



your clinicians, your prescribers, your regulators, or your certifying bodies, but we also know your individuals, your parents, your siblings, and you may be a spouse.

You all have a unique and very important and sometimes very personal perspective of the opioid crisis. So right now, please take a few minutes to jot down the biggest challenges you're facing or you have faced, and where are the most opportunities for having a positive impact as a collective?

Okay, so let's talk about the various stakeholders and their roles in the opioid crisis. Certainly, this is an abbreviated list, but we think these are some of the most important stakeholders to discuss today.

We know that many of you are APRNs and you want to deliver safe and effective high-quality care, and you want to comply with reasonable regulatory expectations. For regulators and certifying bodies, your responsibility is to protect the public. We know you need to maintain required documentation and you want to validate those regulatory requirements with a reduced burden.

For accreditors, we maintain standards for independent evidence-based continuing education that's developed to address gaps in practice. And we have requirements to evaluate learners beyond the level of knowledge gain, so actually applying that knowledge in practice. The other professions, they want to understand our shared gaps and needs, and they want to collaborate across the professions for higher impact.

And finally, the larger continuing education community wants to develop continuing education that meets the needs of multiple professionals and addresses the identified gaps in practice. So with that, I'm going to pass over to Steve, who's going to frame the opioid epidemic with some data and share some other information with you.

Steve.

- [Steve] Thank you, Kathy. That was a great introduction. I'm Steve Singer. It's great to be presenting with Kathy and presenting to you today. I thought it would be helpful to frame the problem and provide some context to help you understand the work that we've done with the Opioid Action Collaborative.

And really the theme of this is that this is a complex and evolving crisis. Here we see overdose deaths in the United States over the period of several years, and this is both a reflection of the crisis, the changing nature of the crisis. We have some successes in the reduction of opioid deaths related to prescribed opioids, of course, but an absolute growth year after year of deaths related to synthetic opioids.

We also see the complication of the crisis due to polypharmacy or the overdose deaths in the case where opioids are involved, but other drugs are involved as well, such as methamphetamine, cocaine, etc. And this is really highlighted on this slide when we look at the overdose deaths for 12 months related to all drugs on the right-









And we really think that it can be a helpful tool in the hands of educators to both assess around educational engagement and also articulate practice gaps for both individuals and interprofessional teams.

I want to bring some attention to other workgroup products. So we've been talking a lot about our education and training work group, but among the other work groups, there are a few products that I

We know that there's a rich environment, a complicated environment of both statutory, state-based federal improvement initiatives related to substance use and opioids. But we see some opportunities for harmonization, and perhaps around competencies could be a way to do some of that harmonization.

And then lastly, with regard to outcomes, that we support research to study and disseminate those priority practice gaps for individuals and teams that are most critical to helping us sort of move the needle on difficult areas of practice, such as stigma, to establish minimum interprofessional core competencies, which we are well on our way to do, so we talked about that, promote data interop PDMPs.

This is something that is very much underway with leadership from regulatory stakeholders. And then lastly, develop a system of mutual recognition for regulatory requirements across agencies. A great outcome of action collaborative's work has been sort of under the leadership of Dr.

Chaudhry at the Federation of State Medical Boards and interprofessional group of leaders from state licensing authorities, the creation of what is called the Opioid Regulatory Collaborative. So Kathy and I are both engaged with that group, which is really taking a terrific approach to try to address harmonization opportunities sort of in the context of all of this great work that the Action Collaborative has done.

So with that, I'll hand things back to Kathy.

- Great. Thank you, Steve. So, as Steve said, I do think these are the major areas that the health education and training work group are moving forward to Opioid Regulatory Collaborative and then piloting the 3Cs Framework. The MATE Act, I will touch on and share with you some feedback we had to SAMHSA and the DEA related to those expectations.

