U.S. Department of Health and Human Services

Fiscal Year 2020
Report on the Public Health Service Act Section 760 Training Demonstration Program

Submitted to the

Committee on Health, Education, Labor and Pensions
U. S. Senate
and
Committee on Energy and Commerce
U. S. House of Representatives

Executive Summary

This Report to Congress is required by section 760(f)(2) of the Public Health Service (PHS) Act:[1]

> Sec 760(f)(2) REPORT TO CONGRESS.—Not later than 1 year after receipt of the data described in paragraph (1)(B), the Secretary shall submit to Congress a report that includes—
> (A) an analysis of the effect of the demonstration program under this section on the quality, quantity, and distribution of mental and substance use disorders services;
> (B) an analysis of the effect of the demonstration program on the prevalence of untreated mental and substance use disorders in the surrounding communities of health centers participating in the demonstration; and
> (C) recommendations on whether the demonstration program should be expanded.

This is the Fiscal Year (FY) 2020 Report to Congress on the Public Health Service Act section 760 Training Demonstration Program, administered by the Health Resources and Services Administration. This report serves as the annual report for FY 2020 and provides a description of funding and activities authorized under the PHS Act section 760 for FY 2020, which highlights the activities conducted by grantees of the Addiction Medicine Fellowship (AMF) Program.[2]

In FY 2020, the Health Resources and Services Administration awarded 44 grants under the AMF Program to Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship training programs for physicians training in Addiction Medicine and in Addiction Psychiatry. The AMF Program serves to bolster the nation's response to substance use disorder, addiction, and overdose deaths by enhancing the quantity of clinicians capable of effectively addressing these issues, and enhancing the quality of the training undertaken to prepare them.

---

[1] Training Demonstration Program, 42 U.S.C. § 294k. Retrieved on December 27, 2021, from https://www.govregs.com/uscode/title42_chapter6A_subchapterV_partD_section294k.

[2] This report includes information on the FY 2020 AMF Program. In FY 2021, HRSA initiated a separate program authorized by section 760, the Integrated Substance Use Disorder Training Program. Information for that program will be provided in the FY 2021 Report to Congress.

Fiscal Year 2020 Report on the Section 760 Training Demonstration Program

Table of Contents

Executive Summary i
Table of Contents ii
List of Tables iii
Acronym List iii
Introduction 1
Demonstration Program Grants 2
Demonstration Program Performance 4
Conclusion 5
Recommendations 6

List of Tables

Table 1: FY 2020 Addiction Medicine Fellowship Program Awards 2

Acronym List

ACGME	Accreditation Council for Graduate Medical Education
AMF	Addiction Medicine Fellowship
APF	Addiction Psychiatry Fellowship
AY	Academic Year
FY	Fiscal Year
GPRA	Government Performance and Results Act of 1993
HRSA	Health Resources and Services Administration
MOUD	Medications for Opioid Use Disorder (formerly Medication-Assisted Treatment)
PHS Act	Public Health Service Act

Introduction

On October 26, 2017, the then-Acting Secretary of Health and Human Services declared the opioid crisis a public health emergency under section 319 of the Public Health Service (PHS) Act; since then, subsequent Secretaries have continuously renewed this declaration.[3] In 2019, prior to the COVID-19 pandemic, 70,630 drug overdose deaths occurred in the United States.[4] In the context of the COVID-19 pandemic, there were an estimated 101,105 drug overdose deaths in the United States during the 12-month period ending in April 2021, an increase of 29.5 percent from the 78,056 deaths during the same period the year before. Such deaths have increased approximately ten-fold since 1980[5]. Opioids are the chief drug involved in these deaths, though non-opioid drugs also contribute.

An aspect of the federal response to the opioid crisis focused on training and certifying primary care physicians to offer Medications for Opioid Use Disorder (MOUD). MOUD, primarily using buprenorphine, represents the most effective treatment approach for preventing opioid deaths.[6] Primary care physicians undertake an 8-hour training to become prescribers of buprenorphine. Such brief training does not always provide sufficient preparation to treat the complex clinical picture of addiction among patients in all cases.

