

October 16, 2017

The Honorable Chris Christie
Governor, State of New Jersey
Chair, President's Commission on Combating Drug Addiction and the Opioid Crisis
White House
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Via electronic mail – commission@ondcp.eop.gov

Re: President's Commission on Combating Drug Addiction and the Opioid Crisis, Draft Interim Report

Dear Governor Christie and Members of the Commission:

The American Association of Colleges of Osteopathic Medicine (AACOM) is pleased to offer comments on the President's Commission on Combating Drug Addiction and the Opioid Crisis Draft Interim Report. Our comments highlight efforts by the nation's osteopathic medical schools and within the osteopathic medical education (OME) community to combat the opioid epidemic and the issue of substance abuse across the country.

AACOM represents the 34 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 49 teaching locations in 32 states. In the current academic year, these colleges are educating over 27,000 future physicians—more than 20 percent of all U.S. medical students. Six of the colleges are public and 28 are private institutions.

AACOM is pleased that the Administration and the Commission recognize the magnitude of this national crisis, which as you know, the Centers for Disease Control and Prevention (CDC) [reports](#) that from 2000 to 2015, more than half a million people died from drug overdoses, and 91 Americans die every day from an opioid overdose. Collaboration and education between all stakeholders within the health care system, including educational institutions, patients, governing bodies, health care professionals, and organizations, must continue in order to help address appropriate pain treatment.

OME plays a key role in the development of the future physician workforce, particularly the primary care workforce. According to AACOM's most recent data, [33 percent of graduates](#) indicated their intent to specialize in the primary care specialties of family practice, general internal medicine, or general pediatrics. Moreover, OME has a long history of establishing educational programs for medical students and residents that target the health care needs of rural and underserved populations. Colleges of osteopathic medicine (COMs)—many of which are

located in rural areas—have a standing commitment to training primary care physicians, which mirrors the special commitment osteopathic physicians have to providing primary care. In fact, COMs must meet accreditation standards that require each school to provide medical care to the community where its students learn.

Since medical education is the cornerstone of our health care system, AACOM believes it is critical to ensure the availability of a future physician workforce that is comprehensively trained to provide high-quality health care and meet the needs of the nation's diverse patient populations, and we continue to welcome the opportunity to work with the Commission, the Administration, and relevant federal agencies to address this serious epidemic.

Although we recognize the intent of the Commission's recommendation to mandate prescriber education initiatives to enhance prevention efforts, we would like to stress that the majority of our institutions already provide prescriber education training. *Furthermore, in addressing pain management education, psychological, social, and behavioral issues must be considered, and should run parallel with the utilization, application, and risk mitigation training in the use of opiates and other highly addictive pain management medications. Moreover, we strongly urge the Commission and relevant federal agencies to support and provide resources as necessary to encourage the convening of appropriate stakeholders and organizations to include the [Interprofessional Education Collaborative](#), which AACOM is a member, to share best practices and develop interprofessional educational tools, resources, and recommendations to address opioid abuse and strengthen team-based, patient-centered care.*

AACOM has concerns with the prescriber education mandate, which would discourage innovation and limit flexibility for medical schools to foster an environment where institutions can implement creative approaches and tailor their curricula to best meet the needs of their student populations and the patients and communities they serve.

In addition, AACOM urges the Commission to include the American Osteopathic Association (AOA) as a recognized accrediting entity for continuing medical education (CME) in its final report. AACOM supports the enclosed comment letter from the AOA, which was submitted to the Commission on August 10, 2017. In addition, AACOM encourages the Commission to utilize expertise within the Health Resources and Services Administration, the National Institutes of Health, and the Agency for Healthcare Research and Quality, and ensure these agencies work in collaboration with the CDC and U.S. Food and Drug Administration to study and develop national training standards for CME. It is important to note, however, that requirements for CME should be carefully formulated to ensure that clinicians are not overburdened by these requirements, since individual states also often have separate requirements for licensure. Such requirements should be standardized by appropriate, independent oversight bodies to allow for consistency.

