Message from the President

Major Development in Subspecialty Recognition by ABMS

Recognition of addiction medicine as an accepted subspecialty by organized medicine and by our nation’s health care systems has been an important goal of ABAM since our founding in 2007. ABAM is an independent medical board, established with the encouragement and facilitation of the American Society of Addiction Medicine. ASAM had long advocated and worked for formal recognition of the field, and dedicated physicians carried and then passed the recognition torch to ABAM.

I am happy to report to you that the American Board of Preventive Medicine (ABPM) has begun the formal process to bring addiction medicine into the American Board of Medical Specialties (ABMS) as a subspecialty available to diplomates of all ABMS boards. In February, ABPM sent a required “Letter of Intent” to ABMS announcing the forthcoming submission of an application for the new subspecialty. This is the first step in a detailed ABMS review process that takes approximately 18 months. There are many details to be worked out, and much work to be done. Although this process is the responsibility of ABPM as the sponsoring board, ABAM will encourage and support the vital undertaking. As we go forward I will keep you updated. Please feel free to contact myself or Kevin Kunz (email@abam.net) if you have any questions. Please do not contact ABPM, as no details will be available through ABPM until after final approval by ABMS.

Right now, our most important contribution is to continue to offer and expand our certification examination program and to continue to refine our successful MOC program. It is also essential that we maintain high standards in the 27 accredited Addiction Medicine Fellowship programs. We also must continue to assist in the development of new fellowship programs—work supported by The ABAM Foundation. So if you know a physician who should seek ABAM certification, or know of an institution that could be a successful fellowship site, please let us know.

As ABAM diplomates, I believe that everything we do is directed at improving the lives of patients, families and communities. When we advance the prevention and treatment of addiction through recognition of our field by organized medicine, we help build a better future for the health of our nation. What you do matters.

Sincerely,

Patrick G. O’Connor, M.D., M.P.H.

President of ABAM and The ABAM Foundation, Dr. O’Connor serves as Professor of Medicine and Chief of the Section of Internal Medicine, Yale University School of Medicine.
Sessions to be Offered at ASAM Annual Conference

The American Board of Addiction Medicine will offer a number of sessions at the ASAM Annual Conference (formerly known as the ASAM Med-Sci Conference), April 23–26 in Austin:

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<tr>
<th>Session</th>
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<tr>
<td><strong>Addiction Medicine Fellowship Workshop:</strong></td>
<td>Thursday, April 23, 7:00 pm–8:30 pm</td>
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<tr>
<td><strong>Maintenance of Certification: What the Addiction Medicine Physician Needs to Know:</strong></td>
<td>Thursday, April 23, 8:30 pm–10:00 pm</td>
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<tr>
<td><strong>ABAM Fellowship Networking Lunch:</strong></td>
<td>Friday, April 24, Noon to 1 pm.</td>
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<tr>
<td><strong>ABAM: Status of Certification, Maintenance of Certification, Fellowships and ABMS Recogniton:</strong></td>
<td>Friday, April 24, 12:15 pm–1:00 pm</td>
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<tr>
<td><strong>All about ABAM Certification and the Exam:</strong></td>
<td>Friday, April 24, 1:00 pm–1:45 pm</td>
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<tr>
<td><strong>ABAM Next Generation Award Reception:</strong></td>
<td>Friday, April 24, 8–9:30 pm.</td>
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<tr>
<td><strong>Lifelong Learning: Review of Articles for ABAM MOC Part 2:</strong></td>
<td>Sunday, April 26, 8:00 a.m.–9:30 a.m.</td>
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To register or read more about these or other conference sessions, please go to: [http://www.asam.org/education/the-asam-annual-conference](http://www.asam.org/education/the-asam-annual-conference)
The American Board of Addiction Medicine Foundation (The ABAM Foundation) has received generous financial support over the past two years from government agencies, foundations, ABAM diplomates and other donors. The monies have been used to carry out The ABAM Foundation mission to promote permanent systemic change in our medical education and health care systems to assure that:

- Prevention, screening, brief intervention, referral, treatment and disease management will be available at all points of entry to the health care system where physicians, working with other health professionals, care for patients and their families at risk for, or engaged in substance use and addiction;
- 125 GME (fellowship) addiction medicine (ADM) training programs (with three fellows in each) will be established by The ABAM Foundation, and accredited by the Accreditation Council for Graduate Medical Education (ACGME); and
- Addiction medicine will be recognized by the American Board of Medical Specialties (ABMS) as a field of medical practice.

This work is being done through The National Center for Physician Training in Addiction Medicine (The National Center) at the Department of Family Medicine of the State University of New York medical school at Buffalo. The groundwork for The National Center was established under a two-year $965,000 grant from the National Institute on Alcohol Abuse and Alcoholism. The work continues with a generous three-year, $2 million grant from the Conrad N. Hilton Foundation, a $200,000 grant from the Open Society Foundations, and more than $50,000 in donations from ABAM diplomates and other donors during the past year.

