



ABAM DIPLOMATE NEWS

Issue 2: Winter 2012-2013



Addiction medicine residency directors met in March 2012. Pictured (L-R), from the Boston University Medical Center Addiction Medicine Residency: Drs. Daniel Alford (Residency Program Director), Christine Pace (then-resident) and Alex Walley (Associate Program Director).

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First Addiction Medicine Residents Graduate: A Historic Milestone

By Andy Danzo; Richard D. Blondell, MD; Jeffrey H. Samet, MD, MA, MPH; and Patrick G. O'Connor, MD, MPH

Addiction medicine has achieved yet another major milestone with graduation of the first cohort of physicians trained in residency/fellowship programs newly accredited by The ABAM Foundation.

Seven physicians graduated in 2012 from four of the first 10 accredited programs, becoming the first physicians eligible to sit for ABAM certification following completion of a graduate medical education program meeting ABAM Foundation national standards. This achievement capped a year that also saw productive gatherings of the vanguard addiction medicine residency programs under the auspices of an NIAAA grant, the launch of a complementary research-training initiative supported by NIDA, and growth in the number of new residency program applications for ABAM Foundation accreditation.

Members of the 2012 inaugural graduating class are:

- Claudie H. Jimenez, MD (Saint Luke's, Roosevelt Hospitals; Addiction Institute of New York);
- Christine A. Pace, MD, and Karsten Lunze, MD, MPH (Boston University Medical Center Addiction Medicine Residency);
- Daniel Bebo, MD (Cincinnati Addiction Medicine Fellowship);
- William W. Hollifield, MD, William A. Yvorchuk, MD, and Michael J. Huggins, MD (University of Florida Addiction Medicine Program).

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First Addiction Medicine Residents

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In addition to the four programs producing graduates this year, six others have been accredited: the Geisinger Addiction Medicine Residency at Marworth; the Minnesota Addiction Medicine Residency Program; the Addiction Medicine Fellowship Program at NYU School of Medicine; the University of Maryland-Sheppard Pratt Training Program; the University at Buffalo Addiction Medicine Fellowship; and the University of Wisconsin Program.

Future Graduating Classes Expected to Grow

Future graduating classes are expected to grow. Fourteen physicians are now training in eight of the 10 programs, and the two programs that remained without trainees this year (Minnesota and Wisconsin) have been recruiting for residents to start in July 2013.

Strong new accreditation applications will also be considered this year; the total number of addiction medicine programs could almost double by summer 2013.

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Inaugural Class of ABAM Foundation Residency Graduates



Dr. Claudie H. Jimenez



Dr. Christine A. Pace



Dr. Karsten Lunze



Dr. Daniel Bebo



Dr. William W. Hollifield



Dr. William A. Yvorchuk



Dr. Michael J. Huggins

Message from the President

From zero to 2,584 diplomates in a mere six years—that is progress. Yet, the path ahead will require even more constructive energy to reach our goal: recognition of the field of addiction medicine by the American Board of Medical Specialties (ABMS). Why is recognition so crucial? Such recognition will enable the infrastructure of American medicine to be used to train new physicians and keep current physicians up-to-date about the unique body of knowledge in the field of addiction medicine, and facilitate the provision of care for patients and their families who suffer from these disorders.

Remarkable progress has been made as can be grasped from the articles in this newsletter, which examine key ongoing efforts in the pursuit of our collective goal. These issues include:

1. **Credentialing:** Establishing metrics for recognizing existing expertise among practicing physicians and reviewing applications for those submitting applications to sit for the addiction medicine board examination. As a result, we currently have 2,584 ABAM certified diplomates and 910 physicians accepted to sit for the next certification and recertification examinations in December 2012.
2. **Residency Training and Accreditation:** Establishing a framework for addiction medicine training, approval of 10 residency training programs, graduation of the first seven addiction medicine trainees in 2012 and funding by the NIH (both the National Institute on Alcohol Abuse and Alcoholism [NIAAA] and the National Institute on Drug Abuse [NIDA]) of programs to begin to support the training of the next generation of addiction medicine physicians.
3. **Residency Funding:** This critical area is recognized as essential to our field's future success but is not yet, "Mission Accomplished." Much important work lies ahead.
4. **Maintenance of Certification (MOC):** This dimension of ABAM's activities should result in the provision of better care for patients with addictive disorders, the central motivation for the efforts of this entire enterprise. The progress of MOC development and the costs associated with it are central to ABAM and the ABAM Foundation's future ability to achieve its mission.