AACOM continues to support pain education at pre-and post-graduate levels for all practitioners whose patient populations face pain-related conditions. Medical students training to become osteopathic physicians receive extra training in the musculoskeletal system, and learn the value of osteopathic manipulative treatment (OMT) as a non-pharmacological alternative to pain management. When appropriate, OMT can complement, or even replace, drugs or surgery. In this way, OMT brings an important dimension to standard medical care.

Osteopathic medical schools and the OME community are uniquely positioned to play a prominent role in efforts to tackle this epidemic, particularly in the country's rural and underserved communities, where the effects of this crisis are often the greatest. The nation's osteopathic medical schools have consistently demonstrated their commitment to addressing this epidemic. For example, an [overwhelming majority](#) of the COMs joined with other medical schools to answer a call for action by the White House Office of National Drug Control Policy and pledged, beginning in the fall of 2016, to require all students to take a form of prescriber education in line with the CDC's *Guideline for Prescribing Opioids for Chronic Pain*. In a short time, the COMs have established a variety of unique approaches and partnered with other stakeholders and governing bodies to provide this important level of education. Included below are a few examples highlighting efforts by our member institutions:

- [Campbell University Jerry M. Wallace School of Osteopathic Medicine](#) in Lillington, North Carolina, has launched the Opioid Abuse and Drug Abuse Curriculum designed to educate future physicians on both the benefits and dangers of opioids and alternative treatments for pain management. It helps medical students identify when patients are abusing their medications by providing practical guidance on screening pain patients for substance abuse disorder.
- [Edward Via College of Osteopathic Medicine \(VCOM\)](#) provides curriculum to more than 500 students per year on opioid prescribing with inclusion of CDC guidelines, beginning within the first block of curriculum. This curriculum is provided to students across all three campuses located in Blacksburg, Virginia; Auburn, Alabama; and Spartanburg, South Carolina. Through Clinical Skills Standardized Patient cases, which evaluate over 20,000 student/patient scenarios yearly across all three campuses, VCOM has noted a heightened awareness among students about the dangers of opioid prescribing. Moreover, VCOM is integrating education about addiction and opioid prescribing for third-year clinical medical students, and fourth-year students may choose an elective in substance abuse. VCOM also plans to develop an addiction medicine fellowship.
- [Kansas City University of Medicine and Biosciences College of Osteopathic Medicine \(KCU-COM\)](#) through its Pharmacology, Neurophysiology and Behavioral Science Psychiatry courses during Years 1 and 2, addresses CDC guidelines for prescribing opioids for chronic pain, epidemiology, opioid pharmacokinetics, diagnostic criteria for physical dependence versus addiction, genetic and developmental predisposition, associated psychiatric disturbances and medical sequela, and medical treatments for opioid overdose and withdrawal. KCU-COM also uses case scenarios to teach students awareness of drug abuse issues and how to ask about and assess drug use in the primary care setting. KCU-COM led clerkships in an Integrated Behavioral Medicine Clinic are also incorporated to demonstrate practical clinical applications, including implementing CDC guidelines, devising effective treatment plans for intervention, and providing psychiatric support.
- [Rowan University School of Osteopathic Medicine \(RowanSOM\)](#) in Stratford, New Jersey, was recently awarded one of 16 nationwide grants from the U.S. Department of Health and Human Services Office on Women's Health to study opioid misuse and overdose prevention among high-risk women in the state. The project is expected to

benefit the training of thousands of medical students, physicians, and patients over the project's three years as RowanSOM will work closely with community learning centers, family medicine offices, and Area Health Education Centers to extend the reach of the project across six counties in southern New Jersey.

- [West Virginia School of Osteopathic Medicine \(WVSOM\)](#) in Lewisburg, West Virginia, utilizes simulation to teach medical students how to interact with patients who have overdosed or patients who are seeking drugs to fuel their addiction, which has been incorporated into WVSOM's curriculum for more than five years. Additionally, WVSOM has endorsed the state attorney general's strategy to reduce the use of opioids and aims to reduce the use of prescription opioids by at least 25 percent.

