

Addiction Medicine Seeks ABMS Specialty Status

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 Dr. 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 Gold-

smith, 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

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-



Dr. Mark L. Kraus is an internist whose group practice in Waterbury, Conn., is a referral center for patients with substance abuse disorders.

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

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. ■

New Board Likely to Piggyback on Others

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

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 over time 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.

"We know there are some big challenges out there," Dr. Miller 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." There will be an opportunity for residents in addiction psychiatry to take the certification exam as well.

Defining the scope of addiction medicine practice and its core competencies are among the next steps. A dialogue with other physician specialty societies and boards is planned as well, with the ultimate goal of certifying individual physicians starting in 2009.

Child Psychiatrists, Others Seek Tobacco Tax to Fund SCHIP Expansion

Federal lawmakers have been called upon to approve a tobacco tax increase of 61 cents to fund an expansion of the State Children's Health Insurance Program by the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Medical Association, along with 64 other organizations.

In a joint letter issued in May, the groups said that reauthorization of the State Children's

Health Insurance Program (SCHIP) is "one of the most important tasks before Congress this year."

They noted that SCHIP has significantly improved access to care for the country's low-income children.

"By discouraging smoking through an increase in the tobacco tax and using the resulting revenues to improve enrollment in children's health insurance programs, we are creating a win-

win proposition in support of our children's health," the groups said in the joint letter.

"It will also result in long-term savings as children become healthier and more productive members of society."

Congress has set aside \$50 billion in new federal funds over the next 5 years for use in SCHIP, which is scheduled to be reauthorized this year.

However, under new "pay-as-you-go" rules, the \$50 billion

only will be available for SCHIP if Congress cuts other programs or approves new taxes to raise new revenue.

Raising the tobacco tax to provide more funding for SCHIP would help cover many of the 8-9 million uninsured children in the United States while also helping to reduce youth smoking, which would help save health costs down the road, the groups said in the letter to congressional leaders.

"Studies show that every 10% increase in the price of cigarettes reduces youth smoking by 7% and overall cigarette consumption by 4%," the organizations wrote. Increasing the tobacco tax would also generate hundreds of millions of dollars in health care savings because fewer smokers means fewer people with strokes, heart attacks, cancer, and other smoking-related health conditions."

—Jane Anderson