Speaking on behalf of myself and the incredibly generous and active ABAM Board of Directors and professional staff, it is a mission-driven honor to serve and contribute to this movement to achieve recognition for our medical field... a field that works side-by-side with colleagues from other disciplines to make major contributions to improving the lives of our patients who suffer from the destructive effects of alcohol, drugs, tobacco and other addictive substances.

Thank you for embracing the challenges of our field and for your daily contributions for our patients and their families. ■

Jeffrey H. Samet, MD, MA, MPH



Jeffrey H. Samet, MD, MA, MPH

ABAM Foundation Aggressively Pursues Funding and ACGME Accreditation for Addiction Medicine Residencies

By Hoover Adger, MD, MPH, MBA and Kevin B. Kunz, MD, MPH



Addiction medicine leaders brainstorm potential funding mechanisms for residency programs. Pictured (clockwise, from lower left): Dr. Barry Stimmel, Mr. David Mineta, Ms. June Sivilli, Ms. Sue Foster, Drs. James Callahan, Cheryl Heaton, Sanchez-Samper, Martha Wunsch, John Hopper, Anthony Albanese, Michael Miller, Ms. Penny Mills, Drs. Jeffery Wilkins, Hoover Adger, Kevin Kunz, Christine Delos Reyes.

Physicians as a group must take the lead in the improvement of health care. We have a duty to the patients we see to deliver increasingly better care and demonstrate this improvement to the many stakeholders in health care. Completing the Maintenance of Certification program demonstrates how our diplomates are improving the quality of care provided to patients suffering from the disease of addiction.

– Dr. Gavin Bart

In September the ABAM Foundation Directors took actions to assure funding for addiction medicine residencies, and to seek Accreditation Council for Graduate Medical Education (ACGME) accreditation for the residencies. The Board appointed the Development Committee and the ACGME Accreditation Work Group to carry out these resolves.

The Development Committee is charged with “acquiring the resources to support addiction medicine residencies, and the ABAM and ABAM Foundation missions,” and was authorized “to identify and recommend to the Directors a candidate to be Director of Development for the ABAM Foundation.” Committee members are Drs. Gail D’Onofrio, Robert Sokol (Co-Chairs), and Dr. Kevin Kunz.

The ACGME Accreditation Work Group will look at a time-line and strategy for approaching the ACGME to accredit addiction medicine residencies. Group members are Drs. Michael Miller (Chair), Kathleen Brady, Rick Blondell, Patrick O’Connor and Robert Sokol, and Mr. Andy Danzo. The group will prepare a plan for discussion by The ABAM Foundation Board of Directors at the Board’s March 2013 meeting.

Urgent Need For Funding

Five of the current 10 ABAM Foundation residencies (accredited in March 2012) were unable to begin training in July, due to lack of funding. For this reason, and because addiction medicine does not qualify for Medicare allocations to graduate medical education in teaching hospitals, the Board resolved to aggressively pursue independent funding for current and future residencies.

The groundwork for the resolve on funding was prepared in 2011 by CASA at Columbia University and Legacy; by the Residency Development and Funding Work Group (Funding Work Group); (Co-chairs, Drs. Hoover Adger and Kevin Kunz); and by the ABAM Foundation Training and Accreditation Committee (Dr. Rick Blondell, Chair) in consultation with the current addiction medicine residency directors. (See the article in this issue, *First Addiction Medicine Residents Graduate: A Historic Milestone.*)

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The Association of American Medical Colleges (AAMC) Council of Academic Societies Grants ABAM Foundation Observer Status

ABAM Foundation (ABAMF) Director Robert J. Sokol, MD (Specialty Director, Ob/Gyn) was notified in June that the ABAMF has been granted observer status at the AAMC's Council of Academic Societies (CAS).

In his letter to Dr. Sokol, Anthony J. Mazzaschi, Director of CAS Affairs and Senior Director, Scientific Affairs, said that there is currently a moratorium on admitting new members to the Council, but added, "However (The Membership Committee) did express strong enthusiasm for the eventual membership of the ABAMF in the Council."

The significance of this for the field of addiction medicine and for ABAM diplomates cannot be overstated.

