

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 4-I-19

Subject: Board Certification Changes Impact Access to Addiction Medicine Specialists
(Resolution 314-A-18)

Presented by: Jacqueline A. Bello, MD, Chair

Referred to: Reference Committee C

1 Resolution 314-A-18, “Board Certification Changes Impact Access to Addiction Medicine
2 Specialists,” introduced by the Michigan Delegation and referred by the American Medical
3 Association (AMA) House of Delegates (HOD), asks:

4
5 That our American Medical Association work with the American Board of Addiction Medicine
6 (ABAM) and American Board of Medical Specialties (ABMS) to accept ABAM board
7 certification as equivalent to any other ABMS-recognized Member Board specialty as a
8 requirement to enroll in the transitional maintenance of certification program and to qualify for
9 the ABMS Addiction Medicine board certification examination.

10
11 This resolution was referred due to mixed testimony about the new requirements for ABMS
12 subspecialty board certification in addiction medicine and concerns centered around the
13 equivalency of ABAM and ABMS board certifications. Although a number of physicians have held
14 ABAM certification, they do not meet the requirements for ABMS subspecialty certification in
15 addiction medicine if they do not hold current ABMS certification in a primary specialty. Although
16 specialty board certification is not required to practice medicine, it may be needed to meet the
17 credentialing requirements of hospitals.

18
19 This report calls attention to the urgent need to train physicians in addiction medicine, provides
20 background information on the process for obtaining subspecialty board certification in addiction
21 medicine, and provides an update on the time-limited pathway for subspecialty certification in
22 addiction medicine for ABAM diplomates.

23
24 **BACKGROUND**

25
26 More than 20 million Americans need treatment for substance use disorder, and 2 million
27 Americans have an opioid use disorder.¹⁻² However, only 3,500 U.S. physicians (approximately)
28 are trained in addiction medicine to meet this need.² Although medical schools and teaching
29 hospitals are actively working to address the crisis in their communities, more physicians need to
30 be trained in addiction medicine to address this public health challenge.

31
32 Since 2008, the ABAM, a non-ABMS member board, has offered certification and recertification
33 in addiction medicine. ABAM certification is valid as long as ABAM diplomates maintain
34 enrollment in the ABAM Maintenance of Certification program.³ In October 2015, the new
35 subspecialty of addiction medicine, sponsored by the American Board of Preventive Medicine
36 (ABPM), was recognized by the ABMS.⁴ In June 2016, fellowship training in addiction medicine
37 was approved by the Accreditation Council for Graduate Medical Education (ACGME).

1 In 2017, the ABPM began offering physicians the opportunity to become certified in the
2 subspecialty of addiction medicine, and physicians certified by any of the ABMS member boards
3 have been eligible to apply. During the first five years (2017-2021) the addiction medicine
4 examination is given, individuals may become qualified by the Practice Pathway (through which
5 physicians can meet eligibility requirements for certification in addiction medicine without
6 completing an addiction medicine fellowship). In order to meet the requirements for ABPM
7 subspecialty certification in addiction medicine, physicians who do not hold ABAM certification
8 must also hold a current ABMS certification in any primary specialty to meet the requirements for
9 ABPM subspecialty certification in addiction medicine.

10 ABPM PATHWAYS AVAILABLE TO ACHIEVE SUBSPECIALTY CERTIFICATION IN 11 ADDICTION MEDICINE

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13
14 There are multiple pathways to achieve subspecialty certification in addiction medicine through the
15 ABPM, as described below.⁵

16 17 *Practice Pathway*

18 19 • Time in Practice

20 Applicants must submit documentation of a minimum of 1,920 hours in which they were
21 engaged in the practice of addiction medicine at the subspecialty level; this minimum of 1,920
22 hours must have occurred over at least 24 of the previous 60 months prior to application. The
23 minimum of 24 months of practice time need not be continuous; however, all practice time
24 must have occurred in the five-year period preceding June 30 of the application year. Practice
25 must consist of broad-based professional activity with significant addiction medicine
26 responsibility. Applicants must also demonstrate a minimum of 25 percent (or 480 hours) as
27 direct patient care. Addiction medicine practice outside of direct patient care, such as research,
28 administration, and teaching activities, may count for a combined maximum of 75 percent (or
29 1,440 hours). Only 25 percent (480 hours) of general practice can count towards the required
30 hours for the Practice Pathway, and the remaining 75 percent must be specific addiction
31 medicine practice. Fellowship activity that is less than 12 months in duration or non-ACGME
32 accredited may be applied toward the practice activity requirement. The actual training must be
33 described for any fellowship activity.

34
35 Documentation of addiction medicine teaching, research, and administration activities, as well
36 as clinical care or prevention of, or treatment of, individuals who are at risk for or have a
37 substance use disorder may be considered.

38 39 • Non-accredited fellowship training

40 Credit for completion of training in a non-ACGME-accredited fellowship program may be
41 substituted for the Time in Practice hour requirements of the Practice Pathway. To qualify, the
42 applicant must have successfully completed a non-ACGME-accredited addiction medicine
43 fellowship of at least 12 months that is acceptable to the ABPM. The fellowship training
44 curriculum as well as a description of the actual training experience must also be submitted to
45 the ABPM for its review and consideration.