In a separate grant, the National Institute on Drug Abuse awarded $1.4 million over five years to the Boston Medical Center for the Research in Addiction Medicine Scholars (RAMS) Program to advance clinical research training within addiction fellowship programs.

Continued on page 7 >
Dear Diplomate,

The American Board of Addiction Medicine has been closely following the ongoing debates throughout the medical community regarding the value and efficacy of Maintenance of Certification (MOC) programs. MOC was established by the American Board of Medical Specialties (ABMS). All of the 24 Member Boards of the ABMS and their subspecialties are expected to offer a full MOC program comprised of Parts I through IV. While all ABMS Member Boards agree to follow ABMS standards for MOC, the process by which each individual board executes those standards is decided upon by that respective board.

ABAM is not a Member Board of the ABMS, but we have never been closer to achieving the goal of inclusion of addiction medicine within the ABMS structure than we are now. To help our diplomates meet the highest standards of quality practice and prepare for ABMS recognition of the subspecialty of addiction medicine, ABAM implemented the ABAM MOC Program in 2011. The ABAM MOC Program is fully operational for Parts I-III; Part IV of MOC relates to Practice Performance Assessment and ABAM is now developing its processes for this MOC component.

On February 3, 2015, the American Board of Internal Medicine (ABIM), the largest of the ABMS Member Boards, announced significant changes to their MOC program, the most drastic change being an immediate suspension of their Part IV requirements. As the MOC debate continues, ABAM’s MOC Program is largely based on the belief that continued lifelong learning and self-assessment are integral parts of our mission of assuring the public that addiction medicine physicians have the knowledge and skills to prevent, recognize and treat addiction. We have been working tirelessly to continuously improve all parts of our MOC program so that you, as a diplomate, find MOC to be most relevant and useful.

As part of our commitment to providing a high quality, more user friendly and workable system, ABAM is happy to announce that we will be implementing several additional changes to the ABAM MOC Program beginning in 2015. The changes include:

- For Part II, reducing the number of required Self-Assessment Modules (SAMs) from 12 to nine per year. Further, for the requirement to complete 26 credits of CME annually, all completed SAMs will now count toward the annual CME requirement (previously, SAMs were only counted toward the overall CME requirement when diplomates went above the previous requirement of 12 SAMs per year). Diplomates completing nine SASMs or more than the nine required will receive credit for completion of each SAM, and these will be designated as an “ABAM approved” CME credit.

- Also for Part II, we will increase transferability between a diplomate’s primary board MOC and that diplomate’s ABAM MOC. Diplomates can now use addiction-related credits and other credits to qualify for ABAM MOC CME. ABAM will be updating the current approval process of ABAM-approved CME by significantly expanding the Approved CME Activity Listing page. We strongly encourage our diplomates who have completed CME as part of their primary board’s Part II processes, but which does not appear on the Approved CME List on the Web portal, to contact ABAM to get courses that have addiction medicine-related content approved by ABAM. Addiction related CME from any source can be used for the eight credits that need not be ABAM approved.

- Updates to the MOC Portal. The Part II MOC Portal Tracker has been updated to allow for a more user-friendly experience. Diplomates can now differentiate between the number of ABAM Approved CME credits, the number of Self-Reported CME credits, and the number of SAM credits completed. A new set of 18 SAMs will also be available this year, making a total 24 SAMs available for completion during 2015.
Part III Examination on an annual basis. This means that diplomates can apply to sit for the Part III exam in years eight, nine, or 10 of their MOC cycle, and that candidates for ABAM diplomate status do not have to wait two years for the next opportunity. Moreover, the administration process for exam application review has been streamlined for greater efficiencies in the approval process. We feel it is imperative that our diplomates pass the Part III Examination. In 2014, the Part III pass rate was 94%. This examination ensures that the addiction medicine doctor is up-to-date on evidence-based, current knowledge. Every question on the exam is scored for clinical relevance.

There will be no increase in the annual MOC fee for 2015. ABAM believes that the MOC fee must be comparable to that of other ABMS Member Boards. Our goal has been and remains to keep the fee as low as possible. The ABAM MOC requirements can be met without any additional fees for those taking advantage of the SAMs and the no-cost CMEs available on the MOC Portal.

We have delayed the implementation of MOC Part IV and will assure that when implemented it is as practice-relevant and straightforward as possible. We continue to develop Practice Performance Modules (PPMs) that will comprise Part IV, and will launch Part IV as a requirement for participation in the ABAM MOC Program only when we are confident of its usefulness to diplomates.

As ABAM continues on the pathway toward ABMS recognition, we promise to continuously evolve our MOC program.