The AAMC is THE organization of academic medicine in the United States and internationally, with representatives from Canada and other countries attending its meetings. Along with the AMA, it is the parent organization of the Liaison Committee on Medical Education (LCME), which accredits medical schools. Further, AAMC interacts with ACGME, ACCME, NBME, the MCATs and the potpourri of initials that determine the direction of American medical education. The AAMC is active and influential in national politics, helping shape how they affect academic medicine.

The AAMC website describes the CAS in this way: The Council of Academic Societies is one of three leadership councils of the AAMC, along with the Council of Deans (COD) and the Council of Teaching Hospitals and Health Systems (COTH). The CAS is presently comprised of nearly 90 academic societies devoted to biomedical and behavioral research, medical education, and patient care.

The collective membership of the CAS societies include essentially all faculty members and scientists in American medical schools engaged in life sciences research, research training, and medical education. The CAS, though diverse in membership, is a powerful forum for discussing and exchanging information of common interest to medical school faculty and for evaluating and recommending policy initiatives to the association.

www.aamc.org/members/cas/about

Dr. Sokol will be the ABAMF Senior Representative to the CAS. He represented the American College of Obstetricians and Gynecologists (ACOG) on CAS for 20 years, chaired a committee and was an active voice at the meetings. He says it is important that The ABAM Foundation be a CAS member, noting, "I believe that ABAMF should be a member of CAS. We are working toward increasing the number of accredited residencies in addiction medicine, achieving ABMS recognition, bringing up a first rate MOC program and developing a role in academic medicine. Clearly, being active in the AAMC would serve us well and, I believe, serve the academic community well."

Dr. Sokol was Dean of Wayne State University School of Medicine, and is currently a Distinguished Professor of Obstetrics and Gynecology, and The John M. Malone, Jr, MD, Endowed Chair & Director, C. S. Mott Center for Human Growth and Development, as well as founding Chair of the University Department of Clinical and Translational Science.

He is the ABAM and ABAM Foundation Treasurer, Chair of the Finance Committees, and Chair of the ABAM Maintenance of Certification (MOC) Program. ■



Dr. Robert Sokol

MOC has allowed me to systematically review all areas of addiction medicine, helping maintain my confidence that I am doing the best for my patients. I've seen a number of patients whose conditions I may not have otherwise recognized or for which I would not have been certain of the most appropriate treatments if it weren't for the knowledge I gained through MOC.

– Dr. Jeffrey Samet

First Addiction Medicine Residents

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NIAAA-funded Project Provides Strong Foundation for New Programs

New programs should have a strong foundation to build on, thanks to the \$960,651 NIAAA-sponsored project “National Infrastructure for Translating Addiction Research into Clinical Practice.” Under the project, eight of the first residencies (Addiction Institute, Boston, Buffalo, Florida, Geisinger, Maryland, Minnesota and Wisconsin) have been designated as “Model Programs” to develop curricular products and meet face-to-face to learn from one another’s experiences. Model Program directors as well as some faculty and trainees assembled in Chicago and Alexandria, Va., in 2012, participating in self-assessments to identify strengths and weaknesses and working on Physician Education Modules.

The NIAAA-ABAM Foundation project is also laying the groundwork for ongoing technical support through the National Addiction Medicine Residency Assistance Council (NAMRAC), composed of ABAM Foundation Training and Accreditation Committee members and some of the Model Program directors. In addition, NAMRAC will be involved in finalizing new Standards of Excellence that will supplement existing guidance for addiction medicine training.

NIDA Funding Supports Development of Research Skills

A new NIDA-funded project at Boston University School of Medicine is building research skills for addiction medicine and addiction psychiatry residents. The \$1.4 million Research in Addiction Medicine Scholars (RAMS) program is directed by Drs. Samet and O’Connor, and is offered in collaboration with The ABAM Foundation. The program accepted its first four trainees this year and will continue recruiting up to five more annually for the next four years. The program seeks to supplement the research training of addiction physician trainees who aspire to clinical investigator careers by providing training and mentorship as the scholars pursue this pathway.

ACGME Accreditation Strategy to be Developed

As discussed elsewhere in this newsletter, in September, the ABAM Foundation Directors appointed the ACGME Accreditation Work Group to look at a time-line and strategy for approaching the Accreditation Council for Graduate Medical Education (ACGME) to accredit the addiction medicine residencies. The Work Group will include Drs. O’Connor, Blondell, and D’Onofrio, Mr. Danzo, and others.

