

ASAM NEWS

American Society of Addiction Medicine

Vol. VII, No. 3

May - June 1992

Published Bimonthly



ASAM Annual Award Winner Loretta Finnegan, MD (C) with ASAM President Anthony Radcliffe, MD (R) and President-Elect Anne Geller, MD (L) (see p. 10)

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Clinical Use of the ASAM Criteria

What are some of the problems facing physicians who use the ASAM Patient Placement Criteria in a CD treatment center? **Christine L. Kasser, MD**, chair of ASAM's Standards of Care Committee, shared her experiences as a medical director during the Ruth Fox Course for Physicians April 2 in Washington. The following is a condensed version of her talk.

Difficult areas: • Staff was resistant to change; • Staff believed that inpatient treatment is basically better than outpatient - that outpatient is something you're forced into by economics; • Staff resisted the objective documentation required by the Criteria: they didn't want to spend so much time writing in the patients' charts, believing it to be unnecessary. They preferred to report their "feelings" about the patient's progress, which were not objective. • Passive versus active treatment: a 21- or 28-day program is set length with set features. The only documentation necessary is the patient's presence. But if treatment is based on the ASAM Criteria, (continued on p. 14)

ASAM is a specialty society of 3,500 physicians who are concerned about alcoholism and other addictions and who care for persons affected by these illnesses.

Medical-Scientific Conference, Annual Meeting, in Washington, DC

ASAM's 23rd annual medical-scientific conference and annual meeting drew 875 to Washington Apr. 2-5, nearly 200 more than last year's meeting in Boston. Program chair was again **Marc Galanter, MD**.

There were six courses, eight workshops, 11 symposia (two again sponsored by NIAAA and by NIDA), and ten component workshops offered by ASAM committees. All ran for two to three-and-a-half hours.

In addition there were again daily discussion breakfasts with CD experts, papers and poster sessions (the 33 abstracts are in ASAM's *Journal of Addictive Diseases*, Vol. 11, No. 2, published April 1992), a distinguished scientist lecture (see below) the annual breakfast/business meeting, the annual awards luncheon, and 35 exhibit booths.

Audiotapes are again available from Infomedix, 12800 Garden Grove Blvd, Ste F, Garden Grove, CA 92643.

☎ 800-367-9286, or (714) 530-3454.

Cocaine Abuse Treatment

Results of Survey of ASAM by Halikas

In the winter of 1991, 3,631 ASAM members were sent a one-page survey by **James A. Halikas, MD**, of Minneapolis, to assess the usefulness of various pharmacotherapeutic agents in cocaine treatment. Of the 641 surveys returned, 502 indicated medication treatment experience with approximately 79,760 patients for cocaine detox, and with 37,166 patients for cocaine abstinence maintenance. The four most commonly prescribed medications were amantadine, bromocriptine, desipramine, and l-tryptophan.

Dr. Halikas presented his findings at the medical-scientific conference (abstract No. 14A, p. 177, *Journal of Addictive Diseases*, Vol. 11, No. 2).

Next Year L.A.

The 1993 ASAM conference and annual meeting will be held in Los Angeles next April 30 to May 2, with the Ruth Fox Course for Physicians on Thurs. April 29.

Distinguished Scientist Award to Avram Goldstein, MD

by **Terry A. Rustin, MD**

The 1992 ASAM Distinguished Scientist Award was given to Avram Goldstein, MD, Addiction Research Professor Emeritus at Stanford University. Dr. Goldstein developed the methodology for studying opioid receptors by radioligand binding; and he discovered the dynorphins, the third family of endogenous opioid peptides ("endorphins"). Although primarily a basic scientist, he also carried out clinical research on the treatment of heroin addiction and on the role of endogenous opioids in pain regulation and emotions in humans.

In his presentation of the award on Apr. 3, Dr. Galanter said that Dr. Goldstein received it "for broadening the base of our understanding of opiate mechanisms and providing leadership for a generation of scientists in the field."

His lifetime of preeminent research on CNS receptors has fundamentally changed how we view the addictive process. Dr. Goldstein summarized a portion of his work in his address to the ASAM membership, discussing the relationship between

CONFERENCE DIGEST

the mu, kappa and delta subtypes of opioid receptors, the nature of enkaphalins, endorphins and dynorphins, and the roles these endogenous opioids may play in addictive diseases and other human endeavors.

Dr. Goldstein hypothesized that addictive diseases may result from perturbations of the endogenous opioid system -- either the agonists, putative antagonists, or the receptors. He compared this process to a diabetic youngster who had never felt "normal," and who tried injecting insulin along with his friends. The friends became faint and nauseated and vowed never to try that stuff again; the diabetic felt "normal" for the first time. Might addictions be similar conditions? Kappa opioid agonists produce intense dysphoria and psychosis in normal subjects; opioid antagonists attenuate the emotional "thrills" experienced by music lovers on hearing great music; opioids inhibit LHRH release in the hypothalamus. The evidence mounts each year that addictive diseases have a basis in the neuroendocrine system -- and Dr. Goldstein's work forms the foundation of these investigations.

Dr. Goldstein ended his discussion with some thoughts on legalization of chemicals. He pointed out how common are the use of caffeine, nicotine and alcohol, and cautioned us to consider this when the discussion turns to the legalization of drugs such as cocaine.

