

# Addiction Medicine Specialty Gains Ground

BY DAMIAN McNAMARA

The newly formed American Board of Addiction Medicine has certified more than 1,600 physicians as specialists in addiction medicine so far this year.

Doctors from multiple disciplines who meet expertise criteria are taking advantage of the opportunity to be “grandfathered in” to the nascent specialty by taking a special 6-hour certifying examination.

Certification efforts so far have been “very successful,” Dr. Kevin B. Kunz, president of the American Board of Addiction Medicine (ABAM), said in an interview. “There has been an extraordinary response.”

The 15 doctors on the ABAM board of directors will create a new examination to certify physicians after the grandfathering option ends in December 2009. Previously, only psychiatrists could claim addiction-related board certification. Official recognition of addiction expertise is being expanded to include obstetricians and gynecologists, internists, family physicians, and numerous other specialists.

“We need a cadre of physicians in each specialty,” said Dr. Kunz, who is an addiction specialist in Kailua Kona, Hawaii.

“Substance abuse is a giant problem. The [number of] health issues related to smoking, drinking, and use of illicit substances is mind boggling,” said Dr. Robert J. Sokol, an ob.gyn. on the ABAM board of directors, and director of the C.S. Mott Center for Human Growth and Development at Wayne State University in Detroit.

Currently there are fewer than 10 ob.gyns. boarded in addiction medicine in this country. Dr. Sokol said this is similar to the situation a few decades ago in other specialized areas of obstetrics and gynecology, such as maternal-fetal medicine, pelvic reconstructive surgery, and genetics.

Awareness is increasing, and the American College of Obstetricians and Gynecologists is on top of this, he said.

“For a large majority of premenopausal American women, their only consistent provider of medical care is their ob.gyn.,” Dr. Sokol said. These women are counseled on smoking cessation, on prevention of fetal alcohol spectrum disorders, and about illicit substance use both during pregnancy and at other times.

“Our specialty supports screening for substance abuse and brief intervention, but would benefit from having more trusted voices for these issues in our specialty,” he said.

“There are already folks out there toiling in relative obscurity in addiction medicine,” Dr. Peter D. Friedmann said in an interview. “Creation of the ABAM was driven by the need for better recognition within medicine.”

The American Society of Addiction Medicine provided a certification exam for years, “but it was not accorded the same respect and gravitas as fields that have their own subspecialty boards,” he said. Dr. Friedmann, professor of medicine and community health at Brown University in Providence, R.I., is one of the internists who took advantage of the grandfathering option.

Criteria for certification grandfathering include at least 1,950 hours over the past decade providing addiction-related care, research, and/or education; 50 hours of CME related to addiction medicine in the past 2 years; letters of recommendation supporting proficiency in this area; and successful completion of the examination.

Primary care physicians will continue to play a large role in addiction care because “there will never be enough ABAM-certified specialists to treat everyone,” Dr. Friedmann said.

About 22% of patients presenting to primary care will need some form of intervention, and 6% will need an addiction medicine specialist, Dr. Kunz said. One full-time addiction specialist will be needed to serve 50,000-60,000 members of most U.S. communities, or 1 per 30,000 residents in smaller communities, he estimated.

The ABAM plans to establish addiction medicine residency programs and get them recognized by the Accreditation Council for Graduate Medical Education (ACGME). “We expect these programs to be in place by 2011, after which time we will add a residency requirement to ABAM certification, as well as a maintenance-of-certification program,” Dr. Kunz said.

Once these requirements are all in place, ABAM will seek recognition from the American Board of Medical Specialties (ABMS). Dr. Sokol estimated it will take another 4-6 years to earn ABMS approval.

Reimbursement for addiction-related services remains a challenge. “These are difficult patients who take time and for whom there has been little reimbursement,” Dr. Kunz said.

Although reimbursement codes for addiction screening and brief intervention in addiction are recognized by Medicare, some states, and some private insurers, “reimbursement for doing this work is still quite low,” Dr. Friedmann said. Better financial incentives are needed to encourage physicians to get into this field and make it a career, he added.

