

ABAM DIPLOMATE NEWS

Winter 2010-2011

Edward Nunez, MD, and Elizabeth Howell, MD make points during the plenary discussion of The ABAM Foundation curriculum development retreat.



In This Issue

- 2 First Accredited Addiction Medicine Training Programs to be Announced**
- 3 Message from the President**
- 4 ABAM and The ABAM Foundation Further Dialogue with Organized Medicine**
- 5 ABAM Announces the Maintenance of Certification (MOC) Program**
- 6 Educating and Expanding the Addiction Medicine Workforce**
- 7 Health Care Reform to Transform Addiction Treatment Delivery**
- 8 Dr. Volkow Helps Award First ABAM Diplomate Certificates**

Addiction Physicians Come Together to Develop Curriculum, Residency Standards

More than 40 leaders of addiction medicine and addiction psychiatry convened with other invitees in July 2010 at a retreat to develop The ABAM Foundation's residency curriculum, residency program requirements and other training documents. The group also made recommendations on the training of addiction medicine physicians, the funding of that training, and on the integration of addiction medicine training and care into primary care.

"This meeting was historic, as it brought together a range of leaders in the field to help set the direction for addiction medicine training for the foreseeable future," said Kevin Kunz, MD, MPH, FASAM, president of the American Board of Addiction Medicine and The ABAM Foundation. "This marks a milestone in our efforts to establish uniform standards and advance the field of addiction medicine."

The retreat was attended by directors and staff of The ABAM Foundation; training directors of existing addiction psychiatry fellowships and addiction medicine training programs; representatives of the American Society of Addiction Medicine, American Academy of Addiction Psychiatry, Association for Medical Education and Research in Substance Abuse, White House Office of National Drug Control Policy, Center for Substance Abuse Treatment, Health Resources and Services Administration and Indian Health Service; and other notable participants from the fields of addiction medicine and addiction psychiatry practice and education.

Frances R. Levin, MD, stated that she is encouraged by the fact that The ABAM Foundation is developing a residency curriculum and accreditation standards to meet the need for formal training for addiction medicine physicians.

Continued on page 2 >

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Addiction Physicians Come Together

Continued from page 1

Dr. Levin (Director of the Addiction Psychiatry Fellowship Training Program at New York State Psychiatric Institute), and Dr. Karen Drexler (Director, Addiction Psychiatry Fellowship Training Program, Emory University School of Medicine) represented the American Academy of Addiction Psychiatry at the retreat.

In designing standardized components for Graduate Medical Education programs in which physicians from any discipline can seek to enroll, The ABAM Foundation decided to use the ACGME-preferred term "residency" rather than the term "fellowship" to describe a program that would follow a primary residency; ADM residencies will be open only to physicians who have completed an ACGME-accredited primary residency. Among other areas of consensus from the meeting: residency programs may initially be one or two years, with accreditation for either length of training; successful completion of a one year residency will eventually be required to take the board examination; and core rotations will consist of Outpatient, Inpatient/Residential and Continuity Care.

The documents produced at the retreat, which may undergo further refinements, are posted to www.ABAM.net, along with instructions for current or prospective residency program directors interested in leading ABAM-accredited residency programs in addiction medicine. ■



Leaders of addiction medicine and addiction psychiatry convened in July 2010 at a retreat to develop The ABAM Foundation's residency curriculum, residency program requirements and other training documents.

First Accredited Addiction Medicine Training Programs to be Announced

Building on years of intensive preparation, addiction medicine will take a major step forward this spring as The ABAM Foundation grants the inaugural round of accreditations to training programs that will, for the first time, be operating under uniform national standards.

The accreditations mark a critical milestone toward the goal of achieving addiction medicine's recognition by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) later this decade.

ABAM Foundation accreditation decisions are to be announced in April 2011. The initial cohort is expected to include more than a dozen physicians who will begin clinical rotations in eight or more training programs beginning July 1. The newly accredited programs will adhere to ABAM Foundation guidelines and requirements.

"The creation of addiction medicine residency programs will lead to the formal recognition of the discipline of addiction medicine by organized medicine," noted Richard D. Blondell, MD, chair of The ABAM Foundation Training and Accreditation Committee. "This will allow addiction medicine to assume its rightful place among all the other specialties and subspecialties, which will fundamentally and permanently change the face of American medicine."