The ABAM staff is committed to keeping you informed of changes and policies for MOC. We encourage open dialog and opportunities for constructive feedback on how we, as partners, can strengthen and improve the relevancy of MOC. Our pledge to you is to provide a relevant, useful and flexible MOC experience; we believe that by giving you more power in choosing the type of educational experience you desire, you will have a more valuable and effective opportunity in your quest for lifelong learning. Thank you for your commitment to the field of addiction medicine.

Sincerely,

Robert Sokol, MD, FACOG
Chair, ABAM MOC Committee

2015 ABAM MOC Requirements: 9-9-8

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<tr>
<th>Twenty-six total CME credits will be due on an annual (once per year) basis.</th>
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<tr>
<td>Nine CME credits must be comprised of Self-Assessment Modules (SAMs). These nine SAMs count toward the overall 26 CME credits due, and any additional SAMs completed count toward ABAM-approved CME.</td>
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<tr>
<td>Nine more CME credits, minimum, must be ABAM-Approved CME.</td>
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<tr>
<td>Eight CME credits, maximum, can be self-reported as long as they are Category 1 and have an addiction component.</td>
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Visit the ABAM Web site: www.abam.net
ABAM Mourns Loss of Addiction Medicine Leaders, Drs. Stimmel and Schneider

All at the American Board of Addiction Medicine mourn the loss of two of our leaders: Barry Stimmel, MD, FASAM, and Max Schneider, MD, FASAM.

Dr. Stimmel served on the American Society of Addiction Medicine committees that helped create ABAM, was an incorporating Director of the ABAM Board of Directors, and a long-time ASAM leader and addiction medicine pioneer. Dr. Schneider was a past President of ASAM and past Chair of the National Council on Alcoholism and Drug Dependence, who helped lead development of the ASAM certification exam. This exam served as a basis for ABAM’s current certification examination. Both men helped make the addiction medicine field what it is today.

For 50 years, Dr. Stimmel, who was an internist, cardiologist and addiction medicine physician, served in a range of leadership positions at New York’s Icahn School of Medicine at Mount Sinai. He played a key role in developing Mount Sinai’s medical school curriculum, was Dean for Graduate Medical Education, Ombudsman, and Dean Emeritus for Medical Education, among other positions. His most recent academic appointment was as the Katherine and Clifford Goldsmith Professor of Medicine, and he was a member of the Zena and Michael A. Weiner Cardiovascular Institute at Mount Sinai.

Dr. Stimmel was internationally known for his treatment of, and research on, heroin dependency. In 1970, he created Mount Sinai’s Narcotics Rehabilitation Center, the first program in New York City to use methadone safely in an ambulatory care setting. He served as the renamed center’s Executive Director from 1975 to 2008. At its height, the center served more than 30,000 heroin users, and it served as a treatment model for New York State.

Among his many other accomplishments in the field, Dr. Stimmel was founding editor of ASAM’s *Journal of Addictive Disease*, and a member of the White House Office of National Drug Control Policy’s Committee of Physicians for National Drug Control Strategy. He published and lectured extensively on drug misuse, the effects of psychoactive drugs on the heart, and pain control.

Dr. Schneider (who was profiled in the last issue of *ABAM Diplomate News*) served as President of ASAM in the 1980s, and oversaw a period of rapid growth. During his tenure, membership expanded to nearly 2,800, the ASAM certification process was implemented for the first time, and he established many new committees such as AIDS, trauma, budget and finance.

Dr. Schneider, an Orange County, California internist, gastroenterologist and addiction medicine physician, was said to have developed his interest in addiction when he covered for a fellow physician whose patients included many who had alcohol dependencies.

Dr. Schneider served in many additional leadership positions, including membership on the Drug and Alcohol Advisory Committee of the U.S. Food and Drug Administration. He served as Director of Education at the Positive Action Center/Chemical Dependency Unit at Chapman Medical Center (Orange County, CA) until 2012, and as Clinical Professor at the University of California at Irvine School of Medicine. Dr. Schneider chaired the Ruth Fox Memorial Endowment Fund at ASAM for many years.

Drs. Schneider and Stimmel were extraordinary leaders and mentors and will be missed. ABAM offers its deepest condolences to their families, friends and colleagues.
While this account of support may give the impression that achievement of The ABAM Foundation mission is assured, the reality is that the heart of the mission—establishing and accrediting 125 ADM fellowships—will require considerably more support over many years.

It costs about $125,000 for a physician to matriculate in a one-year addiction medicine fellowship. The ABAM Foundation does not envision fully funding all fellowships. The Foundation, however, does wish to provide seed money to each fellowship, so significant, ongoing sources of revenue will be needed if we are to create a sizeable addiction medicine workforce for the future.

The leadership and staff of The ABAM Foundation are continuing to aggressively pursue funding from philanthropy and government to assure that the financial kick-start that established the first round of sustainable addiction medicine fellowships is followed by dependable revenue streams. We envision that stability will come when we have ongoing support from multiple sources: clinical revenues; faculty supported positions; government support, local and national philanthropy and fundraising, and contributions from our diplomates.