Although medical treatment of addiction is more available to patients now, there remain serious barriers to widespread dissemination of such addiction treatment approaches among primary care providers. Many physicians who have obtained certification do not actually offer the treatment to patients. A recent article articulates the challenges facing physicians in trying to treat patients with opioid addiction:

> In addition to writing a prescription for buprenorphine, for instance, doctors must understand how to approach patients who commonly suffer from cognitive impairments and mental health pathologies that often have their roots in early-life trauma. Doctors who coordinate treatment with mental health providers must also navigate at times thorny privacy issues, and brace for the possibility that patients will sell buprenorphine prescriptions on the black market. To face such complexities after a mere eight hours of training...“can be pretty scary for someone in primary care.”[7]

---

[3] U.S. Department of Health and Human Services. (October 6, 2021). Renewal of Determination That A Public Health Emergency Exists. Retrieved on December 29, 2021, from https://www.phe.gov/emergency/news/healthactions/phe/Pages/Opioids-6Oct2021.aspx.
[4] Centers for Disease Control and Prevention. (December 2021). Drug Overdose Deaths. Retrieved on May 25, 2022, from https://www.cdc.gov/nchs/data/databriefs/db428.pdf.
[5] Centers for Disease Control and Prevention (December 2011). Drug Poisoning Deaths in the United States, 1980–2008. Retrieved on May 25, 2022 from https://www.cdc.gov/nchs/data/databriefs/db81.pdf.
[6] Connery, Hilary Smith MD, PhD. Medication-Assisted Treatment of Opioid Use Disorder, *Harvard Review of Psychiatry*: March/April 2015 - Volume 23 - Issue 2 - p 63-75. doi: 10.1097/HRP.0000000000000075.
[7] B. Tedeschi. (2016, October 19). ‘Watching the ship sink’: Why primary care doctors have stayed out of the fight against opioids. *Stat.* Retrieved on December 29, 2021, from https://www.statnews.com/2016/10/19/primary-care-doctors-opioid-treatment/.

To prepare physicians to take on treatment of patients with substance use disorders, the American Board of Medical Specialties started two training pathways that are accredited by the Accreditation Council for Graduate Medical Education (ACGME): Addiction Medicine Fellowships (AMFs) for primary care physicians and Addiction Psychiatry Fellowships (APFs) for psychiatrists. Both types of fellowship programs result in Board Certification for successful trainees.[8] The ACGME has established well-defined guidelines for both curriculum content and quality assurance for both AMFs[9] and APFs.[10] The PHS Act section 760 authorizes the Secretary of Health and Human Services to provide grant funding to such training programs to expand and enhance their training capacity.

Demonstration Program Grants

In carrying out physician fellowship training, the Health Resources and Services Administration (HRSA) published Notice of Funding Opportunity HRSA-20-013 for the AMF Program.[11] The purpose of the AMF Program is to expand the number of fellows at accredited AMF and APF programs trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder prevention and treatment services. Of the 48 applications submitted for review, 44 were recommended for funding by the peer review process and were subsequently awarded grants for a total of $20,155,862; one of the 44 withdrew from the grant without expending any of the funding. Thirty-three AMF, four APF, and six dual (AMF and APF) training programs received funding. Project performance started July 1, 2020, for a 5-year project period. Fiscal Year (FY) 2020 awardees are listed in Table 1.

Table 1: FY 2020 Addiction Medicine Fellowship Program Awards

Institution	State	FY 2020 Award	AMF Training	APF Training
University of Arizona	AZ	$284,483	Yes	-
County of Ventura	CA	$400,000 (Withdrew)	-	-
University of California Los Angeles	CA	$775,025	Yes	-

[8] Nunes, E.V., Kunz, K., Galanter, M. and O'Connor, P.G. (2020). Addiction Psychiatry and Addiction Medicine: The Evolution of Addiction Physician Specialists. *Am J Addict*, 29: 390-400. Retrieved on December 29, 2021, from https://doi.org/10.1111/ajad.13068.