AACOM continues to support the Administration and the Commission in their efforts to address this deadly epidemic. *As the Commission prepares its final report, AACOM requests that recommendations are developed and considered in a manner that does not increase the existing administrative and financial regulatory burdens that interfere with the educational missions of postsecondary institutions that train the nation's future physician workforce. Furthermore, we strongly urge the Commission and federal agencies to further engage AACOM and other stakeholders as the final report is prepared, recommendations are implemented, and beyond.*

Thank you for the opportunity to share our views. AACOM stands ready to serve as a resource and provide additional information and consultation that would benefit the Commission in its work.

If you have any questions or require further information, please contact Pamela Murphy, Senior Vice President of Government Relations, at (202) 844-4217 or pmurphy@aacom.org, or Julie Crockett, Federal Regulatory Affairs Manager, at (202) 844-4231 or jcrockett@aacom.org.

Respectfully,



Stephen C. Shannon, DO, MPH
President and CEO

Enclosure

Cc: Richard Baum, Acting Director
White House Office of National Drug Control Policy



August 10, 2017

The Honorable Governor Chris Christie
Chairman
The President's Commission on Combating Drug Addiction and the Opioid Crisis
Office of the Governor
PO Box 001
Trenton, NJ 08625

Dear Chairman Christie:

The American Osteopathic Association (AOA) and the New Jersey Association of Osteopathic Physicians and Surgeons (NJAOPS), on behalf of the nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students we represent, thank you for your efforts to elevate the issue of opioid use disorder to the highest levels of government. We share your concerns regarding the extent of this issue in the United States and appreciate the Commission on Combating Drug Addiction and the Opioid Crisis' draft report which frames this national crisis. As the Commission considers publishing a final report, we ask that you consider edits that more fully capture the role of physician organizations working nationally to address this concerning issue. Specifically, we request that you include the AOA as an accrediting entity for the continuing medical education (CME) recommendations referenced in the report. Continuing medical education accredited by the AOA and the Accreditation Council for Continuing Medical Education (ACCME) are recognized by all 50 states, certifying boards and hospital systems as meeting lifelong learning requirements established to help practicing physicians maintain competency over the course of their career.

Under the mandated prescriber education section of the interim report, the Commission advocates for the Centers for Disease Control and Prevention, and the U.S. Food and Drug Administration (FDA) to work with ACCME, to ensure training courses are coordinated with other federal agencies, professional societies, medical schools, and residency programs to avoid discrepancies. The interim report goes on to advocate that the FDA work with the ACCME to develop data analytics to determine whether courses change practices, increase patient referrals to treatment, and methods to improve compliance consistent with opioid prescribing education. We urge the Commission to be inclusive of the AOA as a CME accrediting entity on these and other recommendations in the final report.

Further, AOA has been a strong, committed partner to national efforts to address the epidemic of opioid misuse disorder, and we believe that DOs are uniquely positioned to have an impact on this epidemic. Over last several years, the AOA has worked steadily with the Veterans Administration and the Office of National Drug Control Policy to educate agency members on the value of osteopathic manipulative treatment (OMT) as a non-pharmacological alternative to pain management. Osteopathic principles provide an effective foundation to treating pain by driving individualized care plans that can combine nonpharmacological treatment strategies including osteopathic manipulation with pharmacotherapy.

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We would like to express our continued support for efforts to address this epidemic and urge the Commission to work with physicians and their associated medical societies to advance progress on this issue. The AOA appreciates your consideration of our request that the final report be amended to include AOA along with ACCME as an accredited CME organization. Should you have any questions, please contact Nick Schilligo, AOA's Vice President of Public Policy, at nschilligo@osteopathic.org or (312) 202-8185.

Sincerely,



Mark A. Baker, DO
President, AOA



Otto Sabando, DO
President, NJOPS