Only by building the field of addiction medicine can we provide the quality medical care required for the millions of patients and families struggling and suffering with this disease. If you wish to support this work or for more information, please visit:

https://www.abamfoundation.org/donation/

Thank you very much.

Dr. Kunz is Executive Vice President of ABAM and The ABAM Foundation.

Pictured are some of the participants in the recent Fellowship Directors retreat

Photography: Matthew Boikoski
ABAM Congratulates its New Diplomates: The Largest Class Yet

By Terri A. Silver, MA, and Deborah Bryant

This January, ABAM conferred diplomate status (certification) on 651 physicians who met eligibility criteria and passed the rigorous certification exam, co-administered by ABAM and the National Board of Medical Examiners. We congratulate these new diplomates! This group is the largest to be certified since 1986, the first certification year, when ASAM certification began (the exam was transferred to ABAM in 2009 and ABAM has managed the exam since 2010).

This year’s class of diplomates reflects several trends that have emerged in the last decade:

- Diplomates are younger—the average age of new diplomates is 48. The youngest is 29, the oldest 77, and the most common age of new diplomates is 37.
- More women are entering addiction medicine—30% of new diplomates are female.
- The new diplomates reflect a wider array of specialties—nearly 40 medical specialties and subspecialties are represented. The most common self-reported primary specialties are psychiatry (31%), family medicine (21%), and internal medicine (15%), followed by addiction medicine, anesthesiology and emergency medicine. There were also notable increases in the numbers of new pediatric and ob-gyn diplomates, and in physician subspecialists in hospice and palliative care, and corrections. (Please see chart on page 9 for breakdown of primary specialties for ALL current diplomates.)
- The new diplomates reflect a wide geographic distribution, representing 48 U.S. states plus the District of Columbia and four Canadian provinces. As in past years, the states with the most new diplomates are California (13%), Florida (8%), New York (8%), Massachusetts (5%), New Jersey (5%), Tennessee (5%), Michigan (4%), Ohio (4%), Pennsylvania (4%) and North Carolina (3%). The North America geographic breakdown is: U.S. (93%) and Canada (7%).
- The diplomates work in a diverse array of health care settings spanning office and hospital settings, government, health systems, universities, and corrections.

ABAM certification is valid for 10 years. New diplomates are automatically enrolled in the ABAM MOC Program.

Continued on page 9 >
The ABAM credentialing process calls on a strong cadre of volunteer physicians. The ABAM Credentialing Committee, chaired by Martha Wunsch, MD, reviews criteria to sit for the exam and oversees application acceptance. The Examination Committee, chaired by Michael Weaver, MD, works with the National Board of Medical Examiners to write, evaluate and score the examination.

The growth in demand for certification and diplomate status in addiction medicine has prompted ABAM to transition from a biennial to an annual examination. Applications are now being accepted for ABAM’s next certification exam, which will be October 16 and 19, 2015.

Ms. Silver is Chief Credentialing Officer. Ms. Bryant is Maintenance of Certification Program Assistant.

ABAM Diplomates by Primary Specialty (N=3,363) (All Diplomates to Date)

Annual Number of New ABAM Diplomates 1986–2014
Update from the National Center for Physician Training in Addiction Medicine

By Susan E. Foster, MSW

In January 2015, the National Center for Physician Training in Addiction Medicine began stepping up its efforts to sustain and expand addiction medicine fellowship training programs. To date, 27 fellowship programs have been accredited. Our goal is to have 65 programs accredited by 2020, and we are striving toward having 125 accredited by 2025.

Our expansion strategy includes working with existing fellowship training programs to ensure their sustainability, and to expand the number of fellowship training slots where possible. We are also reaching out to medical schools and addiction medicine champions to develop new programs at accredited medical schools and teaching hospitals. To achieve this goal, we are working in collaboration with a wide range of other training and clinical service providers including children’s hospitals, primary care programs, and public and private health care systems.

A focused priority of the center is working though established addiction medicine fellowship programs to integrate the developing field of addiction medicine into primary care training and practice in order to focus needed attention on prevention and early intervention. To assist in this effort, we are exploring opportunities for collaboration and seeking relationships with educators and medical providers in pediatrics and adolescent medicine.

We have also created a Prevention and Early Intervention Forum to support the work of addiction medicine fellows and faculty interested in innovation in medical approaches to prevention and early intervention of substance use among adolescents and young adults. Venues for this interactive forum include periodic conference calls, on-line interactions, Web-based resources and semi-annual in-person meetings coinciding with meetings of our fellowship program directors. Forum leadership is provided by Hoover Adger, MD, MPH, MBA, Professor of Pediatrics, Johns Hopkins University School of Medicine and Director of Adolescent Medicine, Johns Hopkins Hospital, and by Richard Blondell, MD, Medical Director at the National Center for Physician Training in Addiction Medicine and Professor and Vice Chair for Addiction Medicine, State University of New York at Buffalo. Dr. Adger and Dr. Blondell are members of the Board of Directors of ABAM and The ABAM Foundation.