Visit www.ABAM.net to learn of new developments with The ABAM Foundation addiction medicine residencies.

Mr. Danzo is Coordinator, Training and Accreditation Committee National Coordinating Office (Buffalo). Drs. Blondell, Samet and O’Connor are, respectively, Chair, ABAM Foundation Training and Accreditation Committee; President, ABAM and The ABAM Foundation; and President-Elect, ABAM and The ABAM Foundation. ■



Visit the ABAM Web site:
www.abam.net

ABAM Introduces Part II of the Maintenance of Certification (MOC) Program

ABAM's MOC Program Promotes High Standards of Care, Helps Addiction Medicine Meet ABMS Requirements

By Robert J. Sokol, MD, FACOG and Gavin B. Bart, MD

According to the **American Board of Medical Specialties (ABMS)**, “MOC assures that the physician is committed to lifelong learning and competency in a specialty and/or subspecialty by requiring ongoing measurement of six core competencies adopted by ABMS and the ACGME in 1999.”

The American Board of Addiction Medicine has adopted its own MOC program for diplomates, an important step toward improving patient care and meeting the ABMS criteria for recognition of addiction medicine. A majority of ABAM diplomates have already begun the MOC process.

In 2011, 95% of ABAM diplomates participated in MOC Part I (Licensure and Professionalism). This equals or exceeds the enrollment that other specialty boards reported, and reflects the professionalism of ABAM diplomates in our emerging medical specialty. An equal rate of participation is anticipated for Part II, which was launched in October 2012. By engaging in this continuous professional development, diplomates will have the practice-related knowledge to provide quality care, and the public will have assurance that ABAM certified physicians maintain high standards of clinical care.

The ABAM MOC Program includes the four components outlined by the ABMS:

- **Part I—Licensure and Professionalism:** Demonstrate possession of a valid, unrestricted license in all states in which a diplomate practices medicine. *Launched in 2011.*
- **Part II—Lifelong Learning and Self-Assessment:** Read and successfully answer questions on ABAM approved articles, and complete CMEs. *Launched in October 2012.*
- **Part III—Cognitive Expertise:** Every 10 years, demonstrate knowledge of addiction medicine by passing the written examination. *Launched in 2011.*
- **Part IV—Practice Performance Assessment:** Demonstrate use of best evidence and practices, compared to peers and national benchmarks. *Anticipated launch: 2014 – 2015.*

Who is Required to Participate in the ABAM MOC Program?

All diplomates are required to participate annually in Part I, in order to retain ABAM diplomate status.

- Diplomates holding *Time-Limited Certificates*—those certified by ASAM after 1996, and “grandfathered” into ABAM diplomate status, prior to establishment of the 2010 ABAM Certification Examination—must successfully complete all four parts of the program during the 10-year MOC cycle.
- Diplomates holding *Time-Limited Certificates* are encouraged but not required to participate in Parts II, III and IV. These are diplomates who received “lifetime certification” from ASAM in 1996 or earlier, and were “grandfathered” into ABAM diplomate status, prior to establishment of the 2010 ABAM Certification Examination.

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ABAM Participates in ASAM Med-Sci Conference

The American Board of Addiction Medicine and ABAM Foundation presented three sessions at the ASAM Annual Med-Sci Conference, held April 2012. The sessions covered the ABAM Certification Examination and ABAM MOC Program, with the third program covering both accreditation of ABAM Foundation residencies and recognition of addiction medicine by the American Board of Medical Specialties. The conference also featured a presentation of the ABAM Presidential Award to outgoing President Dr. Kevin Kunz (pictured above, right, with Dr. Michael Miller).



Dr. Jeffrey Samet spoke at the 2012 ASAM Med-Sci Conference.

ABAM Foundation Aggressively Pursues Funding

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“As a physician, I have an obligation of public accountability—ensuring my covenant to the population that my declaration of competence as a physician is authentic. Keeping my certification current is central to that obligation, as patients need to have an objective assurance that my understanding of medicine is current. The ABAM Maintenance of Certification program fulfills that public accountability.”