Continued on page 4 >

Message from the President

On behalf of the directors of the American Board of Addiction Medicine and The ABAM Foundation I am pleased to present you with the inaugural issue of *ABAM Diplomat News*.

ABAM's purposes are to establish the highest level of prevention and care for persons at risk for, or with, substance use disorders; to set standards for the practice of addiction medicine; and to secure recognition of addiction medicine (ADM) by the American Board of Medical Specialties (ABMS). We were incorporated as an independent board in 2007 and credentialed our first diplomates in 2009. As you read through this newsletter, you will learn about many of the things we have accomplished in our brief existence, as well as our future plans and activities. Here are five accomplishments that I am particularly proud of. We have:

1. **Defined Our Field.** A medical field is defined by its Scope of Practice, Content and Core Competencies. We conducted a comprehensive review of ADM and involved hundreds of practitioners at many levels, across medical specialties, and vetted and produced our "Compendium of Educational Objectives For Addiction Medicine Residency Training." This document defines the field of addiction medicine and outlines the educational requirements for the field.
2. **Set Standards for Addiction Medicine Residency Programs.** We conducted a national survey of GME training in addiction medicine, reviewed ACGME standards and requirements, designed a model ADM residency program, developed standards for accreditation, and invited a select group of institutions to apply for accreditation. On July 1, 2011 these initial, accredited addiction medicine residencies will enroll their first ABMS certified (or eligible) physicians. We have submitted a funding proposal to support these residencies.
3. **Established the ABAM Certification Exam in Addiction Medicine.** We expanded the exam committee to include members of the eight major specialties caring for persons with substance use disorders, and executed a broad outreach across medicine to solicit examinees. Eight hundred ABMS certified physicians sat for the exam on December 10th, the largest group of physicians ever taking an ADM certification exam.
4. **Developed ADM Maintenance of Certification® (MOC).** All ABMS medical specialties and subspecialties are required to have a four-component MOC program. ABAM currently has two in place. We are laying the groundwork to launch Part 3 and Part 4, and will have all components in place prior to applying for ABMS recognition.
5. **Established a Dialogue with the Family of Medicine and National Entities.** Our board has met with representatives from the ABMS and a number of ABMS member boards, as well as representatives from government and organizations concerned with physician education, credentialing and workforce development in addiction medicine. Our voice is being heard and we are gaining allies.

In closing, I want to acknowledge three groups: first, each ABAM diplomate, for the work you do and your initiative to be the best in our field; second, the very dedicated ABAM directors, who have contributed their extraordinary experience and leadership; and finally, the superb staff at our national office, without whom none of this would be possible.

The ABAM board of directors and I look forward to keeping you informed in future issues of our newsletter. Best wishes to all of you in 2011! ■

Kevin Kunz, MD, MPH, FASAM



Kevin Kunz, MD

How do I log in to the ABAM MOC web portal and complete Component 1 of MOC?

- On April 4 or thereafter, go to the "ABAM MOC Web Portal" button, located in the upper right-hand corner of ABAM's web site, **www.abam.net**.
- After clicking on the "ABAM MOC Web Portal" button you will be asked to log in by entering your username and password. The username and password will be emailed to all diplomates on April 4th, 2011. If you have forgotten your login information at any time there will be prompts on the login page to help you obtain them.
- Once you have logged in, on your personal home page, click on "**Component 1: Professional Standing and Licensure Verification**" and then follow the instructions to complete the MOC component.
- You will be asked to verify your demographic information, enter your medical license information and submit a copy of your medical license.
- Next, you will be asked to pay the \$35 licensure verification fee. Save the payment confirmation page for your records. It will provide the receipt of payment for completing Component 1 of the MOC program.
- Wait 48 hours, and your licensure verification status will update on your MOC web portal home page and the diplomate directory on the ABAM web site.
- As an alternative to logging into the web portal, you may also download the MOC Component 1, Professional Standing and Licensure Verification payment form from the ABAM web site at **www.abam.net**. Simply print and mail in the form and payment using the instructions found on the form.



Visit the ABAM Web site:
www.abam.net

First Accredited Addiction Training

Continued from page 2

This year's accreditations will be the first in an annual series. The next round of accreditation applications will be due in November 2011 for programs starting in July 2012.