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Annual Medical-Scientific Conference Washington, DC



Barry Stimmel, MD, ASAM's *Journal of Addictive Diseases* editor (above);
(R photo) James F. Callahan, DPA (L) congratulates
Distinguished Scientist Avram Goldstein, MD (R);
Marc Galanter, MD (C) (see report p. 2)



(Above) Seropositive Symposium speakers Mel Pohl, MD (L); Andrea Barthwell, MD (C);
Stephan Sorrell, MD, (R); (see report p. 11)
(Photo on R) Conference Program Chair Marc Galanter, MD (L) with Young Investigator
Award winner Kevin L. Linback, BS (R);
(RC) Luncheon Speaker Fred D. Hafer (see p. 4).



Recertification Exam in 1994

There will be no pilot study of recertification in 1992 as previously announced (*ASAM NEWS Sept.-Oct. 1991, p. 3*). Instead, ASAM will offer the first recertification examination in 1994; this will be the same exam as the certification exam. ASAM policy requires recertification after ten years in order for certified status to remain current, but the initial certification does not expire. The society has certified 2,320 physicians since 1986.

1993 Syllabus

The next ASAM *Review Course Syllabus* will be edited by **Norman S. Miller, MD**, in collaboration with **Martin C. Doot, MD**, and the Review Course Committee. Publication is scheduled for spring of 1993, in a three-ring-binder, updatable format.

The 1990 *Syllabus* will be translated into Portuguese and Spanish. **Joaquim Carrilho, MD**, president of the Portuguese Addiction Medicine Association, is coordinating.

Center for Medical Fellowships

ASAM has joined aaPaa (The American Academy of Psychiatrists in Alcoholism and Addictions) and AMERSA (The Association for Medical Education and Research in Substance Abuse) as the third sponsor of the Center for Medical Fellowships in Alcoholism and Drug Abuse. "The center operates under the auspices of New York University Medical Center," said the center's director, **Marc Galanter, MD**, who is also president of aaPaa and an ASAM board member. But the fellowships center, "like all three organizations, is an independent entity establishing its own policy. All four are committed to work toward common goals."

The center has a list of fellowships in the addictions.

The ASAM Fellowship Committee, chaired by **Dolores Burant, MD**, continues to develop guidelines ("generic educational standards") for fellowship training programs in the addictions, and a process to review fellowship training programs which is based on these guidelines.

New Board Member

Peter D. Rogers, MD, of Ohio, was Region IV (Ohio and Pennsylvania) representative to the ASAM Board. Dr. Rogers recently moved to Tennessee, and **Bruce K. Branin, DO**, of Waverly, PA, has replaced him. Dr. Rogers will continue to chair the ASAM Adolescent Committee.

New Committee Chairs

State Chapters: **Paul Earley, MD**.

Credentialing Review: **Allan W. Graham, MD**.

New State Chapter

Nevada was approved by the board as an ASAM state chapter, bringing the total to 18: Alabama, Arkansas, California, Florida, Georgia, Illinois, Iowa, Maryland, Missouri, Nevada, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington. Panama has applied for chapter status.

ABOUT ASAM

ASAM Annual Luncheon April 4

Featured speaker at the ASAM annual luncheon this year was **Fred D. Hafer, 51**, president of Met-Ed (Metropolitan Edison) in Reading, PA. Mr. Hafer is a trustee of the Caron Foundation in Wernersville, PA. His talk, "The Cost of Doing Nothing," was one he gives to industry leaders about drug abuse in the work place. He emphasized that drug addicts -- 10% of a company -- lose one-third of their productivity from drug use, and that intervention through an EAP, treatment for CD, and assurance of a return to their jobs after treatment, can restore this lost productivity. In a 1900-member company such as Met-Ed, with 190 addicts, \$3,000,000 would be thrown away if the company did not treat its drug addicts, according to Hafer.

The ASAM Annual Award went to **Loretta P. Finnegan, MD**. (See p. 10)

The ASAM Young Investigator Award was given this year to medical student **Kevin M. Kinback, BS**, of Psychiatry Services, Jerry L. Pettis Memorial VAMC, Loma Linda, CA, for his paper "The A1 Allele of the Dopamine D2 Receptor is Not Associated with Addiction in Psychiatric Inpatients."

Awards to Members

The Richard J. Caron Award of Excellence was given on April 9 at a dinner attended by over 400 to **Jasper G. Chen See, MD**, immediate past president of ASAM. Dr. Chen See has been on the Caron Foundation board of directors in Wernersville, PA, for over 20 years; its president for 12. The Jasper G. Chen See, MD, Adolescent Center at Caron is a "testimony to his dedication to the CD field."

The University of Pittsburgh Alumnae Association honored **Elizabeth Holl Gordon, MD**, ob-gyn of Pittsburgh, on April 11, with its Distinguished Alumna Award for 1992.

Nicotine Dependence Conference September in Seattle

In 1988, ASAM sponsored the 1st National Conference on Nicotine Dependence, back when the concept that smoking cigarettes could be highly addicting was still viewed skeptically, and heavy smoking at CD rehabs and in AA meetings was generally accepted as *status quo*.

This fall, ASAM will sponsor the 5th such conference, in Seattle, WA, Sept. 18-19. It will be preceded on Sept. 17 by the 2nd Nicotine Research Round Table Discussion: Chronic Effects of Nicotine.