46
47 Fellowship training of less than 12 months in a non-ACGME accredited program may be
48 applied towards the Time in Practice hour requirements of the Practice Pathway.

1 *ABAM Diplomate Pathway (available through 2021)*

2
3 Applicants holding certification by ABAM must meet the medical licensure and ABPM
4 certification requirements to be considered for the addiction medicine subspecialty examination.
5 Documentation of current ABAM diplomate status may be submitted in place of practice time
6 documentation and required attestation of clinical competence. (ABAM diplomates are required to
7 maintain certification through ABAM's Transitional Continuous Certification [TraCC] Program.
8 Diplomates who passed ABAM's certifying exam in 2015 or who recertified by passing ABAM's
9 recertifying exam in 2015 may be qualified to expedite the certification process with the ABPM.)

10
11 ABAM diplomates certified, or recertified, in 2015 must submit formal application through the
12 ABAM diplomate pathway and be accepted by the ABPM. Only then may their ABPM certifying
13 exam be waived and certification conferred following usual procedures, with an effective date of
14 January 1 of the year following the ABPM's approval of the formal application.

15
16 The Addiction Medicine ABAM Diplomate Pathway will expire in 2021. Beginning in 2022, all
17 applicants for ABPM certification in addiction medicine must successfully complete an ACGME-
18 accredited addiction medicine fellowship program.

19
20 *ACGME-accredited Fellowship Pathway*

21
22 Applicants must successfully complete a minimum of 12 months in an ACGME-accredited
23 addiction medicine fellowship program. If the program is longer than 12 months, the physician
24 must successfully complete all years of training for which the program is accredited in order to
25 meet the eligibility criteria for certification in addiction medicine.

26
27 THE ABMS COMMITTEE ON CERTIFICATION (COCERT) APPROVED SPECIFIC, TIME-
28 LIMITED PATHWAY FOR SUBSPECIALTY CERTIFICATION IN ADDICTION
29 MEDICINE FOR ABAM DIPLOMATES

30
31 In 2018, the ABPM, in collaboration with the American Society of Addiction Medicine, submitted
32 a request to ABMS to expand the eligibility requirements for the ABPM's Addiction Medicine
33 subspecialty.⁶ The ABPM's request was limited in time to include a period beginning on January 1,
34 2019 and ending at the conclusion of the 2021 exam cycle on December 31, 2021. In March 2019,
35 the ABMS Committee on Certification (COCERT) approved the ABPM's request to expand
36 eligibility to include physicians certified by ABAM, current with the ABAM's TraCC Program,
37 and who previously possessed underlying primary certification from an ABMS member board but
38 allowed that certification to lapse because addiction medicine became the primary area of the
39 physician's practice.

40
41 The proposed expansion excluded physicians who never obtained primary ABMS member board
42 certification, who lost ABMS member board certification as a result of a disciplinary action, or
43 who may have surrendered a medical license in lieu of or otherwise to avoid the possibility of
44 disciplinary action.

45
46 DIPLOMATES CERTIFIED BY THE ABPM IN ADDICTION MEDICINE NO LONGER
47 REQUIRED TO MAINTAIN PRIMARY CERTIFICATION TO RECERTIFY IN ADDICTION
48 MEDICINE

49
50 Previously, the ABMS approved ABPM's request that diplomates certified by the ABPM in
51 addiction medicine will no longer be required to maintain primary ABMS member board

1 certification in order to recertify. With this policy change, diplomates certified by the ABPM in
2 addiction medicine may recertify their ABPM subspecialty certificate in addiction medicine
3 without the need to maintain primary ABMS member board certification.

4 5 RELEVANT AMA POLICY

6
7 It is the policy of the AMA to encourage all physicians, particularly those in primary care fields, to
8 undertake education in treatment of substance use disorder. The AMA also supports the new
9 ABMS-approved multispecialty subspecialty of addiction medicine, which offers certification to
10 qualified physicians who are diplomates of any of the 24 ABMS member boards and the ABPM
11 certification examination in addiction medicine. AMA policies related to addiction medicine and
12 specialty board certification are shown in the Appendix.