The ABAM Foundation requirements have been designed in accord with ACGME standards, and ACGME recognition will be sought for the new programs as soon as possible, paving the way for an application to ABMS.

All addiction medicine training programs, both existing and planned, are encouraged to pursue accreditation by The ABAM Foundation. For more information, contact AddictionMedicine@buffalo.edu. ■

ABAM and The ABAM Foundation Further Dialogue with Organized Medicine

The American Board of Addiction Medicine and The ABAM Foundation have established a dialogue with leading medical organizations, to keep them apprised of ABAM's plans and objectives. Our eventual goal is to have a certification process that is recognized by the American Board of Medical Specialties (ABMS) and residency programs that are accredited by the Accreditation Council on Graduate Medical Education (ACGME). Getting the broad support of organized medicine now is necessary if we are to achieve these and other goals in the future.

With these objectives in mind, ABAM's Committee on External Relations to Medical Societies and Boards (ERMSB) has put into effect a plan for regular outreach. ABAM directors have met with leadership of both the ABMS and the ACGME, as well as with leadership of the ABMS member boards that have many diplomates who are also certified by ABAM: the American Board of Psychiatry and Neurology (ABPN), the American Board of Internal Medicine (ABIM), the American Board of Family Medicine (ABFM), and the American Board of Obstetrics and Gynecology (ABOG). We also plan to meet with the American Board of Preventive Medicine (ABPM) and others.

It is critical that ABAM establish relationships with federal agencies involved with health service delivery and the funding of graduate medical education. Accordingly, ABAM directors have met with the Health Resources and Services Administration (HRSA), which oversees the Federally Qualified Health Center system which is expected to grow significantly in coming years (*see related article, page 6*), and has planned meetings with the Centers for Medicare & Medicaid Services. The chair of ERMSB has also kept leadership of the American Medical Association and the Council of Medical Specialty Societies informed of ABAM's activities and plans.

Importantly, ABAM directors have had a number of discussions with the American Academy of Addiction Psychiatry (AAAP). Key members of the Training Directors Committee of AAAP were invited to participate in The ABAM Foundation's July retreat (*see adjacent article*), and AAAP leadership joined ABAM, The ABAM Foundation, ASAM and AMERSA in meetings with HRSA. AAAP, the American Psychiatric Association, and the ABPN, as well as major medical societies and certification boards in non-psychiatric specialties, are key stakeholders in improving patient care through improving physician skills in the management of addiction and substance-related health conditions.

The dialogue initiated by ABAM leadership is expected to help us achieve our goals of ensuring high quality and accessible addiction care. ■

ABAM Announces the Maintenance of Certification (MOC) Program

In April, 2011, ABAM will launch its MOC program. This is to assure that, by engaging in continuous professional development, diplomates will have the practice-related knowledge to provide quality care, and the public will have assurance that ABAM certified physicians maintain high standards of clinical care.

All diplomates will be required to participate in Component 1. Diplomates with time-limited certificates will be required to participate in Components 2, 3 and 4, based on their certification expiration dates as shown in the following schedule. Diplomates with lifetime certificates are encouraged to participate in Components 2, 3 and 4, but are not required to do so. All qualified physicians who complete Component 2 and 4 activities will be eligible to receive continuing medical education (CME) as recognition of their commitment to patient care. All CME received will be designated as AMA PRA Category 1 Credits.

MOC Program Components	Launch Dates	Lifetime Certificate	Time-limited Certificate
Component 1 Licensure and Professional Standing: Hold a valid medical license	April 4, 2011	✓	✓
Component 2 Lifelong Learning and Self-Assessment: Educational and self-assessment program.	Requirements and launch date are to be determined by January 2012		✓
Component 3 Cognitive Expertise: Demonstrate specialty-specific knowledge through a Cognitive examination every 10 years.	Already required every 10 years		✓
Component 4 Practice Performance Assessment: Demonstrate use of best evidence practices compared to peers and national benchmarks.	Requirements and launch date are to be determined.		✓

Beginning in 2011, ABAM diplomates must provide evidence, on an annual basis, that they possess a valid medical license in at least one state or jurisdiction in the United States, its territories, or Canada. ABAM considers a medical license to be valid, even if there are stipulations/conditions placed on the license.