– Dr. Michael Miller

Field Leaders Urge Support for Addiction Medicine Residencies

In September 2011, CASA at Columbia University (Joe Califano) and Legacy (Cheryl Heulton) co-signed a letter to all deans of U.S. medical schools and CEOs of teaching hospitals to offer “full assistance and support to you to address this disease and its prevention in public health and medical practice, and urge you to take steps to immediately certify within your institution an accredited residency training program in addiction medicine.”

Also in September 2011 the Funding Work Group agreed to take a two-pronged approach: *First*, to begin dialogue with federal agencies and with private not-for-profit health care systems that have large populations of patients with addiction problems, and a large body of physicians in need of training, to request that the organizations establish addiction medicine residencies in their health systems. Second, to approach donors (individuals, pharmaceutical companies, foundations) for financial support. In March 2012, the Work Group met for two days (with support from Alkermes Pharmaceutical) and formed teams charged with approaching target groups that can establish and/or fund residencies:

Team 1—Government, Private Donors, Public Appeal: Drs. Tony Albanese, Chris Delos Reyes, Larry Gentilello, Kevin Kunz (Chair), Barry Stimmel, and Jeffery Wilkins; and Ms. Sue Foster (CASAColumbia).

Team 2—Foundations and Pharmaceuticals: Drs. Hoover Adger, Stu Gitlow, Cheryl Heulton (Legacy Foundation), John Hopper, Ximena Sanchez-Samper (Co-Chair), Martha Wunsch (Co-Chair), and Ms. Sue Foster.

Team 3—Not-for-profit Healthcare, Community Health Centers, Not-for-profit Associations: Drs. Michael Miller (Chair), Kevin Kunz, Patrick O’Connor; and Ms. Penny Mills, and Dr. Jim Callahan.

The Funding Work Group also urged the ABAM Foundation Directors to hire a full time Development Director (a task that the new Development Committee has taken on), and prepare the Case for Support outlining the need to train doctors in addiction medicine.

Discussions are ongoing with the Department of Veterans Affairs (VA), Department of Defense (DoD), Indian Health Service (IHS), Bureau of Prisons (BOP), National Association of Community Health Centers (NACHC), and with some not-for-profit health care systems. Foundations have been identified in states where there are addiction medicine residencies. ■

ABAM Introduces Part II of MOC Program

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2012 MOC Requirements (By December 15)

2012 MOC requirements, which must be met by December 15, include:

- **Part I– Licensure and Professionalism:** 1. Complete the *MOC Part I License Verification Form* ([Click on this link for the form for Time-Limited Diplomates. For the Time-Unlimited Diplomates form, click here.](#)) (Note: It is not necessary to send a copy of a medical license(s) to ABAM); and, 2. Send payment (see fee schedule below). Space is available on the form to enter credit card information. Checks will also be accepted, payable to ABAM, and mailed to the address provided on the form.
- **Part II–Lifelong Learning and Self-Assessment:** Complete **4 Category 1 CME Credits of Self-Assessment Activities** by reading and passing the brief knowledge exams for at least four ABAM-approved journal articles from a pool of eight. In subsequent years, the requirement will be 12 articles. A score of 75% or higher on the self-assessment portion earns credit. *Time-Unlimited Diplomates* are not required to complete Part II, but are encouraged to do so.
- **Part III–Cognitive Expertise:** *Time-Limited Diplomates* are required to sit for and pass the Cognitive Examination once during their 10-year MOC cycle. Diplomates who are participating in MOC are eligible to sit for the examination in Years 8-10 of their MOC Program. *Time-Unlimited Diplomates* are not required to complete Part III of ABAM’s MOC Program, but are encouraged to do so.
- **Part IV–Practice Performance Assessment:** There are no 2012 requirements. ABAM will phase in Part IV within the next two years.

MOC Fees

We practice rigorous cost restraint to minimize fees to our diplomates. Our costs and fees are about average, compared with those of other specialty boards. This is a real accomplishment, since we currently have fewer diplomates than most boards, and less total fee income.

	2012 Fees	2013 Fees
Time-Unlimited Diplomates	\$100	\$100
Time-Limited Diplomates	\$140	\$425

Time-Limited Diplomate 2012 fees are less than in following years, since there are fewer requirements in 2012. Fees for *Time-Unlimited Diplomates* participating in Part I but not in the full MOC program are \$100 in 2012 and 2013.