Conference topics will include transdermal nicotine replacement therapy; nicotine dependence treatment in CD programs; residential, office and 12-step approaches to treatment; Quit & Stay Quit, Doctors Ought to Care; reimbursement; relapse; elderly patients; adolescent prevention; and smokeless tobacco (presentation by a dentist).

The faculty will number about two dozen experts from all over the U.S. Conference chair is **Richard D. Hurt, MD**, ASAM Nicotine Dependence Committee chair is **John Slade, MD**, Seattle coordinator is **Les Berenson, MD**.

(continued on p. 5)

Nicotine Abstracts Sought

ASAM members are invited to submit abstracts, which should be new work with up-to-date data. Those accepted will be presented in track sessions at the conference. For further information contact ASAM headquarters.

MRO Qualifications Through ASAM

In a special mail ballot, the ASAM Board in April approved a combination of ASAM certification and attendance at one of the ASAM-approved MRO (Medical Review Officer) Training Courses as adequate qualification, for now, for the performance of MRO duties.

A separate certificate will not be issued. Physicians who attend the MRO Course, and who are certified in addiction medicine by ASAM, will receive a letter from ASAM attesting that the physician is "qualified for the performance of MRO duties." Physicians who attended the Feb. 14-16, 1992, course in Washington will receive this letter.

Conferences in July, October

ASAM MRO Training Courses will be held July 17-19 at the Crystal Gateway Marriott in Washington, and Oct. 16-18 at the San Francisco Marriott. "The Basics of Being an MRO" will be offered the first morning. The rest of the conference, "The Latest on Science, Rules and Art of Medical Review," is designed as an advanced course for medical review officers (MROs) who have had previous training in the basics of medical review. There will be twenty lectures, panels, and discussions by over a dozen experts. For more information contact ASAM headquarters.

The board believes that this procedure will:

- assure ASAM members that the society is acting on their behalf in attesting to their qualifications to serve as MROs;
- emphasize that knowledge of addiction medicine along with knowledge of MRO procedures are the essential qualifications for serving as an MRO;
- allow ASAM to qualify its own members, while the society continues to consider the broader philosophical issue of medicine's role in the MRO field, and the role ASAM wants to take in it.

ASAM, AMA Will Discuss

The board further voted that ASAM enter into a dialogue with the organizations that are concerned about testing in the work place, and about the qualifications (knowledge, training and skills), credentialing, and duties of the Medical Review Officer.

This dialogue will be conducted in collaboration with the AMA. ASAM will be represented by **David E. Smith, MD**, who is AMA alternate delegate, and **James F. Callahan, DPA**, ASAM executive vice president.

The board declined the ASAM MRO Committee's recommendation "that ASAM appoint members as official liaison members to assist ACOEM (American College of Occupational and Environmental Medicine) with its educational programs, and with its test development." (See also p. 13)

MRO Policy Statement

The March-April issue of *ASAM NEWS* included a list of ASAM policy statements that are available at ASAM head-

quarters. Missing was "The Role of Medical Review Officers" which the board approved in Oct. 1991.

The board approved a proposed AMA resolution "Physicians as Medical Review Officers" to be introduced to the AMA House of Delegates in June. Main point: that "Only licensed physicians with knowledge of substance use disorders should serve as MROs," and that MRO physicians should "obtain continuing medical education credit in this subject area through courses offered by appropriate, recognized medical specialty societies in the fields of addiction medicine and occupational medicine."

Treatment Outcome Committee Needs You

by **P. Joseph Frawley, MD**

The Treatment Outcome Committee is working on several vital projects:

1) A statement to answer "Does CD treatment work?" This will be in two parts: a consensus statement, and a referenced paper. We need people who are familiar with the literature about treatment outcome to each review a very small, focused area of interest, and report to the committee.

2) Assisting the ASAM Criteria Committee to develop research questions relating to the PPC (*ASAM Patient Placement Criteria*), particularly those about levels of care, and treatment modalities which pertain to Assessment Domains 3, 4, and 5 of the *Criteria*. We need people to help develop data about denial, resistance to treatment, relapse potential, and recovery environment, for the next edition of the *Criteria*.

3) The committee will continue to give feedback on projects to members who conduct their own research.

If we do not work on these projects, ASAM's position as a leader in the field is likely to dissipate. Organizations such as the APA rely on volunteer reviews of very focused areas of their literature to accomplish their major projects, such as the DSM-III-R and others. There is no reason why ASAM cannot do the same thing.

We don't need reviews of all the literature in the CD field; we do need people to review a small piece of it, which can then be added to the whole.

My phone number is (805) 687-2411. I look forward to your call.

Dr. Frawley, of Santa Barbara, CA, is chair of the Treatment Outcome Committee.

Journal of Addictive Diseases

Volume XI, No. 2, of ASAM's journal, which members received in April, was erroneously dated "1991" due to a production error by the publisher. This issue of nearly 200 pages, which is the first for 1992, includes 40 pages of material about ASAM: minutes of the Oct. 1991 board meeting; four ASAM public policy statements (third party coverage, methadone treatment, managed care, return to work); and 33 abstracts from the ASAM Medical-Scientific meeting in Washington April 2-5. Editor is **Barry Stimmel, MD**.

Names in boldface are first mentions of ASAM members.