To support the work of faculty and fellows, the National Center has also prepared a Compendium of Resources for Medical Practice that can help clinicians identify and respond to substance use among adolescents and young adults. The Compendium has been designed as a dynamic resource and will be posted on The ABAM Foundation’s website. It will be updated periodically as additional information becomes available. Please let us know if you have suggestions for inclusion.

If you have an interest in establishing an addiction medicine fellowship training program at your institution or questions about the process, or if you would like to discuss collaboration opportunities in prevention and early intervention, please contact Andy Danzo, Center Coordinator (adanzo@buffalo.edu).

The leadership and staff of the National Center are committed to the mission of providing fellowship training opportunities for physicians, so that addiction prevention and treatment services are available through a sufficiently large and thoroughly trained workforce.

Ms. Foster is Executive Director of the National Center for Physician Training in Addiction Medicine.
ABAM Welcomes New Board Members

ABAM welcomes four distinguished physicians to its Board of Directors. Following is some very brief background on each of these outstanding medical leaders.

**Karen Drexler, MD**
**At-Large Director**  
**(Specialty: Psychiatry)**

Dr. Drexler is Associate Professor, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine; Deputy National Mental Health Program Director-Addictive Disorders, Mental Health Svs., Dept. of Veterans Affairs Central Office; and Staff Psychiatrist, VA Medical Center (VAMC), Atlanta, Georgia. Recent prior appointments include Acting Chief, Mental Health Service Line and Director, Substance Abuse Treatment Program, both at the Atlanta VAMC. She also served as Program Director of the Addiction Psychiatry Residency Training Program at Emory from 2002 to 2014, and as Assistant Professor at Emory, 1994-2005. She joined Emory and the VA Medical Center from Wright State University School of Medicine, Dayton, Ohio. She has been the principal or co-investigator on numerous addiction related studies. She is a diplomate of the American Board of Psychiatry and Neurology, with a certificate in addiction psychiatry. Dr. Drexler is well known as a presenter and leader in the field of addiction medicine.

**Jane M. Liebschutz, MD, MPH, FACP**
**At-Large Director**  
**(Specialty: Preventive Medicine)**

Dr. Liebschutz is a primary care internist, preventive medicine physician, researcher and educator. She is Director of the combined Family Medicine, General Internal Medicine and Pediatric Primary Care Academic Fellowship at Boston Medical Center and was Program Director of the Boston University Preventive Medicine Residency from 1998-2013. She has an active primary care practice. Her primary areas of expertise and research involve the health impact of violence, including the intersection with substance use disorders, the use of opiates for chronic pain, health care utilization, and the patient doctor relationship. She is currently leading an implementation effectiveness trial for improving opioid prescribing in primary care. Dr. Liebschutz serves as Associate Chief for Faculty Affairs of the Section of General Internal Medicine, Boston Medical Center; Associate Professor of Medicine, Boston University School of Medicine and Public Health; Assistant Professor of Social and Behavioral Sciences, Boston University School of Public Health; and Attending Physician, Boston Medical Center. She is a diplomate of both the American Board of Preventive Medicine and the American Board of Internal Medicine.

**Petros Levounis, MD, MA**
**Specialty Director: Psychiatry**

Dr. Levounis is Chair of the Department of Psychiatry at Rutgers New Jersey Medical School and Chief of Service at University Hospital in Newark, New Jersey. Prior to Rutgers, he was on the faculty of NYU and Columbia University, where he served as Director of the Addiction Institute of New York from 2002 to 2013. Dr. Levounis graduated from the Columbia University residency training program, earning the National Institute of Mental Health Outstanding Resident Award. He went on to complete his fellowship in addiction psychiatry at NYU. He is certified in addiction medicine and addiction psychiatry, and is a member of multiple boards including that of ASAM. Dr. Levounis has authored many scientific papers and edited nine books including: “Substance Dependence and Co-Occurring Psychiatric Disorders”; “The LGBT Casebook”; and “The Behavioral Addictions.” He is currently working on the “Pocket Guide to Addiction Assessment and Treatment,” which is expected to be published this year. Dr. Levounis is well known in the addiction treatment community for his physician education and training activities and his community education efforts.