The codes for screening and intervention “are very important. You can’t get doctors to do something they won’t get paid to do,” Dr. Sokol said. ■

*The next ABAM examination is scheduled for Dec. 11, 2010. Application deadlines are Oct. 31, 2009; Jan. 31, 2010; and April 30, 2010. More information is available at [www.asam.org/ABAM.html](http://www.asam.org/ABAM.html).*

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### Courts Strike Abortion Restrictions

Judges in two Plains states have blocked abortion restrictions from taking effect in their jurisdictions. Oklahoma District Court Judge Vicki Robertson ruled that a state law requiring an ultrasound before an abortion could be performed was too broad. The state is expected to appeal the case to the Oklahoma Supreme Court. In South Dakota, a U.S. District Court struck down parts of a state law outlining informed consent requirements for abortion. The court ruled as unconstitutional provisions requiring physicians to tell women that suicide and suicide ideation are known medical risks associated with abortion. The court also struck down the provision that required physicians to say that having an abortion would terminate an “existing relationship” between the woman and the fetus. However, the court let stand a requirement that physicians tell women that by choosing an abortion they will “terminate the life of a whole, separate, unique, living human being.”

### Home Visits Could Get Boost

Initiatives to teach parenting skills to at-risk mothers in their homes could be gaining political traction, according to the Guttmacher Institute. The programs bring in nurses or social workers to guide mothers and prevent child abuse. While such programs have received federal and state funds, there has been no ongoing, dedicated source of support. This could change, according to the institute’s analysis, because the programs have the potential to be favored by both abortion rights advocates and abortion foes. “Interventions with a strong family planning component help vulnerable women delay subsequent pregnancies and increase birth spacing, and also help improve women’s parenting skills,” said Heather D. Boonstra, a senior public policy associate at the Guttmacher Institute, in a statement. “That’s why expanding home visiting programs is an effort that partisans on both sides of the abortion debate should be able to get behind.” President Obama has proposed more than \$8 billion in support over the next decade, but the programs are costly and may suffer under tight government budgets, according to the analysis.

### Survey Shows Career Satisfaction

More than 80% of ob.gyns. report being somewhat or very satisfied with their medical careers, according to a survey from the Center for Studying Health System Change. That figure held among other medical specialties, with about 82% of physicians overall reporting job satisfaction. The nationally representative survey included responses from more than 4,700 U.S.

physicians providing direct patient care in 2008. About 15% of ob.gyns. said they were somewhat or very dissatisfied, with the remainder saying they were neither satisfied nor dissatisfied.

### Flying Deemed Safe in Pregnancy

Air travel is just as safe for healthy pregnant women as for the general public, according to the American College of Obstetricians and Gynecologists. “Questions from our patients about air travel during pregnancy are some of the most common during obstetric visits,” Dr. William H. Barth Jr., chair of ACOG’s Committee on Obstetric Practice, said in a statement. “When a patient with an uncomplicated pregnancy asks about occasional flying, we should feel comfortable saying, ‘It’s safe.’” Dr. Barth’s committee noted that pregnant women can minimize their risk for lower-extremity edema and venous thrombotic events by using support stockings, periodically moving around, avoiding restrictive clothing, and staying hydrated. But while seated, pregnant women should use a seatbelt “low on the hipbones, between the protuberant abdomen and pelvis.” And “gas-producing foods or drinks should be avoided before scheduled flights because entrapped gases expand at altitude.” ACOG said it also aims to dispel concerns about radiation during flights. Occasional travelers are unlikely to exceed more than 15% of the radiation limit for a 40-week pregnancy even during the longest intercontinental flight, ACOG said. However, airline crewmembers and frequent flyers could exceed the limit during pregnancy. But flying isn’t recommended for women who may need emergency care or who have medical or obstetric conditions that would be aggravated by flying, said ACOG. Its opinion was to be published in this month’s issue of *Obstetrics and Gynecology*.

### HHS Awards Adoption Incentives

The Department of Health and Human Services announced the distribution of \$35 million to 38 states and Puerto Rico to increase adoptions among children in foster care. Congress created the Adoptions Incentive program in 1997 as part of the Adoption and Safe Families Act, particularly to move older children and those with special needs into permanent homes. As part of the program, states can earn \$4,000 for each additional adopted foster child above a baseline rate established in 2007. They receive additional payments for the adoption of foster children older than age 8 and those with special needs. States use the incentive payments to improve their programs for abused and neglected children

—Mary Ellen Schneider