Addiction Medicine Specialty Gains Ground

The newly formed American Board of Addiction Medicine has certified more than 1,000 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 grandfathertion 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 health-care 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 subspecialties,” 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 grandfathertion 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.

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 service 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 OB/GYN 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.