After April 4, 2011, diplomates may log into the ABAM web portal to complete Component 1 of the MOC program by:

- ✓ Updating their demographic information;
- ✓ Documenting that they hold a valid license to practice in at least one state or jurisdiction in the United States, its territories, or Canada;
- ✓ Submitting a copy of their medical license(s) electronically, by mail, or by fax to the American Board of Addiction Medicine; and
- ✓ Remitting their annual Licensure Verification Fee.

The Annual Licensure Verification Fee of \$35 for each diplomate will cover ABAM's cost to verify the licensure with the Federation of State Medical Licensing Boards (FSMB).

If you have any questions please contact Ms. Terri Silver at ABAM: 301-656-3378, or by email to email@abam.net.

What are the fees for Component 1 of MOC?

The annual fee for verification of licensure is \$35. There are no other fees for Component 1 of MOC.

What will happen if I do not complete Component 1 of the MOC program and I do not pay the licensure verification fee by September 15, 2011?

If you do not complete Component 1 of MOC and pay the licensure verification fee by the deadline of September 15th, 2011, you will be listed in the diplomate directory as an inactive participant in MOC and on your home page in the ABAM MOC web portal. Inactive diplomates will have until December 15, 2011 to complete Component 1 of MOC and will be assessed a late fee of \$75 for their licensure verification fee.

What happens if I do not complete Component 1 of MOC and pay the licensure verification fee by December 15, 2011?

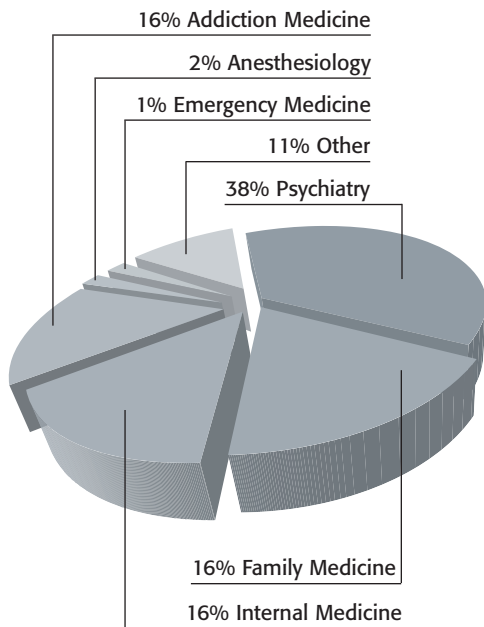
Your certification with ABAM will be revoked and you will no longer be certified in addiction medicine by the American Board of Addiction Medicine.

Dates and Deadlines for Annual Verification of Licensure

Deadlines	Date	Fee
Early Deadline to Complete Component 1 of MOC	September 15, 2011	\$35
Late Deadline to Complete Component 1 of MOC	December 15, 2011	\$70

Diplomates who do not demonstrate evidence of professional standing by December 15, 2011, will unfortunately lose their ABAM certification, and may no longer advertise themselves as ABAM certified, as of January 1, 2012.

ABAM Diplomates by Specialty



Specialty	#	%
Psychiatry	777	38%
Family Medicine	329	16%
Internal Medicine	322	16%
Addiction Medicine	341	16%
Anesthesiology	43	2%
Emergency Medicine	32	1%
Other	220	11%
Total Diplomates	2064	

Educating and Expanding the Addiction Medicine Workforce



The ABAM Foundation recently led a delegation from the American Society of Addiction Medicine (ASAM), American Academy of Addiction Psychiatry (AAAP), White House Office of National Drug Control Policy (ONDCP) and Association for Medical Education and Research in Substance Abuse (AMERSA) in a meeting with leadership of the Health Resources and Services Administration (HRSA), to discuss addiction care workforce development in the Federally Qualified Health Center program. Pictured, left to right: Timothy P. Condon, PhD (ONDCP); June Sivilli, MA (ONDCP); Michael Miller, MD (ASAM); David Mineta, MSW (ONDCP); Shelly Greenfield, MD, MPH (AAAP); Louis E. Baxter, Sr., MD (ASAM); HRSA Administrator Mary Wakefield, PhD, RN; Kevin B. Kunz, MD, MPH (ABAM Foundation); Hoover Adger, Jr., MD, MPH (ABAM Foundation); Joseph G. Liberto, MD (AAAP); Penny S. Mills, MBA (ASAM); James F. Callahan, DPA (ABAM Foundation); Patrick G. O'Connor, MD, MPH (AMERSA); James Macrae (HRSA); Kathryn L. Cates-Wessel (AAAP).