Annual Report to the Members 1991-1992

by James F. Callahan, DPA
Executive Vice President

ASAM members have made significant contributions to the field of addiction medicine, to the education of physicians, and to the welfare of our patients. In this report, I want to highlight accomplishments of the past year.

In Sept. 1989 and Nov. 1990, the ASAM board of directors established a five-year, eight-point plan. ASAM members, through ASAM committees and other national and international activities, have achieved the following.

Improving the Quality of Patient Care

• A Standards and Economics of Care Section was established under David Mee-Lee, MD. Four committees (name of chair follows each) now address the issues of:

- Standards of Care (Christine Kasser, MD)
- Criteria (David Mee-Lee, MD)
- Reimbursement (Michael Miller, MD)
- Treatment Outcome Research (P. J. Frawley, MD)

• The ASAM Patient Placement Criteria were published in May 1991; and are now in a second printing. They are widely used in private and public settings.

• ASAM hosted an invitational round table meeting in Nov. 1991 with insurers, managed care representatives, government officials, and others to promote the Criteria and the development of mutually agreed-upon criteria.

• In Jan. 1992, Drs. Miller and Kasser co-chaired a conference on the Criteria, attended by approximately 100 clinicians and administrators.

• The board approved a policy on "Recommendations for Design of Treatment Efficacy Research with Emphasis on Outcome Measures." These were developed by Dr. Frawley and members of the California chapter.

Specialty Status for Addiction Medicine

In Nov. 1990, the board passed a three-part resolution: to continue to educate physicians and offer ASAM certification, promote Certificates of Added Qualification (CAQs) in the specialties, and establish a conjoint board of addiction medicine. During the past year:

• Drs. Anthony Radcliffe, Stanley Gitlow, David Lewis, Larry Patton, John Durburg, Mr. Manny Steindler, and I, had productive meetings with Dr. Lee Dockery, Executive Vice President of the American Board of Medical Specialties, and the presidents of the American Boards of Internal Medicine, Emergency Medicine, Pediatrics, Family Practice, and Psychiatry and Neurology.

• A conjoint board in addiction medicine was discussed during each visit. While this does not appear to be an immediately achievable goal, it remains ASAM's ultimate goal.

• A joint CAQ was suggested by the American Board of Internal Medicine as a potentially realizable goal. This would mean that the several interested specialties would collaborate to establish jointly acceptable standards and training guidelines, and offer one same examination for diplomates of each sponsoring specialty. This suggestion is being pursued.

• A CAQ was approved by the American Board of Medical

FROM THE EXECUTIVE VICE PRESIDENT

Specialties in addiction psychiatry, and an examination may be offered by the ABPN early in 1993.

• ASAM has certified 2,320 physicians, and 362 members have applied to sit for the 1992 examination.

• A Medical Specialties Section has been established within ASAM under the chairmanship of Stanley Gitlow, MD. The eight medical specialty committees (name of chair follows each) are:

- Emergency Medicine (Andrew DiBartolomeo, MD)
- Family Practice (Michael Fleming, MD)
- Internal Medicine (David Lewis, MD)
- Obstetrics/Gynecology (Donald C. Meek, MD)
- Pediatrics (Larry Patton, MD)
- Preventive Medicine (vacant)
- Psychiatry (Joseph Westermeyer, MD, PhD)
- Surgery (Gordon L. Hyde, MD, chair)

Membership and Financial Stability

• 1991 membership increased to 3,446; a 10% increase over 1990.

• State chapters increased from five in June 1989, to 18 in April 1992.

• Effective Jan. 1994, ASAM and its state chapters will have combined unified membership, meaning that all members of the national organization must be members of their state chapters, and vice versa.

• The Ruth Fox Memorial Endowment Fund pledges reached the \$1 million goal, thanks to all our members and others who gave or pledged.

• ASAM has received grants totaling \$296,000:

- In 1991 to support the ASAM Criteria, and a follow-up study on medical students (\$60,000).
- In 1992 to support:
 - the ASAM certification examination (\$200,000)
 - the annual medical-scientific conference (\$26,500) and
 - the nicotine dependence conference (\$10,000 to date).

Increase ASAM's leadership Role in Organized Medicine

• AMA: the AMA adopted ASAM policies on screening, evaluation, and treatment of hospitalized trauma patients; including detoxification in all minimum health benefits plans; and developing new guidelines for methadone treatment based on clinical judgments and scientific data.

• Public Policy: The Public Policy Committee and the board approved policy statements on:

- methadone treatment
- trauma and chemical misuse/dependency, and
- the role of the Medical Review Officer.

• JCAHO: ASAM was recently granted a seat on the Joint Commissions' Mental Health Care Accreditation Program's Professional and Technical Advisory Committee (PTAC).

William Hawthorne, MD, is the Member, and Christine Kasser, MD, is the Alternate. David Mee-Lee, MD, is a member of the Hospital Accreditation Program PTAC, representing the

National Coalition of Addiction Treatment Providers, of which ASAM is a member.

• **Washington:** ASAM meets on a regular basis with representatives of the national professional organizations and the federal government agencies in the addictions. I reported on this in the March-April 1992 ASAM NEWS.

• **International:** ASAM has 184 international members in 19 countries. The International Committee has been reestablished. Its mission is to address issues of worldwide concern on the clinical problems of addictions and their consequences, including AIDS and chemical dependency, and to internationally promote the education of physicians, the improvement of access to care, and the quality of care.

