum  
Northeast Ohio Medical University

### Additional Members

Kyle L. Rosenberger, MEd  
Instructional Designer  
Ohio University Heritage College of Medicine &  
Office of Instructional Innovation

Ashley K. Fernandes, MD  
Director, Advanced Management of Relationship-  
Centered Care  
Ohio State University College of Medicine

Sarah Adkins, PharmD, BCACP  
Shared Faculty  
Ohio State University College of Pharmacy  
Ohio University Heritage College of Medicine

Theodore V. Parran, MD  
Professor and Chair of Medical Education  
Case Western Reserve School of Medicine

Judith A. Westman, MD  
Special Assistant for Curriculum  
Ohio State University College of Medicine

G. Patrick Ecklar, MD  
Associate Director, Longitudinal Practice  
Associate Director, AMRCC  
Ohio State University College of Medicine

## **Appendix B: Competencies on Opioid Prescribing (modified from Antman et al.).**

In the appropriate setting, using recommended and evidence-based methodologies, and taking into account state and community context, the graduating medical student should demonstrate the independent ability and/or knowledge to:

### Primary Prevention Domain – Preventing Prescription Drug Misuse: Screening, Evaluation, and Prevention

1. Evaluate a patient's pain using age, gender, and culturally appropriate evidence-based methodologies.
2. Evaluate a patient's risk for substance use disorders by utilizing age, gender, and culturally appropriate evidence-based communication skills and assessment methodologies, supplemented with relevant available patient information, including but not limited to health records, family history, prescription dispensing records (e.g. the Prescription Drug Monitoring Program or "PMP"), drug urine screenings, and screenings for commonly co-occurring psychiatric disorders (especially depression, anxiety disorders, and PTSD).
3. Identify and describe potential pharmacological and non-pharmacological treatment options including opioid and non-opioid pharmacological treatments for acute and chronic pain management, along with patient communication and education regarding the risks and benefits associated with each of these available treatment options.

### Secondary Prevention Domain – Treating Patients At-Risk for Substance Use Disorders: Engage Patients in Safe, Informed, and Patient-Centered Treatment Planning

1. Describe substance use disorder treatment options, including medication-assisted treatment, as well as demonstrate the ability to appropriately refer patients to addiction medicine specialists and treatment programs for both relapse prevention and co-occurring psychiatric disorders.
2. Prepare evidence-based and patient-centered pain management and substance use disorder treatment plans for patients with acute and chronic pain with special attention to safe prescribing and recognizing patients displaying signs of aberrant prescription use behaviors.
3. Demonstrate the foundational skills in patient-centered counselling and behavior change in the context of a patient encounter, consistent with evidence-based techniques.

### Tertiary Prevention Domain - Managing Substance Use Disorders as a Chronic Disease: Eliminate Stigma and Build Awareness of Social Determinants

1. Recognize the risk factors for, and signs of, opioid overdose and demonstrate the correct use of naloxone rescue.
2. Recognize substance use disorders as a chronic disease by effectively applying a chronic disease model in the ongoing assessment and management of the patient.
3. Recognize their own and societal stigmatization and biases against individuals with substance use disorders and associated evidence-based medication-assisted treatment.
4. Identify and incorporate relevant data regarding social determinants of health into treatment planning for substance use disorders.