The primary care infrastructure of America's health care system is ill-equipped to address the demand for treatment of addiction and substance-related health conditions. There is a pressing need to not only expand the primary care workforce, but to provide these professionals with the knowledge and skills to recognize, diagnose, and provide effective interventions for substance use conditions, both early in the treatment engagement process, and over time as part of disease management and relapse prevention services.

Solutions must be two-pronged: enhancing the quantity and the quality of the primary care workforce, and expanding the workforce of addiction specialists able to provide consultations to primary care providers, ongoing mentoring to support the clinical activities of primary care, formal continuing medical education to primary care professionals, and formal graduate medical education to expand the workforce of addiction specialists to carry out these roles.

Continued on page 8 >

Evolutions of Standards

1908	1932	1969	1970	1972	1973	1982
The concept of a specialty board is proposed for the purpose of establishing qualifications for specialists	Consensus is reached to establish a uniform system whereby specialty boards administer examinations conducted by the specialists themselves	Family Medicine issues first time limited certificates	First recertification policies established by Family Medicine and Internal Medicine	COCERT formed to develop guidelines for recertification process	Boards adopt principles of recertification	ABMS boards begin administering recertification exams

Evolution of Certification in Addiction Medicine

1971	1972	1978	1983	1986	
The National Board of Medical Examiners (NBME) develops the first examination modules on addiction, as well as questions for medical board examinations	The California Society for the Treatment of Alcoholism and Other Drug Dependencies is incorporated to focus on medical education and certifying physician competency in the addictions	The Board of Directors of the American Medical Society on Alcoholism appoints a committee to consider options for credentialing physicians in Addiction Medicine	The California Society of Addiction Medicine (CSAM) develops consensus on how to identify a physician recognized for expertise in the diagnosis and treatment of addiction	CSAM offers the first Certification Exam in Addiction Medicine	The Certification Examination is transferred from CSAM to ASAM; ASAM offers its first Certification Examination

Health Care Reform to Transform Addiction Treatment Delivery

The Patient Protection and Affordable Care Act of 2010 (PPACA, the “health reform bill”) and other legislation passed by Congress—the Mental Health Parity & Addiction Equity Act (the “parity bill”) of 2008, the Health Information Technology for Economic and Clinical Health Act (the HITECH bill) of 2008, and the American Recovery and Reinvestment Act (ARRA, the “stimulus bill”) of 2009—will significantly impact the care offered to patients with addictions.

As a result of this legislation, far more care will be provided through the delivery and financing systems of what is thought of as “mainstream health care” than in the current stand-alone and separately financed system of specialty addiction treatment. Private sector Patient-Centered Medical Homes and public sector Community Health Centers and Community Mental Health Centers will be better equipped to identify, evaluate and manage addiction and substance-related health conditions.

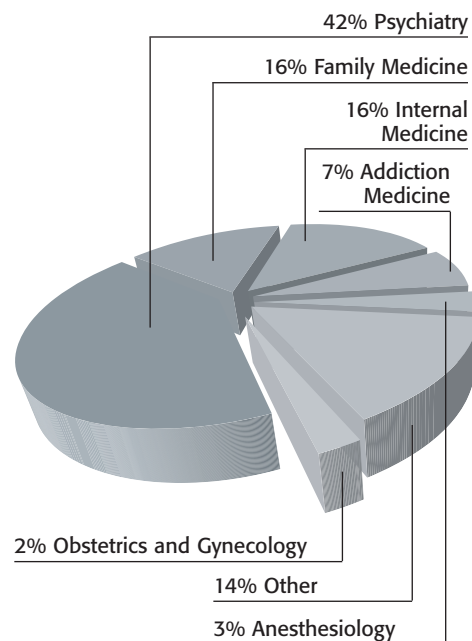
Just as the PPACA outlines how health insurance exchanges will be established in the states to offer coverage—at full parity—for persons with addiction who previously had no health insurance coverage, it outlines how states will establish Health Information Exchanges (HIEs). HIEs will be repositories of electronic health records (EHRs) from virtually all health providers in each state.