Provide Education for Non-Addictionists

ASAM's education programs consist largely of the society's conferences and courses, including the following offered this year:

- State of the Art
- Ruth Fox Course for Physician
- Annual Medical-Scientific Conference
- Nicotine Dependence
- Adolescent Addictions
- Patient Placement Criteria
- Co-Dependence
- Medical Review Officer

In addition, ASAM has co-sponsored several national and regional conferences.

• The Core Curriculum Committee (David Lewis, MD, chair) has collaborated in the development of Project ADEPT (Alcohol and Drug Education for Physicians Training) and Dr. Lewis will soon pilot test the curriculum using ASAM members as faculty.

Publications

• The first issue of the *Journal of Addictive Diseases* was published in May 1991; editor **Barry Stimmel, MD**. The *Journal* is a benefit received by all except retired members.

• ASAM's *Review Course Syllabus* will be revised and published in the spring of 1993, under the editorship of **Norman Miller, MD**.

• The AIDS Committee revised ASAM's *Guidelines for Facilities Treating Chemically Dependent Persons at Risk for AIDS or Infected by HIV*.

• The Family and Generational Issues Committee hosted a conference on co-dependence. **Steven Wolin, MD**, is editing the proceedings for 1992 publication.

Governance and Structure of the Society

• The board is reviewing recommendations for increasing member involvement in the society's decision-making and governing processes.

• The principles underlying proposed changes are that the selection and election processes should be as democratic as possible, and that all ASAM members should have as much access as possible to the policy making and implementing processes of the society.

• The board, at its recent meeting (Apr. 1) reviewed proposals that will affect the make-up, selection process, and roles of the Board of Directors, Executive Committee, officers, and the Nominating and Awards committee.

• New committees have been established in the Treatment and Clinical Issues Section (**Sandra Jo Counts, MD**, chair) on:

- Pharmacologic Issues (**John P. Morgan, MD**, chair)
- Pregnancy and Neonatal Addiction (**Hope Ewing, MD**, and **Barbara Bennett, MD**, co-chairs).

Administration of the Society

The national headquarters is now well established in Washington, DC, and working effectively on our members' behalf.

The board, in its next meeting (Oct. 2-5) will review the five-year-plan adopted in 1990, and, in light of developments and the current environment, will refocus the society's resources toward activities that will produce the greatest results for patient care and our members' welfare.

On behalf of the board, and chairs of our committees, may I invite you to make your needs and views known to me or members of the board? I also invite you to become more involved in the work of the society, either by joining one of the national committees, or by becoming more active in your state chapter.

◆
Names in boldface are first mentions of ASAM members.

PSYCHIATRIST BREAK NEW GROUND!

Charter Medical Corporation has been selected as the first psychiatric health care provider to structure addictive disease treatment for a prominent middle east country.

We currently seek a Board Certified Psychiatrist for employment on a one year contract, with an option to renew, as **MEDICAL DIRECTOR** of a modern, 180-bed addictive disease hospital. We offer a base salary of \$120,000, free air fare, housing, automobile, 45 days vacation, end of contract bonus and very substantial tax exemption.

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Willingway Donates Student Memberships

The Willingway Foundation in Statesboro, GA, recently paid ASAM annual student dues for 79 juniors and seniors at Mercer University School of Medicine to become members. They are:

Georgia

Don Abernethy
Robbie Andrews
David Arnett
Linda Arnold
Kirk Austin
Patrick Baldwin
Karen Ballard
Tareyl Barton
Eleanor Beacham
David Beaty
Tom Bledsoe
Tom Bradley
Russell Bradley
Bert Breving
Bruce Brown
Amanda Cain
Barbara Camp
Dana Cason
Martin Christian
Lee Cline
Pat Culligan
Jeffrey Lee Culpepper
Angela Dawson
Jeff Dockey
Jack Eades
John Elgin
Howard Ellis
Margarett Ellison
David Gaines
Rick Gibbs
Simone Haddock
Patrick Hammen
Gayland Hethcoat
Rusty Hightower
Jeff Holley
Beulette Hooks
Stan Hodges
Linda Hueseman
Kelly Hulsey
Rackley Ivey
Joseph Jackson
Melvin Jackson
Ken Lanyon
Blanca Lopez
Sandy Mager
Sam Mapp
Christina Mayville
Mike McLeod
Alicia Mercer
Conrad Miller
Jason Morris
Mary Morrow

NEW MEMBERS

Carol Murdock
Al Parker
Bill Ragan
Leonard Reeves
Peter Ross
Joni Salmon
Lea Scheer
Allison Scheetz
Melinda Screws
Mike Sennett
Wayne Sida
Angie F. Smith
Kristin Smith
Paul Spiller
Peter Stager
Betty Strong
Keven Taylor
Jack Taylor
Katharine Thorn
Carl Thurmond
Rodney Tyson
Angela Vickers
Mark Wiggins
Nannette Vowell
Linda Walden
Alan Wilson
Chris Wizner

Recent Joiners

Physicians who joined ASAM between March 1 and April 30:

Arkansas

Karen Sue Seale, MD -
Orth. Surg.

California

Stephanie M. Amritt, MD -
IM (Int. Med.)