**James M. Vanderploeg, MD, MPH**
**Specialty Director: Preventive Medicine**

Dr. Vanderploeg is Professor, Department of Preventive Medicine and Community Health, University of Texas Medical Branch at Galveston and Adjunct Associate Professor, Environmental and Occupational Health, University of Texas Health Science Center at Houston, University of Texas School of Public Health. Dr. Vanderploeg has worked extensively as a Medical Review Officer and a senior Aviation Medical Examiner, with a focus on the diagnosis and monitoring of airline pilots under the FAA’s HMS program. He is a Past President of the Aerospace Medical Association, the Society of NASA Flight Surgeons, and the Space Medicine Association. He is certified by the American Board of Preventive Medicine (ABPM) in both aerospace medicine and occupational medicine, is a former Director as well as former Executive Director of the ABPM, and has served on the Board of Directors of the American Board of Medical Specialties.
New ABAM Diplomates Discuss Why They Got Certified

By Dennis Tartaglia

ABAM Diplomate News recently spoke with five diplomats who were among the highest scorers on the recent certification exam, to get their opinions on the value of ABAM certification and how it applies to their work. Following are their thoughts on this topic, and on why they work in addiction medicine. We salute these five physicians, and all ABAM diplomats.

Emily Ann Brunner, MD
Primary Specialty: Family Medicine
Title/Employer: Staff Physician, Hazelden Betty Ford Foundation
Location: St. Paul, Minnesota

“I chose to get certified by ABAM based on having family and friends affected by addiction, and noticing in my primary care training how little information I was given about how to help people with this devastating illness,” says Emily Brunner, MD, who treats patients at the Hazelden Betty Ford Foundation.

Dr. Brunner says that she became interested in addiction medicine during her residency at the University of Michigan Family Medicine Program, but still had very little formal education on screening for or treating chemical dependence. After her residency, she worked for several years at both a pain/addiction specialty clinic and a primary care clinic for underserved patients, where she saw many individuals with chemical dependency issues. The patients in these clinics had a wide range of substance use issues, with daily marijuana use in adolescents, as well as alcohol use disorder and opioid use disorder in all ages, among the most common.

“During the process of becoming certified I decided to focus my practice on addiction medicine, and started working at the Hazelden Betty Ford Foundation in December 2014,” she says. “Getting certified by ABAM reshaped my career, and I am really glad this process exists!”

How did she prepare for the ABAM Certification Examination? “Attending the CSAM review course was immensely helpful, as was attending the ASAM Med-Sci courses,” she says. “I also read some chapters in the ASAM Principles of Addiction Medicine textbook, especially chapters on counseling methods that I had not previously learned about in detail.”

Cynthia Roxanne Chatterjee, MD
Primary Specialty: Psychiatry
Title/Employer: Psychiatrist, San Mateo County Behavioral Health and Recovery Services
Location: Daly City, California

Dr. Cynthia Chatterjee has had an interest in addiction medicine since her days as a resident at Stanford. “I wrote the first case report of gabapentin reducing alcohol cravings in 1999, which was an incidental finding in a patient being treated for OCD,” she says. “I’ve had a growing interest ever since.”

For the last seven years, Dr. Chatterjee has worked as a psychiatrist integrated within San Mateo County, California primary care clinics, doing psychiatric consultations and brief treatment. Last year, she reviewed the diagnoses of all of the patients she has seen and determined that about a third have had addictions.

“I was learning a lot about addiction on my own, and when I heard about ABAM certification, I decided I could learn so much more through formal training,” she says. “One of the reasons I chose the field of medicine was that it offers continual learning and challenges. This was a perfect opportunity to challenge myself in a way that would also benefit my current patients.”

“ABAM certification lends you more credibility with colleagues and patients,” she adds. “It elevates the field of addiction medicine to a level of importance that is on a par with other specialties. Studying for the certification examination also motivates you to learn more than you might have otherwise.”

Becoming ABAM certified has also helped Dr. Chatterjee’s career: She has just accepted a position in a newly created San Mateo County program that will focus on Medication Assisted Treatment for patients with addiction. Along with nine new case managers, she will be working throughout the county in primary care and mental health clinics, the ER, the jail, a detox center, and community rehabilitation programs.

Dennis Tartaglia is editor of ABAM Diplomate News.
Andrew J. Sonderman, MD  
Primary Specialty: Anesthesiology  
Title/Employer: Staff Physician, 
Fairbanks Hospital, Addiction Treatment Center  
Location: Indianapolis, IN

“I decided to pursue ABAM certification shortly after I determined I would pursue a full-time practice in addiction medicine,” says Dr. Andrew Sonderman, who originally trained in anesthesiology at the Indiana University School of Medicine. “I feel that board certification is an important aspect of practicing medicine, regardless of your area of specialty. Going through the process of board certification encourages one to study their chosen field in a more comprehensive manner.”

Dr. Sonderman practiced anesthesia in a private practice for about 16 years. “Approximately four years ago, I was treated for opioid dependence,” he says. “And the treatment center’s recommendation was that I not return to the practice of anesthesia. I accepted their recommendation with some trepidation and initiated a career change.”