Physicians in solo or other practices who practice addiction medicine are eligible through federal legislation to receive subsidies to implement EHRs in their clinics. Addiction clinicians working in settings where there are EHRs will be able to have their information uploaded into the HIEs, and to access consultation requests and clinical information about their patients electronically from their state’s HIE.

Prescription drug monitoring programs are one example of databases of electronically-accessible health information that addiction medicine physicians will be able to access. Such databases will potentially tell a physician what health encounters a patient in his or her office has had, as well as the findings of other physicians.

Just as the establishment of the American Board of Addiction Medicine and The ABAM Foundation will help ensure uniform standards of training and professionalism for addiction medicine physicians, and will ultimately increase the supply of these physicians, recent legislation will make this care more available to patients and families who need it. In recent discussions with ABAM and ASAM, Center for Substance Abuse Treatment Director H. Westley Clark, MD, JD, MPH, CAS, FASAM (himself an ABAM diplomate) described how the laws will change addiction medicine: the future of high-quality and accessible addiction care will be based on “connectivity” (electronic and otherwise) with the entirety of the health care delivery system. ■

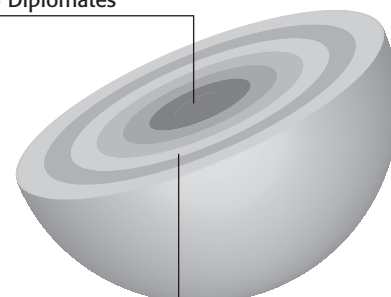
ABAM Examination Applicants by Specialty



Specialty	%
Psychiatry	42%
Family Medicine	16%
Internal Medicine	16%
Addiction Medicine	7%
Anesthesiology	3%
Other	14%
Obstetrics and Gynecology	2%


ABAM By the Numbers

Diplomate Data
2,064 Diplomates



2010 Examinee Data
835 Examinees
700 Certification
135 Re-Certification

1998	1999	2000	2006
MOC concept introduced; Task Force on Competence created	Six general competencies established with ACGME	ABMS Boards commit to MOC; adopt four MOC components	All ABMS Boards receive approval of their MOC programs

1996	2007	2010	2011
ASAM adopts principles of Recertification and offers the first ASAM Recertification Examination	ABAM is founded 	The Exam is transferred from ASAM to ABAM, and ABAM offers its first Certification Examination	ABAM adopts principles of Maintenance of Certification (MOC) and launches MOC program



NIDA Director Nora D. Volkow, MD

Dr. Volkow Helps Award First ABAM Diplomate Certificates

In May 2009, NIDA Director Nora Volkow, MD, joined American Board of Addiction Medicine leadership in awarding ABAM's first addiction medicine certificates. The certificates were given during the American Society of Addiction Medicine's Medical-Scientific Conference in New Orleans. ■

Addiction Medicine Workforce

Continued from page 6

Now, through enactment of parity and health care reform legislation (*see article, page 7*), millions of persons who did not have insurance coverage for addiction treatment will soon be covered, dramatically increasing access to care and the demand for qualified professionals in primary care settings.

Health care reform will promote the integration of addiction and mental health care into Federally Qualified Health Centers (FQHCs), as well as the expansion of health professional education within FQHCs. As a result, FQHCs are expected to double their caseloads and their workforce in the next five years, and FQHC staff will need to be trained in evidence-based psychosocial therapies as well as pharmacotherapies for addiction. The site for much of that training will be the FQHC itself.

To support this effort, The ABAM Foundation recently led a delegation from the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the Association for Medical Education and Research in Substance Abuse in a meeting with leadership of the Health Resources and Services Administration (HRSA), which administers the FQHC program. The meeting resulted in a fruitful discussion of how to improve the knowledge and skills of FQHC staff and how to expand the number of addiction physicians who can serve as consultants to FQHC professionals.

Patients will benefit when there are more certified addiction physicians working within FQHCs and other Patient Centered Medical Homes as active members of the interdisciplinary team, and also offering consultations to primary care providers. The ABAM Foundation looks forward to playing an integral role in that effort. ■

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