Ihor A.M. Galnyk, MD - *Psych.*

Richard V. Guzzetta, MD -

FP (Fam. Prac.) fellow

Rolf W. Lemp, MD - *Psych.*

Erwin W. Lewis, MD -

Psych. fellow

Florida

Robert S. Cobiella, MD - *Psych.*

Stephen J. Kaskie, MD - *FP*

Georgia

Colin K. Quinn, MD - *Psych.*

Indiana

James E. Haughn, MD - *FP*

James P. McCann, MD - *FP*

Louisiana

Gerald M. Robertson, MD

Psych.

Joseph P. Turner, MD - *FP*

Massachusetts

James R. Fletcher, MD - *Psych.*

Maryland

Dan K. Morhaim, MD
- *EM*

Minnesota

Constantine J. Rigas,

MD -

Psych.

North Carolina

Philip L. Hillsman, MD -

Psych.

Lisa K. Joines - *Student*

Howard K. Mason, MD -

Psych.

Robert C. Owens, MD - *IM*

New Hampshire

Karin F. Mack, MD - *Psych.*

New Mexico

Marcello A. Mauiglia, MD -

Psych.

New York

Jeffrey D. Altholz, MD - *IM*

Merrill S. Herman, MD -

Psych.

Kathleen F. Lewis, MD -

Psych.

Daniel Lieberman, MD -

Psych.

Carlisle L. St. Martin, MD -

Neur.

Ohio

Peter B. Sinks, MD - *IM*

Oklahoma

Kevin B. Lane, DO - *FP*

Jeffrey P. Pardee, MD - *EM*

Oregon

Leslie L. McCullough, MD -

FP

Pennsylvania

Rajnikant P. Lad, MD -

Psych. fellow

Charles C. Mehegan, MD -

Neur.

Texas

Ruth M. Rivera, MD - *Psych.*

Virginia

Bobby W. Nelson, MD - *Psych.*

Washington

Peter O. Ways, MD - *Int Med.*

Wisconsin

Larry L. Heller, MD -

ADM fellow

Marwood E. Wegner, MD - *FP*

Wyoming

Arthur N. Merrell, MD - *Psych.*

Canada

Simon S. Chiu, MD - *Psych.*

Andrew C. Watson, MD - *FP*

England

Martin G. Kaye, MD

Errata In New Members, March-April issue, p. 8, the correct title for Karen Kiefer, psychiatrist of California, is DO.

ASAM NEWS

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ASAM NEWS is published bimonthly
January-February
March-April
May-June
July-August
September-October
November-December

Advertising Rates:

Start at \$60. Call/write:
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ISSN # 0889-9215

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October 16-18:

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Physicians who attend the ASAM MRO Course and who are certified in addiction medicine by ASAM will receive a letter from ASAM attesting that the physician is "qualified for the performance of MRO duties." Contact ASAM HQ for more info.

This new 'SEC News' page will be a regular feature in ASAM NEWS.

ASAM Criteria Cmte Launches Q + A Column

As part of the Criteria Committee's plan to promote wider understanding and implementation of the *Patient Placement Criteria*, it invites your questions -- on any aspect. For example, what can be done to make the Criteria more user friendly? Are insurance companies accepting them? Or not? What is the best way to encourage my staff to use them? Why are there four levels of care?

Send your questions and comments to **David Mee-Lee, MD**, Chair, Criteria Committee, Parkside Medical Services Corp., Little Harbor, Marblehead, MA 01945.

The book "*ASAM Patient Placement Criteria*" is available at ASAM headquarters. Price: \$45 ASAM members, \$65 non-members, postpaid, prepaid.

Update on Denials of Care

New data are in on ASAM's "Access to Care Denial Report Form," which has been published twice in *ASAM NEWS* (7/90 and 5/91) with requests to readers to fill out and return to ASAM in order to compile a data base. A total of 297 report forms were returned through March, according to **Michael M. Miller, MD**, chair of the Reimbursement Committee. **James J. Foster, MD**, compiled the data.

Of the 101 surveys received since 10/1/91, 88% of the cases involved a request for residential rehab admission or continued stay. For 53% of the denials, the reason stated by the denier was insufficient biomedical comorbidity; for 22% of the denials, no reason at all was given for the denial. In only 8% of the reports was an HMO the insurer; in four of five cases, a traditional commercial plan was the carrier.

Physician reviewers seem increasingly involved in the denial of funding authorization decision: half of the denials documented from the past six months were issued by M.D. reviewers, versus one-quarter of those received earlier by ASAM.

"We currently have no data on how frequently ASAM members use the *ASAM Patient Placement Criteria* in their communication with reviewers," Dr. Miller told *ASAM NEWS*. "Nor do we have data on how reviewers respond to requests for service that are derived from the *ASAM PPC*. We plan to revise the 'Incident Report Form' so we can collect this data."

Patient Placement Criteria Conference

by Michael M. Miller, MD

Over 100 participated in the "Reimbursement for Proper Patient Placement" conference in San Diego Jan. 22-24, sponsored by ASAM and NAATP (National Association of Addiction Treatment Providers). Conference co-chairs: **Chris Kasser, MD**, and Dr. Miller. Other ASAM members on the faculty of 15 were David Mee-Lee, MD, chair of ASAM's Standards of Care Section, **Alex R. Rodriguez, MD**, **Anthony B. Radcliffe, MD**, ASAM president, and **Eck Prud'homme, MD**.