[9] Accreditation Council for Graduate Medical Education (2020). ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. Retrieved on December 29, 2021, from https://www.acgme.org/globalassets/pfassets/programrequirements/404_addictionmedicine_2020.pdf.

[10] Accreditation Council for Graduate Medical Education (2021). ACGME Program Requirements for Graduate Medical Education in Addiction Psychiatry. Retrieved on December 29, 2021, from https://www.acgme.org/globalassets/pfassets/programrequirements/401_addictionpsychiatry_2021.pdf.

[11] Health Resources and Services Administration (2019). Addiction Medicine Fellowship Program. Retrieved December 29, 2021, from https://www.hrsa.gov/grants/find-funding/hrsa-20-013.

Institution	State	FY 2020 Award	AMF Training	APF Training
University of California San Francisco	CA	$800,000	Yes	-
Loma Linda University	CA	$602,265	Yes	-
Stanford University	CA	$347,239	Yes	-
University of California-San Diego	CA	$192,184	-	Yes
Yale University	CT	$504,561	Yes	Yes
Rushford Center Inc.	CT	$249,999	Yes	-
Howard University	DC	$311,223	Yes	-
University of Florida	FL	$552,000	Yes	-
Augusta University	GA	$496,124	Yes	-
University of Iowa	IA	$241,801	Yes	-
Family Medicine Residency Of Idaho	ID	$58,341	Yes	-
Indiana University	IN	$799,372	-	Yes
Tulane University	LA	$401,744	Yes	-
Louisiana State University	LA	$495,199	Yes	-
Boston Medical Center	MA	$579,003	Yes	-
Massachusetts General Hospital	MA	$799,826	Yes	Yes
Children's Hospital (Boston)	MA	$674,928	Yes	-
Mountain Area Health Education Center	NC	$348,228	Yes	-
University of North Carolina-Chapel Hill	NC	$723,306	Yes	-
Cooper Health System	NJ	$488,189	Yes	-
Montefiore Medical Center	NY	$799,920	Yes	-
New York University	NY	$600,000	Yes	-
Ohio Health Research Institute	OH	$546,216	Yes	-
Ohio State University	OH	$799,200	Yes	-
University Hospitals of Cleveland	OH	$415,746	Yes	Yes
Summa Health	OH	$212,934	Yes	-
Oklahoma State University	OK	$274,295	Yes	-

Institution	State	FY 2020 Award	AMF Training	APF Training
Oregon Health & Science University	OR	$449,771	Yes	-
Pennsylvania State University	PA	$277,960	Yes	-
Geisinger Clinic	PA	$155,271	Yes	-
Thomas Jefferson University	PA	$402,537	Yes	Yes
University Central del Caribe	PR	$394,461	Yes	-
Baptist Memorial Health Care	TN	$799,974	Yes	-
University of Texas Austin	TX	$399,493	-	Yes
Baylor College of Medicine	TX	$160,000	-	Yes
University of Utah	UT	$755,403	Yes	Yes
University of Virginia	VA	$183,757	Yes	-
Virginia Commonwealth University	VA	$400,625	Yes	-
University of Washington	WA	$268,614	Yes	-
Swedish Health Services	WA	$354,936	Yes	-
West Virginia University	WV	$379,709	Yes	Yes
Total[12]		**$20,155,862**		

Demonstration Program Performance

AMF Program awardees submit Annual Performance Reports to HRSA at the end of each academic year (AY) in July to comply with statutory and programmatic requirements for performance measurement and evaluation, as well as the Government Performance and Results Act of 1993 (GPRA)[13] and the GPRA Modernization Act of 2010 requirements.[14]

HRSA's National Center for Health Workforce Analysis and Office of Planning, Analysis and Evaluation submit all performance metrics and requirements to the Office of Management and

[12] Of the total FY 2020 AMF Program awardees, 33 AMF, 4 APF, and 6 dual (AMF and APF) training programs received funding.
[13] Pub. L. No. 103-62, 107 Stat. 285 (Aug. 3, 1993).
[14] Pub. L. No. 111-352, 124 Stat. 3866 (Jan. 4, 2011).