Dr. Sonderman was fortunate that an addictionologist in his area, Dr. Timothy Kelly, agreed to mentor him and allowed Dr. Sonderman to shadow him at his practice. “I started seeing outpatients, obtained my Suboxone certification and gained CME credits.” He later began working at a local treatment center where he would see patients for medically managed detox. His current position entails medically managing patients through inpatient detox and through outpatient continuing care.

“ABAM certification is a process that allows one to demonstrate a fund of knowledge and a level of development that assures a practitioner’s employer, patients, and colleagues that they have participated in and completed this additional training process,” Dr. Sonderman says. “I also feel that it demonstrates a level of dedication and commitment to the field of addiction medicine.”

He adds: “ABAM certification has improved the depth and breadth of my understanding of addiction medicine, which should improve the care that my patients receive.”

In terms of the certification examination, he thought it was thorough and fair. “I would encourage others who are preparing for the exam to read the Principles of Addiction Medicine textbook and to attend the review course for the exam,” he says.

Sarah Elizabeth Wakeman, MD  
Primary Specialty: Internal Medicine  
Title/Employer: Medical Director for Substance Use Disorders, Massachusetts General Hospital Center for Community Health Improvement  
Location: Boston, Massachusetts

While in medical school at Brown University, Sarah Wakeman, MD saw that addiction medicine was an “emerging and critically needed discipline,” and became interested in the field.

During her time at Brown, Dr. Wakeman worked with inmates in a state prison, where a majority had untreated addictions. “Despite the fact that addiction is so widespread, I received very little formal education about addiction medicine while in medical school,” she says.

“I think addiction is the HIV of our times, in terms of the lack of access to urgently needed treatment, the stigma, and the intersection between disease and public policy,” she says. “Our patients need physicians who can both treat them and advocate for them.”

“ABAM certification really legitimizes the field,” she says. “Many of us are already providing the care. Getting certified signifies that this is a medical disease, just like cardiovascular disease or diabetes. It also provides an opportunity to consolidate your knowledge of addictions, even those you don’t see as often in clinical practice.”

Dr. Wakeman adds: “This is an exciting field to practice in right now. We have a responsibility as a profession to take this on, the greatest public health problem. The fact that we have a certifying body that is moving the field forward is really wonderful.”

As far as preparing for the ABAM Certifying Examination goes, she strongly recommends the ASAM textbook. “I also downloaded it onto my smartphone, and use it as a daily resource in my practice.”

Continued on page 14 >
Spotlight on: ABAM Staff

ABAM and The ABAM Foundation have welcomed a number of new staff members since the last issue of ABAM Diplomate News. We’d like to tell you about three key members of the team who have joined us over the last year.

Susan E. Foster, MSW, is Executive Director of The ABAM Foundation’s National Center for Physician Training in Addiction Medicine. She joined The ABAM Foundation in 2014 from CASAColumbia®, where she served as Vice President and Director of Policy Research and Analysis since 1996. Ms. Foster was responsible for conducting CASAColumbia’s policy research and analysis on the impact of risky substance use and addiction on America’s systems and populations, and for developing evidence-based alternative policy and health care strategies. She also served as media spokesperson on this research. Before joining CASAColumbia, she served in a number of senior positions in the public and private sectors, including as Deputy Undersecretary for Intergovernmental Affairs, U.S. Department of Health, Education and Welfare (HEW), and as Special Assistant to the Secretary, HEW.

Regina Borkoski, IOM, is Office Manager for ABAM’s Executive Office. Ms. Borkoski has more than 20 years of experience in the nonprofit field, in operations management, membership engagement and innovation. Her career includes strategic marketing, board governance, educational programs and conference/exhibit management. Ms. Borkoski is a graduate of the Institute for Organization Management, a certified leadership program for nonprofit executives, and she has worked for such organizations as the Montgomery County (Maryland) Chamber of Commerce. In 2002, she was appointed a Commissioner of the Montgomery County Commission for Women. She has served on numerous boards and committees, and is the recipient of a number of honors.

Henok Tedla, CPA, serves as Director of Finance for ABAM and The ABAM Foundation. With more than 10 years’ experience in accounting management, he has worked in not-for-profit organizations, charter schools, and transportation companies, as well as import/export and relocation insurance firms. He joined ABAM from City Center Public Chartered Schools Inc. (Washington, DC), where he served as Accounting Manager, and the National Childhood Cancer Foundation, where he was Senior Accountant. Mr. Tedla received his MBA from Maharishi University School of Management (Iowa) and his BA from Addis Ababa University, in Ethiopia. He currently serves as an Adjunct Professor at the University of the Potomac.