What Do the Fees Cover?

The fees cover:

1. Part I, verification of licensure; Part II Self-Assessment Activities, and tracking of CME; Part III MOC examination fee (i.e., there is no additional fee due at the time of registration for the cognitive examination).
2. ABAM contract with the Federation of State Medical Boards (FSMB) to biannually verify each ABAM diplomate’s licensure status in the FSMB’s Disciplinary Alert Service (DAS) reports.
3. Beginning in 2013, access to a state-of-the-art Diplomate Web Portal that will provide tracking, notification, and access to educational and self-assessment activities, the cognitive examination, and practice improvement activities. Each diplomate will have his or her own personal profile that may be accessed through a web portal login. The personal page will track progress through all four components of the MOC Program during the 10-year MOC cycle.

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“Given the push for greater accountability in medicine, MOC will become a differential competitive advantage among physicians. Participation in the ABAM Maintenance of Certification Program is a wise decision in anticipation of future expectations.”

– Dr. Kevin Kunz

Candidates for Certification: Higher Percentage of Young and Female Applicants

By Martha Wunsch, MD, FASAM



Dr. Martha Wunsch

ABAM initially offered the option of “grandfathering” to physicians already certified by the American Society of Addiction Medicine. Two thousand-sixty of ABAM’s 2,584 diplomates became certified through this process. Currently, candidates must sit for the ABAM examination.

There has been a notable rise in the number of examination applicants since ASAM transferred its examination to ABAM. In 2002, 383 physicians sat for the ASAM examination. In 2010, 838 applied for the ABAM certification or recertification examination; 644 of these were granted initial certification. Nine hundred-ten will sit for the 2012 examination, 749 of whom will sit for initial certification.

The 749 new candidates represent 11 U.S. states and Canada, with the greatest number practicing medicine in California and New York.

The demographics of the 2012 applicants differ in gender and age from those of current ABAM diplomates. Women physicians are 31% of the 2012 candidates, vs. 20% of the general population of diplomates. And ABAM is getting younger: 56% of new candidates are 49 years and younger, vs. only 12% for the total population of diplomates.

Many specialties are represented among candidates, although, as in prior years, the greatest numbers of applicants are from the specialties of psychiatry, internal medicine, and family medicine.

The ABAM Credentialing Committee reviews applications for initial and recertifying examination in addiction medicine.

Credentialing Committee members are:

Martha J. Wunsch, MD (Committee Chair)

Lon R. Hayes, MD

Terry Alley, MD

Raju Hajela, MD

Elizabeth Howell, MD

Sunder Keerthy, MD

Mary McMasters, MD

Melvin Pohl, MD

Shannon Robinson, MD

Peter Rogers, MD

Chapman Sledge, MD

Dr. Wunsch is Chair, ABAM Credentialing Committee. ■

ABAM Certification Examination: Comprehensive and Practice Relevant

By Michael Weaver, MD, FASAM

The American Board of Addiction Medicine continues to improve the Certification Examination, in order to make it more relevant to the current and future practice of addiction medicine.

The ABAM Certification Examination Committee, which writes the test questions, has made several improvements to the examination over the last few cycles, and the committee has been expanded to encompass most specialties involved in treating addiction and substance use disorders. Committee membership has grown to include medical specialty members of the ABAM Board of Directors, and to include practitioners in emergency medicine and surgery.

With expansion of committee membership, the pool of available test questions has grown in number and scope and a new examination blueprint has been developed. This blueprint is closely aligned with the Core Content of Addiction Medicine, reflecting contributions of additional medical specialties as well as growth in the field.

The updated examination blueprint reflects the required curriculum for ABAM Foundation approved residency programs. After the December 2012 ABAM examination, the updated blueprint and general content will undergo testing with the help of the National Board of Medical Examiners. This will ensure that the examination is relevant to the practice of addiction medicine.