During the conference it was reported that when the ASAM PPC (*Patient Placement Criteria*) are used, treatment

SEC NEWS

Standards & Economics
of Care

will change from the traditional "program model" to a "clinical model" (care is truly individualized: no prior assumptions about treatment, intensity of service will depend on the severity of the patient's addictive disease as described in the ASAM PPC).

An overview of ADM treatment, should the PPC be universally adopted, emerged from this conference. Treatment would become like medical and surgical care: patient, community, and outpatient focused. Entry to treatment would be only after a careful, multidimensional, comprehensive assessment. There would be a diversity of settings and of intensity of service, within a continuum of care.

The conference had these components: how to design and to implement clinical systems using the PPC; how to motivate staff and administration to endorse this model; how to 'sell' the PPC and a clinically driven service system.

Specific points covered in the conference included:

- The ASAM PPC encourages programs to develop multiple intensities of service within one setting. Future trends may go even further and change the geographic setting where a patient spends the night. This would be analogous to outpatient surgery centers, and to the Mayo Clinic model of intense diagnostic and therapeutic services for patients who spend nights in nearby motels.

- Besides payers and referents, among those to be educated and sold on the ASAM PPC process are patients and families. Addiction treatment would no longer be offered as a pre-packaged number of days or weeks of residential or intensive outpatient care, but would have truly flexible lengths of stay.

- Physicians should not be timid about stating the appropriate recommended treatment for addiction. Governmental bodies, case managers, reimbursers, and professional disciplines outside of ADM want to know what our field believes is appropriate care. The treating physician should stake out a position and advocate for that based not only on theory, but also on data, and should not abrogate the responsibility for clinical decision making to health care planners, third party entities, or non-physician clinicians.

- The ASAM PPC includes discharge criteria. What brings a patient into a given level of care must be resolved before a patient can leave that level of care, if treatment is truly driven by clinical problems and by documenting changes in clinical status.

- The ADM field in general has avoided PPC Levels I and II (I is Outpatient, II is Intensive Outpatient/Partial Hospitalization) largely because there is no reimbursement for them. ASAM position statements and the Institute of Medicine Report of 1990 both endorse developing a reimbursement system for community-based, ongoing, outpatient care for addiction.

- As a patient's clinical condition changes, his or her treatment setting need not change. Only the intensity of service and the amount of reimbursement for professional services needs to change with the patient's level of care.

Dr. Miller is chair of ASAM's Reimbursement Committee. He is medical director of NewStart, Meriter Hospital, Madison, Wisconsin.

Loretta P. Finnegan, MD Wins ASAM Award

The ASAM Annual Award went this year to Loretta P. Finnegan, MD, Senior Advisor on Women's Issues at NIDA (National Institute on Drug Abuse). Dr. Finnegan founded Family Center, a program for pregnant addicted women and their children, in Philadelphia. She is Professor of Pediatrics and of Psychiatry at Jefferson Medical College. She has authored more than 125 scientific publications and over 120 abstracts, and given over 500 presentations all over the world.

When president-elect Anne Geller, MD, presented the award to Dr. Finnegan at the ASAM Annual Luncheon, she said that Dr. Finnegan gave birth to four children during medical school, and the fifth during her pediatric residency! The following are excerpts from her acceptance speech Apr 4.

A woman cannot accomplish all that you have described alone. Therefore, I accept this wonderful honor on behalf of my family doctor; my teachers from grade school through medical school, residency and fellowship; my mentors at the University of Pennsylvania and Jefferson Medical College; the three women who nurtured and protected my children for 17 years; the superbly qualified and dedicated staff members in my clinical and research programs over the last 20 years; the appreciative students and residents who gave me the fuel to continue to enlighten them; my wonderful mother and father.

Also on behalf of my five beautiful, outstanding children who tolerated the absence of their mother. They let me go so that I could be with children they didn't even know: Mark, an obstetrician; Matthew, a surgical resident; Michael, my business man -- someone needs to keep us straight; Maureen, my one and only daughter, a pediatric resident; and Martin, who will receive his law degree next month. No matter what one accomplishes in this life, in my opinion, the most difficult for a woman is to be a good mother.

And finally, on behalf of the hundreds of drug abusing mothers and their babies for whom I have provided services, accomplished research, and taught others. Why was I so moved, 22 years ago, when I encountered my first pregnant, drug dependent mother? She had delivered a small, fragile, pale, weak, immature baby weighing less than two pounds. It was a true challenge to help both that mother and her baby, since we knew so little about perinatal addiction.

And now we face statistics that make me shudder: millions of Americans use illicit drugs. The use of alcohol and nicotine -- licit drugs -- is astounding. HIV disease has further complicated the epidemic of drug abuse; 70% of babies who have HIV disease are children of intravenous drug users.

The Drug Dependent Mother

We have learned a great deal about the pregnant, drug dependent mother and her child. In addition to physical, psychological and sociological issues, these women are weakened by unemployment, illiteracy, homelessness and legal issues. Many environmental variables contribute to their addictive behavior. At least 70% of drug dependent women have been sexually abused before age 16; 83% have a CD parent.

