Addiction Medicine Seeks ABMS Recognition

BY DAMIAN McNAMARA
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MIAMI — The field of addiction medicine is preparing to take a major step to enhance its authority and expand its professional ranks.

The American Society of Addiction Medicine plans to form a certification board and seek official recognition from the American Board of Medical Specialties by the end of 2007, physicians said during a panel presentation at the society's annual conference.

Addiction medicine is self-designated as a specialty, "but we need acceptance from all medicine," ASAM President-Elect Michael M. Miller said, explaining the plan to offer ABMS-recognized certification in addiction medicine. "Patients need to know where to find a doctor who does this, to be assured this doctor has a full array of training and …has passed an examination."

The anticipated American Board of Addiction Medicine is likely to involve an alliance with one or more of the existing ABMS specialty boards. Details about the board and its relationship with existing boards are being worked out. (See box.)

"There is no other way to do this than to work with psychiatry, internal medicine, family medicine, and other specialists," said Dr. Kevin Kunz, an addiction medicine specialist in Kona, Hawaii, and cochair of the ASAM Medical Specialty Action Group.

"The need for addiction medicine as a specialty is widely recognized," Dr. Kunz said. "The science is exploding, and new therapies are available—both biologic and behavioral," he said. Also, "better funding is possible. Policy makers are understanding that addiction is a disease and treatable."

As part of the effort, trauma surgeons and emergency physicians also may be consulted, said Dr. Miller, medical director of the NewStart Alcohol/Drug Treatment Program at Meriter Hospital, Madison, Wis. Dr. Miller recently stepped down as cochair of the action group.

A key goal is to expand addiction medicine training beyond addiction psychiatry, said Dr. R. Jeffrey Goldsmith, professor of clinical psychiatry at the University of Cincinnati. "We don't fill all our current addiction psychiatry spots. Psychiatry is not as enthusiastic as I would like," he said. A total of 55 of the 116 total approved addiction psychiatry residency spots were filled in 2005-2006, according to data from the Accreditation Council for Graduate Medical Education.

Most current ASAM members have board certification in an ABMS-recognized specialty, including 27% who are certified in psychiatry and 26% who are certified in primary care specialties (13% in family medicine, 12% in internal medicine, and 1% in pediatrics).

No specialty board represents addiction medicine, so the 4,162 physicians who have passed the ASAM's certification examination in addiction medicine cannot describe themselves as board certified in this field.

Board certification in addiction medicine "will give me more stature among my colleagues," said Dr. Mark L. Kraus, an internist whose group practice in Waterbury, Conn., is a referral center for patients with substance abuse disorders. He is a newly elected member of the ASAM board of directors.

"Every primary care physician has to know how to do screening and brief interventions," said Dr. David Lewis, an internist who is a professor of community health and medicine, and a professor of alcohol and addiction studies, at Brown University, Providence, R.I.

Patient referral "is where the specialty of addiction medicine and certification come in," he said.

Dr. Kraus agreed: "Without a doubt, this [plan to seek ABMS recognition] will enhance care. … Designated specialists who have learned the evidence-based medicine …can help all primary care docs when they need to take their patient to the next level."

Dr. Kraus noted that "the government, the Institute of Medicine, the American Medical Association, and some insurance companies are recognizing addiction medicine. There are a lot of outside influences that will help us."

Two pending bills—one in the House of Representatives and one in the Senate—would provide reimbursement for addiction treatment on a level equal to that for treatment of other medical conditions. Parity in compensation would make it easier to maintain a practice that emphasizes addiction medicine and would help attract more young physicians to the field, Dr. Kraus said. ■

Logistics of New Addiction Medicine Board Are Likely to Evolve Over Time

The planned addiction medicine board may start out as a conjoint board that is tied to existing boards, according to American Society of Addiction Medicine leaders.

The new board could eventually evolve into an independent one, in the same way that emergency medicine and nuclear medicine did after functioning for an average of 12 years as conjoint boards.

Of the 24 member boards of the American Board of Medical Specialties (ABMS), 23 are primary, meaning that they include members from that specialty only. The only exception is the American Board of Allergy and Immunology, formed in 1971 and the only current conjoint board.

There are 75 ABMS-recognized subspecialties. The newest are hospice and palliative care (pending) and sleep medicine (2006). There is also a precedent for subspecialty fields to evolve to become primary boards, such as radiology.

"We realized addiction medicine would not become a primary board. It would be difficult because of the huge cost involved and a perception of taking physicians from other specialties," Dr. Kunz said.

The last specialty to form a primary board at inception was medical genetics, which formed in 1991 after 26 years as a self-regulated board.

"Whatever we come up with, we will have to develop a grandfather clause. But it will still have to meet ACGME [Accreditation Council for Graduate Medical Education] and ABMS criteria," Dr. Goldsmith said.

There are big challenges ahead, he said. "What happens to people with ASAM credentials today? How will we grandfather them in?" He added, "But we realize that an ABMS-recognized specialty of addiction medicine is exactly the direction we need to go."