Pediatric and Adolescent SIG Minutes

**AMERSA annual meeting, Chicago, November 14, 2024**

**Attendees:**

1. Nicholas Chadi: Session chair: Adolescent and Addiction Medicine, University of Montreal, clinician-scientist
	1. Discussion topic: Bridging the gap between pediatric and adult treatment/resources
2. Lily Rabinow: 2nd adol med fellow Montefiori
	1. Discussion topic: How to navigate confidentiality with families and maintain a harm reduction approach
3. Johanna Greenberg, family med PA, University of Utah, only prescriber in her system
	1. Discussion topic: Here to learn and listen and gain strategies to expand the workforce
4. Dymon Morgan, family medicine and addiction medicine, Cooper University Health
	1. Discussion topic: Interested in starting an addiction medicine service for teens
5. Erin McKnight: Peds adol and addiction, medical director at Nationwide Children’s Hospital since 2019
	1. Discussion topic: Access to appropriate psychiatric care for the adolescent population. Seems to be hard to get from pediatric or adult systems.
6. Fernanda Gushken: Physician from Brazil, completing an MPH in Baltimore, applying to psychiatry, interest in Internet/media/gaming use disorders, conducts research in the area
	1. Discussion: How to engage the entire family in digital wellbeing, beyond limiting screen time
7. Ted Park, Addiction psychiatrist, Pittsburgh, experience working with pediatric age group
	1. Discussion: How best to collaborate with medicine and pediatrics
8. Maggie Shang, Med Peds primary care and addiction in Pittsburgh
	1. Discussion: Expanding services for youth with addiction, outreach – how to reach more vulnerable youth who are not coming to care. Interest in curriculum development
9. Jessie Callihan: Med peds trained, addiction medicine fellowship, current adolescent medicine fellow
	1. Discussion: What should our overdose prevention model look like in the context of current epidemiological trends
10. Rachel Alinsky: Med-Peds, Adolescent and Addiction Medicine. Runs an addiction service in University hospital centre, Maryland.
	1. Discussion: How to reach young people who are not presenting to care.
11. Molly Perri: Med-peds and addiction med fellow at Yale
	1. Discussion: How to tell people about why providing addiction care to teens is important. Feels important to help make other pediatricians feel comfortable to treat addiction.
12. Adam Kronish: Pediatrician adolescent medicine fellow, CHOP.
	1. Discussion: How to balance addiction work with adolescent/primary care duties? How to reach young people who don’t present to care?
13. Sharon Levy: Developmental pediatrics, addiction medicine, division chief of Addiction Medicine, Boston Children’s Hospital.
	1. Discussion: How do we support programs to go from a small program to a robust one? This could allow to foster innovation in clinical care. Concerns about different approaches to address substance use and addiction in the current political context, but there seems to be more of a consensus related to children and teens.
14. Britt Carney: Nurse educator, clinical work and education in addiction medicine, Boston Medical Centre
	1. Discussion: Teaching about confidentiality. Challenges about protecting the time to deliver educational content and supporting institutions in building capacity.
15. Miriam Schizer: Pediatrician and Addiction Medicine, medical director of ASAP program in Boston
	1. Discussion: Pivot to virtual care, what are the effects of telehealth on youth with substance use?

**Agenda/Discussion:**

* How to capture the true burden of substance use among youth who don’t engage with or seek medical care and provide them with adequate services:
	+ Discussion about tele-health and access to care – some youth will prefer it, others won’t. Hybrid models exist.
	+ Tele-health as a virtual hand-off after hospital stay and initial contact with addiction consult team
	+ Young people often don’t identify as being in recovery, they often don’t consider the use of substances as being a problem, leads to different patterns of help seeking
	+ Peer recovery coaches: a lot more widespread in adults, than in teens, but there seems to be a place for this.
	+ Often organizational barriers come in the way (ex. OTPs who treat sex offenders, but not teens)
	+ Are we missing an opportunity in reaching youth by not having the right online content? Challenges with developing online content that is evidence-based, youth driven and appealing to youth.
	+ The idea of a chronic lifelong disease may not apply to young people, especially if substance use is more sporadic.
	+ Providing support to primary care pediatricians – promising avenue, via phone support/e-consults.
	+ Partnerships with residential centers can allow to capture some youth who may not engage with healthcare professionals, but some centers will not allow MOUD due to stigma (often a mention of lack of FDA approval)
	+ Is there a possibility for health providers to offer more support through CPS/DYS?
* Increasing capacity:
	+ Curriculum development: shared best practices from different sites/programs
	+ Need for support and community in building the work force and replicating best practices.
	+ Need for centers of clinical excellence to move administrative barriers and bring in more resources.
* Bridging transition-age services
	+ Collaborative teaching/training with child psychiatry, pediatrics, adult medicine and psychiatry for concurrent disorders present a nice opportunity to build capacity, facilitate transition and break silos in a vulnerable period of life.