# AMN ADVISORY COMMITTEE MEETING

## MINUTES

**Date**: July 7, 2020

**Time**: 7:00 – 7:30 pm | 30 minutes

**Location**: GoToMeeting

**Chair:** Shelley LeDrew

**Participants:** Shelley LeDrew, Maureen Allen, Reza Mehrpooya, Virginia McIntyre, Sam Hickcox, Tiffany O’Donnell, David Martell, Aruna Dhara,

Lynn Miller, Sharon MacKenzie

**Regrets:** David Flusk, Josh Rash, Colin Pottie, Bruce Hollett

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| **Item/Time** | **Item Description** | **Lead** | **Notes** |
| 7:00 – 7:02 pm | **Welcome and Review Purpose of Meeting** | Shelley | Purpose of meeting is for committee members to provide their input/thoughts on the proposed addiction competencies. |
| 7:02 – 7:35 pm | **Feedback from Committee Members on Addiction Competencies** | Shelley | Reza: Focus on the domains is SUD so why wouldn’t they be referred to as SUD domains rather than addiction domains? Should we include behavioral addiction?  Dave: with respect to addictive disorders, do we loop in behavioral addictions and not just SU, gambling etc? The competencies need to speak more than just drug use. We want to be as broad as possible. People understand when you speak of addictive disorders, ppl have accepted the term addiction and perhaps not as much stigma attached to it. The focus of the competencies is being common to a whole group of disorders not just 1 thing. No matter what kind of behavioral disorder there are common threads. Keeping it broad will help ppl have a comfort level from the beginning.  Virginia: the office environment is important including body language of physician and the staff.  Dave: this as well as recognizing ppl when they are in fight or flight response, how you deal with behaviors would be included in the Interpersonal skills/communication  Sam: From a public health point of view, it is important that if the network is attempting to put in place a vision of improved health for those who live with chronic pain and SUD and preventing chronic pain and SUD, we need to think about those who live with addiction, recognizing as well as preventing it.  Virginia: One of the domains you may want to think about adding Office environment. The treatment, assessment, communication and patient experience starts when the patient enters the office/ clinic. Do patients feel safe when they enter the main office and physician’s office, how are they greeted and knowing your own body language is important. I know chronic pain patients pick up on subtle things and I wonder if those with addictions are the same.  Maureen, Aruna, Tiffany:  -Add De-escalating skills  -Add conflict and conflict resolution skills  -Add Advocacy: referring to on behalf of patients, vulnerable populations in ways that are sometimes uncomfortable or unfamiliar for providers.(knowing the resources around you that can help the situation)  -Developing a crisis tool kit  -Add self care for the provider and how to recognize and prevent burnout  -Add safety (both physical and emotional) and safety planning strategies  -Add conflict resolution |
| 8:15 – 8:20 pm | **Next steps** |  | Suggestions and comments made will be collated into a working document which we can continue to review over time |
| Meeting adjourned at 7:45pm | | | |