The members of the ABAM Examination Committee are:

- Michael Weaver, MD (Chair)
- Hoover Adger, Jr., MD (Pediatrics)
- Robert Balster, PhD (Psychology, Basic Science)
- Louis Baxter, Sr., MD (Internal Medicine)
- Eric Collins, MD (Psychiatry)
- Christina Delos Reyes, MD (Psychiatry)
- Gail D'Onofrio, MD (Emergency Medicine)
- Mary Eno, MD (Addiction Medicine)
- Larry Gentilello, MD (Surgery)
- John Hopper, MD (Internal Medicine)
- Robert Hunter, MD (Occupational Medicine)
- Margaret Jarvis, MD (Psychiatry)
- Edward Nunes, MD (Psychiatry)
- Patrick O'Connor, MD (Internal Medicine)
- Peter Selby, MBBS (Family Medicine, International)
- Sharon Walsh, PhD (Psychology, Basic Science)
- Donna Yi, MD (Psychiatry)

Dr. Weaver is Chair, ABAM Examination Committee. ■



Dr. Michael Weaver

Time-Unlimited Diplomates: Consider Voluntary Participation in Entire MOC Program

In addition to fulfilling the requirement for Part I, Time-Unlimited Diplomates have the option to participate in Parts II, III and IV of the MOC Program.

Benefits of participation in all four parts and not just Part I include:

- The primary benefits are related to physician knowledge and competence, professional and peer recognition, and patient care.
- Help complete the work of Dr. Ruth Fox and the thousands of physicians since 1954 who have helped carry forward the dream of having addiction medicine become an ABMS board recognized specialty.
- The opportunity to contribute financially and professionally to the growth and recognition of addiction medicine.

ABAM Introduces Part II of MOC Program

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4. Consistent contact from ABAM staff to help diplomates understand program requirements and stay up-to-date with meeting annual MOC requirements.
5. ABAM's partnership with specialty societies and other health care organizations in qualifying appropriate self-assessment CME activities, and appropriate practice quality improvement projects (when they become available).

Why Should Time-Unlimited Diplomates Complete All Parts of MOC?

We urge Time-Unlimited Diplomates to voluntarily participate in the entire MOC program. The additional cost for 2012 is \$40, and the annual cost for the program in 2013 will be \$425. You are the group of diplomates who have fought so long for ABMS recognition. Your participation will strengthen ABAM's financial stability, and give us the resources to establish and fund addiction medicine residencies and carry out the other ABMS requirements for recognition of addiction medicine.

Benefits of Participation

Patients, families, communities and our nation need physicians who are not only certified in addiction medicine, but who also are current in the scientific and clinical advances of our specialty. Participation signifies that addiction medicine physicians know and practice state-of-the-art addiction medicine.

Further, the Federation of State Medical Boards, state boards and others are moving to a Maintenance of Licensure (MOL) system that will acknowledge MOC. Participation in MOC could potentially avoid future time-consuming tasks, such as quality assurance audits by third-party payers, or relicensing examinations and CME requirements imposed by state agencies.

Finally, MOC is an opportunity to contribute to the growth and formal recognition of addiction medicine, and to the financial stability of ABAM. ABAM is a non-profit organization that relies on a relatively small number of diplomates to absorb the costs of operating our specialty board. Diplomates who enroll in the ABAM MOC program—those required to do so, and those who voluntarily choose to do so—are contributing to the process of further establishing the specialty of addiction medicine.

This is our opportunity to complete the work Dr. Ruth Fox and her colleagues began in 1954, and that you and thousands of your colleagues have carried forward with the dream of having addiction medicine become an ABMS-recognized specialty.

MOC Committee Members Invite Your Comments

The members of the *ABAM MOC Committee* are: Drs. Robert J. Sokol (Chair); Hoover Adger, Jr., Gavin B. Bart, Gail D'Onofrio, Patrick G. O'Connor, Michael F. Weaver, and Martha J. Wunsch. *Lifelong Learning and Self-Assessment Sub-Committee* members are Drs. Gavin B. Bart (Chair), James Finch, Michael Fingerhood, David Frenz, Sharon Levy, David Liu, Sandrine Pirard, Jeff Schulden, Jacquelyn Starer, Geetha Subramaniam, Robert Corey Walker, Alexander Y. Walley, Michael F. Weaver, and Mark L. Willenbring.

The Committee invites your comments and questions. Please send them to email@abam.net

ABAM MOC Director, Ms. Lia Bennett, will be happy to answer your questions. She may be contacted at lbennett@abam.net. You may also view the MOC FAQs at www.abam.net/maintenance-of-certification/.

Dr. Sokol is Chair, MOC Committee. Dr. Bart is Chair, Life-long Learning and Self-Assessment Sub-Committee. ■