The Opioid Regulatory Collaborative, as Steve said, the FSMB is hosting. They have a hosted site with resources. The professions participating in the Opioid Regulatory Collaborative right now are medicine, nursing, pharmacy, and dentistry. And there's a task force within that group that is looking at where across either state lines or across professions within state there can be harmonization of the regulatory requirements related to pain or substance use education and/or mutual recognition.

So if somebody is licensed in Michigan and somebody is licensed in Illinois, there's really no reason why they should have to do the same types of continuing education in both states. If there was an opportunity to have mutual recognition on that, it would decrease the documentation and oversight burden of the boards, as well as decrease the burden on the individual licensees.

With piloting the 3Cs Framework, what we're looking at, as Steve said, the accreditors having CE providers potentially map their education along the competencies are against the competencies of the 3Cs Framework so that we can evaluate and track education that is in alignment with the 3Cs Framework. The other thing that we're looking at in collaboration with the National Academies is trying to fund some pilot sites to actually design and measure outcomes at the practice setting that is in alignment with the 3Cs Framework.

So we might want to look at how people are implementing that framework in the ambulatory care setting, in the inpatient setting, etc., and looking at outcomes of learners engaging with that continuing education and what they're seeing. And you can see now kind of the inner relationship between the



education and training work group, the research and data metrics group, and how we're cross-collaborating in order to really, hopefully, have a positive impact on the opioid crisis.

So the MAT and MATE Acts passed in December as part of the Consolidated Appropriations Act. It eliminates the need for clinicians to apply for an X-Waiver to prescribe buprenorphine, and it eliminates the patient caps on restricting the number of patients that a prescriber can treat. It does, in law, require individuals when they come up for renewing their DEA license to complete a one-time eight-hour training on treating and managing patients with SUD.

And I'll share on the next slide kind of some of the feedback that we gave to SAMHSA and the DEA related to that, because there's not a lot of clarity right now on what that eight-hour training requirement looks like. And so there needs to be further work here in that area. And I am happy to say that SAMHSA and the DEA have reached out to multiple stakeholders to get input because they want this to be successful as much as we want it to be successful.

So our accreditor feedback during an open call with SAMHSA and the DEA really focused on several different areas. Using the accredited CE system, our continuing education providers know how to assess gaps.

They know how to develop outcomes. They know how to measure longitudinally. They know how to design education that's specific to a target population of learners. And so our conversation with them is really to let the system function in the way it's designed to function. We already have standards that are based on valid content, independent of industry to control for bias. We know that we have a set of these shared competencies that education can be designed around.

We already utilize multiple types of formats and track changes beyond knowledge gain, really looking at competence or performance in practice or patient outcomes. And they need funding. CE providers need to have funding in order to design education that meets the needs of our learners in practice, of the patients and families we serve at the least burden.

So we are hopeful that SAMHSA and the DEA will operationalize this. We will absolutely share what we find with you all. I know it's just as important to you as it is to us. So work in progress, but we are at the table, and I think that that's critically important to success.

So as I said at the beginning, we wanted to circle back, and you had written down some reflections on your experience with the opioid crisis, some of the barriers that you identified, and some opportunities that we hoped that you might be able to think about in terms of what would be most helpful to you in your practice setting.

So pull out that list if you have it, if you have it on a piece of paper, if you have it on your phone. Hopefully, we've identified and addressed some of the barriers that you also identified, that we were able to share some potential tools or resources that you may be able to implement in your own practice setting wherever you are, whether you're a clinician who's prescribing, whether you're a regulator who's tracking, whether you're a certifying body who's setting expectations also.

And we'd like you to reflect on what out of this presentation you might be able to bring back to your organization and what change you personally would like to make. I want to say thank you so much for inviting us to this conference. We've shared our email addresses. If there's anything that you need or you'd like to reach out to us, please feel free to do so via email.

We are invested in this work. Steve and I have been invested in this work, like I said, for the past four years. We have another two years ahead of us. And we work with an amazing group of people who all have the same passion that we do. So with that, we would like to wind up this presentation and open it up for your questions. Thank you so much.

- Thank you.