New ABAM Diplomates Discuss Why They Got Certified

Continued from page 13

Ryan Young, MD
Primary Specialty: Anesthesiology
Title/Employer: Chief, Perioperative Pain Service and Staff Physician Specialist, Landstuhl Regional Medical Center (U.S. Army)
Location: Landstuhl/Kirchberg, Germany

Dr. Ryan Young’s interest in addiction medicine began during a pain medicine fellowship at the University of California, Davis, in 2011 and 2012. “I decided to become ABAM certified early in my clinical practice when I began to realize the current and potential utility of being able to recognize and treat the disease of addiction in patients with chronic pain disorders.”

Dr. Young often sees addictions and substance use disorders in his current practice at the largest U.S. military hospital outside of the continental United States. “The active duty and veteran patient population with chronic pain disorders are often affected by comorbid substance use disorders, including tobacco, stimulants, benzodiazepines and opioids,” he says. “Polypharmacy is not uncommon, but certainly becomes an even higher risk in those with a propensity for addiction.”

“In a clinical setting where TBI, PTSD, anxiety/depression, and sleep disorders are prevalent, I believe that it is essential to be able to risk stratify patients quickly in the effort to reduce morbidity and mortality and design more effective treatment strategies,” Dr. Young adds.

Of the synergy between pain medicine and addiction medicine, and the value of ABAM certification for those in his primary field, he says: “I believe the knowledge of addiction medicine complements the practice of the evolving field of pain medicine. ABAM certification indicates that a physician has a deeper understanding of the disease of addiction and an increased level of expertise to work toward de-stigmatizing this condition, educating others, and saving lives.”
ABAM Foundation Fellows are Making an Impact

By Andrew Danzo

Four years after The ABAM Foundation accredited its first addiction medicine fellowships, the graduates of these programs are having a positive impact on the field, and the health of their communities.

Forty-three physicians have now completed accredited addiction medicine fellowships. A number have taken roles in academic medical centers, an important step toward further integrating and expanding addiction medicine in medical education.

And two graduates have already gone on to lead fellowship programs themselves. Timothy K. Brennan, MD, MPH, completed the Addiction Institute of New York Fellowship in 2013 and has now taken over as program director. At the University at Buffalo Fellowship, Torin J. Finver, MD, who graduated in 2014, is the new program director. In addition, Nicole T. Labor, DO, who directs the Summa Addiction Medicine Fellowship in Akron, Ohio, trained at the Geisinger-Marworth program in Waverly, Pennsylvania, just before it received ABAM Foundation accreditation.

Another 36 fellows are now in training, and that number is expected to grow as more fellowships come online. Twenty-seven fellowship programs are now accredited, with the four newest programs starting this year:

- **Caron-Reading Medical Center Fellowship Program**, based in the Caron Treatment Center in Wernersville, Pa. The one-year fellowship can train up to two fellows per year. Sponsored by Reading Hospital, the fellowship was developed by Kenneth W. Thompson, MD, FASAM.

- **Oregon Health & Science University Addiction Medicine Fellowship**, based in OHSU Hospital in Portland. The program is accredited to offer both one- and two-year fellowships, and has two training slots per year. The program director is Philip Todd Korthuis, MD, MPH.

- **University of Kentucky Addiction Medicine Fellowship Program** in Lexington. The one-year program, which can train one fellow per year, is based in the University of Kentucky College of Medicine. The program director is Lon R. Hays, MD, MBA, DFAPA, an ABAM and ABAM Foundation board member.

- **Rhode Island Hospital Addiction Medicine Fellowship**, based in Providence. The program can train one fellow in either a one- or two-year fellowship. ABAM and ABAM Foundation board member Peter D. Friedmann, MD, MPH, FASAM, FACP, serves as fellowship director.

The fellowships are creating a solid infrastructure for The ABAM Foundation’s efforts to achieve health system transformation.

“Without fellowships we’d never be here,” ABAM Executive Vice President Kevin Kunz, MD, MPH, told the fellowship program directors during a recent discussion of progress toward American Board of Medical Specialties recognition. “Thank you all for all your work. It’s paying off.”

If you are interested in entering an addiction medicine fellowship, go to [www.abamfoundation.org](http://www.abamfoundation.org).

Mr. Danzo is Senior Coordinator, National Center for Physician Training in Addiction Medicine.
November 2014 was my first ABAM recertification (MOC, Part III) exam and believe it or not, I was looking forward to it. I enjoyed the ASAM review course, updating my knowledge base, and reconnecting with my colleagues during the board prep process. I practice pain medicine, and since I made the commitment to better understand addiction my effectiveness, safety, and professional satisfaction have increased greatly. Also, I believe my ABAM diplomate status gives me an added degree of credibility among my peers, patients, and community.

– James Patrick Murphy, MD, MMM
President and Medical Director, Murphy Pain Center
Chair, Board of Governors, Greater Louisville Medical Society
Asst. Clinical Professor, University of Louisville School of Medicine

See page 1 to read about a major development in subspecialty recognition by ABMS.