Budget for public comment and formal approval. Specific performance measurement requirements are on the HRSA website at https://bhw.hrsa.gov/grants/reportonyourgrant. These Office of Management and Budget-approved measures allow HRSA to show progress in meeting U.S. Department of Health and Human Services and HRSA objectives and demonstrate programmatic compliance with applicable statutory requirements.

In the Annual Performance Report, awardees report on the prior AY training and graduation counts associated with their training grant. In this report, awardees present outputs and outcomes for AY 2020-2021, the most recent year for which data is available. Given the AMF Program's July 1, 2020 start date, HRSA cannot yet assess the Program's overall impact on the quality, quantity, and distribution of mental and substance use disorders. Similarly, HRSA cannot yet assess the prevalence of untreated mental and substance use disorders in the surrounding communities of health centers participating in the demonstration.

In AY 2020-2021 (the first year that the AMF Program provided data), awardees trained 98 fellows in addiction medicine and addiction psychiatry, including 63 graduates. Eighty-four were AMFs and 14 were APFs. Of those, 53 AMFs and 10 APFs completed the program. The fellows represented the following disciplines: internal medicine (27), family medicine (24), psychiatry (20), and other medical disciplines (27) such as preventive medicine and pediatrics. Throughout the year, the fellows recorded over 61,000 contact hours and nearly 80,000 patient encounters in medically underserved communities and nearly 24,000 contact hours and nearly 31,000 patient encounters in settings that offer telehealth. They received training on substance use disorder treatment (89 percent), MOUD (89 percent), health equity/social determinants of health (85 percent), and COVID-19 (77 percent). Upon graduation, 81 percent of AMFs indicated that they intend to serve individuals with opioid use disorder or substance use disorder and 52 percent indicated that they intend to work in a medically underserved community.

AMF awardees also supported 234 experiential training sites. Eighty-nine percent of sites provided interprofessional education, 68 percent of sites were located in medically underserved communities and/or rural settings, and 28 percent were located in primary care settings. Forty-seven sites (20 percent) were health centers. Sixty-two percent of experiential training sites offered telehealth services. In addition, awardees developed or enhanced 216 courses offered to over 2,200 trainees on a variety of topics such as general substance use disorder (37 percent), opioid use disorder (8 percent), treatment (8 percent), and interprofessional education/team-based training (7 percent). Lastly, the AMF Program offered faculty development training programs and activities to over 840 faculty members.

Conclusion

The AMF Program described here represents progress in the federal response to the opioid epidemic, addiction treatment, and mental health in general. Initial results from AY 2020-2021 are promising based on the first year of grantee performance data. The AMF Program trains health care professionals to address the needs of current and future patients in medical management of addictions. Early evidence demonstrates that the AMF Program will continue to build a health workforce prepared to address the epidemic of substance use during the COVID-19 pandemic and in the future.

Recommendations

Given the exacerbation of the opioid crisis during the COVID-19 pandemic, it is critical to continue support for the training of clinical professionals in provision of medical care to patients with substance use disorders. There is strong interest among grant applicants to establish and expand these grant projects. Grantees have shown progress in training the current health workforce to address the opioid epidemic as well as developing curriculum and other training supports for future health workforce professionals. HRSA will continue to monitor grantee performance and consider potential program expansion if evidence points to increased need from the communities served or the substance use disorder health workforce.