13 14 DISCUSSION

15
16 There is a significant shortage of qualified addiction physicians in the United States, and physicians
17 from a variety of disciplines (e.g., internal medicine, family medicine, pediatrics) are needed.⁷
18 Expanding the ABPM pathway will assist in growing the addiction medicine workforce at a time
19 when the treatment of opioid addiction is a national public health crisis and there is a spectrum of
20 medical problems associated with substance use disorders.⁷

21
22 The ABPM pathway runs through an examination and not through any “deeming” or general
23 recognition of equivalency of any board outside the ABMS member board community. Thus,
24 individuals will be required to demonstrate to the ABPM that they possess the “knowledge, clinical
25 skills, and professionalism” to practice safely in the discipline of addiction medicine in order to be
26 granted a certificate from this ABMS member board. Physicians who choose to become certified in
27 the new subspecialty may qualify to take the addiction medicine exam by meeting time-in-practice
28 and other eligibility requirements, but will not be required to complete specialized fellowship
29 training at this time. However, in 2022 the ABPM will require physicians to complete an ACGME-
30 accredited program. The ACGME has accredited 62 twelve-month addiction medicine fellowship
31 programs, with plans to increase the number of programs to 125.⁸ Education in addiction medicine
32 is also becoming a viable choice for medical students and residents.⁹

33
34 The American Osteopathic Association (AOA) has also created a mechanism to allow osteopathic
35 physicians (DOs) with an active primary AOA board certification and ABAM certification to be
36 granted AOA subspecialty certification in addiction medicine.¹⁰ Osteopathic physicians will be
37 required to maintain such certification through the AOA’s addiction medicine osteopathic
38 continuous certification process.¹⁰

39 40 SUMMARY AND RECOMMENDATIONS

41
42 The Council on Medical Education has been committed to working with the ABMS and the ABPM
43 to ensure that all qualified physicians are offered pathways to obtain ABMS-approved certification
44 in the new ABPM subspecialty of addiction medicine in order to improve access to care for
45 patients with substance use disorder.

46
47 The Council on Medical Education therefore recommends that the following recommendations be
48 adopted in lieu of Resolution 314-A-18 and the remainder of the report be filed.

- 1 1. That our American Medical Association (AMA) recognize the American Board of Preventive
2 Medicine (ABPM) for developing and providing pathways for all qualified physicians to obtain
3 ABMS-approved certification in the new ABPM subspecialty of addiction medicine, in order
4 to improve access to care for patients with substance use disorder. (Directive to Take Action)
5
- 6 2. That our AMA rescind Policy H-300.962 (3) "Recognition of Those Who Practice Addiction
7 Medicine," since the ABPM certification examination in addiction medicine is now offered.
8 (Rescind HOD Policy)

Fiscal Note: \$500.

APPENDIX

H-300.962, “Recognition of Those Who Practice Addiction Medicine”

1. It is the policy of the AMA to: (a) encourage all physicians, particularly those in primary care fields, to undertake education in treatment of substance abuse; (b) direct its representatives to appropriate Residency Review Committees (RRCs) to ask the committees on which they serve to consider requiring instruction in the recognition and management of substance abuse. Those RRCs that already require such instruction should consider greater emphasis for this subject. (c) encourage treatment of substance abuse as a subject for continuing medical education; and (d) affirm that many physicians in fields other than psychiatry have graduate education and experience appropriate for the treatment of substance abuse, and for utilization review, and for other evaluation of such treatment, and should be entitled to compensation.
 2. Our AMA commends the American Board of Preventive Medicine (ABPM) for its successful application to the American Board of Medical Specialties (ABMS) to establish the new ABMS-approved multispecialty subspecialty of addiction medicine, which will be able to offer certification to qualified physicians who are diplomates of any of the 24 ABMS member boards.
 3. Our AMA encourages the ABPM to offer the first ABMS-approved certification examination in addiction medicine expeditiously in order to improve access to care to treat addiction.
- (CME Rep. I-93-5 Reaffirmed: CME Rep. 10, I-98 Reaffirmed: CME Rep. 11, A-07 Appended: Res. 314, A-16)

Policy H-275.924 (15), “Continuing Board Certification”

15. The MOC program should not be a mandated requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, employment, or insurance panel participation.

H-275.926, “Medical Specialty Board Certification Standards”

Our AMA:

1. Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
2. Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.
3. Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.
4. Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
5. Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms.

(Res. 318, A-07 Reaffirmation A-11 Modified: CME Rep. 2, I-15)

D-120.985, “Education and Awareness of Opioid Pain Management Treatments, Including Responsible Use of Methadone”

1. Our AMA will incorporate into its web site a directory consolidating available information on the safe and effective use of opioid analgesics in clinical practice.
2. Our AMA, in collaboration with Federation partners, will collate and disseminate available educational and training resources on the use of methadone for pain management.
3. Our AMA will work in conjunction with the Association of American Medical Colleges, American Osteopathic Association, Commission on Osteopathic College Accreditation, Accreditation Council for

Graduate Medical Education, and other interested professional organizations to develop opioid education resources for medical students, physicians in training, and practicing physicians.

(Sub. Res. 508, A-03 Reaffirmed: CSAPH Rep. 1, A-13 Appended: Res. 515, A-14 Reaffirmed: BOT Rep. 14, A-15 Appended: Res. 311, A-18 Reaffirmation: A-19)

H-310.906, “Improving Residency Training in the Treatment of Opioid Dependence”

Our AMA: (1) encourages the expansion of residency and fellowship training opportunities to provide clinical experience in the treatment of opioid use disorders, under the supervision of an appropriately trained physician; and (2) supports additional funding to overcome the financial barriers that exist for trainees seeking clinical experience in the treatment of opioid use disorders.

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