Drug dependent mothers often do not have resources for recovery. I will always remember one of my patients, a 35-

year-old white woman with three children, who had been physically and sexually abused as a child by her alcoholic father. After her mother died, when my patient was 15, she began to use psychoactive drugs. She said to me, "Drug addicts are human beings who have the same hopes and dreams that you do. Drug addicted mothers love their children just like any mother. I love my children, but it's not easy to stop using drugs." Treatment helped her to see how her background influenced her addiction. She medicated her pain for a very long time. Now she can talk about this pain and face it without running away through the euphoria of drugs.

Addicts Giving Birth to Addicts

Through intergenerational transmission, our country has fostered a spiraling legacy of addicts giving birth to addicts. Hundreds of babies are dying of AIDS, and many babies are handicapped not only because of their premature birth and potential for congenital malformations, but also their debilitating psychosocial environment. The epidemic of perinatal addiction has reached uncontrollable heights.

We all must continue to remove the barriers to effective prevention, intervention, and treatment of drug dependent mothers and their children. We must provide appropriate treatment, with caring professionals who are knowledgeable about substance abuse and women's issues, including pregnancy, and the context of their reality. For example, the cocaine dependent mother of three children, without any resources or support systems, cannot be asked to come every day to a treatment program. To know what she must do for her children, to provide for those children economically, emotionally, and spiritually she will need a residential treatment setting where she can be with her children. Aside from intensive psychosocial rehabilitation and medical treatment, extensive educational and job training must be provided for these women so that they can become productive citizens, and loving, giving mothers who will positively influence the health and psychosocial development of their children.

Those of us in this field have repeatedly had to address many obstacles, in our efforts to provide the care that is so obviously essential for these mothers and children. These obstacles cannot stop us, and we must add more physicians and other medical professionals to our ranks. We must develop links between primary health care and substance abuse treatment.

Prison Is Inappropriate

And finally, incarceration is not appropriate for women who have not had the financial, the emotional, the educational, and the spiritual advantages that most of us here have had. It will take all of us, and many others, to make the necessary impact, since the drug abuse epidemic has progressed so far. It is truly the very least that we must do so that we can be assured that future children born in this wonderful country will not be plagued by the pain and suffering of drug addiction. By using the knowledge that we have at this moment, by building our resources further, and by showing women in treatment that we really care, we will be able to help them as well as to protect our most precious product: our children, and avoid the destruction of the very fiber of our country -- the family.

The Seropositive Patient

"We are in our second decade of AIDS and our second hundred thousand cases," declared **Mel Pohl**, MD, chair of ASAM's AIDS and Chemical Dependence Committee. In lieu of a 6th annual ASAM conference on AIDS this year, Dr. Pohl organized a half-day symposium for the medical-scientific conference on Apr. 3, "Management Issues: Diagnosis and Early Intervention of the Seropositive CD Patient."

"There's a new dual diagnosis: chemical dependency and AIDS," he said. "Patients say, 'If I'm going to die from AIDS, why bother getting sober?'" The solution he offers in clinical practice: "Just because patients are HIV positive doesn't mean they're going to die. If they are going to die, they're not going to die *today*. One day at a time is all we offer people in CD recovery, and all we can offer in HIV recovery as well. Everybody exposed to HIV doesn't get infected, everybody infected with HIV doesn't have AIDS, and everybody who gets AIDS doesn't die at the time they have the AIDS infection."

A small study (100 patients) at PRIDE Institute, where Dr. Pohl was medical director until recently, showed it to be more difficult for HIV positive patients to stay sober after CD treatment, and that abstinence from alcohol was easier than from other drugs for them to maintain.

Outpatient Primary Care "One-Stop Shopping"

Larry Siegel, MD, former chair of the ASAM AIDS Committee, described a new outpatient treatment center called Immune Care of Key West, which he helped to found and develop. "It's for people who are at risk for becoming HIV positive, all the way through anything that can be done on an outpatient basis," said Dr. Siegel. "The concept is to provide one-stop shopping in a medical outpatient setting. People can come in and be tested, free and anonymously. If they are seropositive, they will be appropriately referred to a physician, and to a clinical nurse-practitioner. Their backgrounds and behavior are assessed, and there is appropriate counseling, both before and after testing."

"At the time people are noted to be seropositive, they are put into a health care delivery system which provides testing of the immune system, a variety of other testing procedures, and physician assessment with a physical examination. Then follows medical intervention as appropriate, with medications to prevent the occurrence of opportunistic infections, particularly AIDS-defining opportunistic infections, as the deterioration in the immune system may suggest is necessary."

"As people become increasingly symptomatic and require therapy such as inhalant pentamidine, infusion of chemotherapeutic agents, outpatient management of acute pneumocystis pneumonia if it's mild enough, or other illnesses that can be managed on an outpatient basis with intravenous infusion therapy -- these too are offered in the same outpatient setting. All by the same team, the same doctors, the same nurses. Social services support and nutritional counseling are offered to all patients. If they become so ill they need to be at home, home care by the same team of nurses and doctors is available 24 hours a day, 7 days a week."

"If patients require hospitalization, the same doctors take

care of them. However, the outpatient health care team is not involved in the inpatient treatment process. I have now had HIV seropositive patients all the way through the end stages of illness, including death, with no entry into the hospital system. The terminal stage is in conjunction with hospice workers."

"Therefore, we believe that it is possible to completely manage, on an outpatient basis and in large numbers, HIV seropositive patients who are all the way from asymptomatic, to mildly symptomatic, to symptomatic in the extreme."

Seropositive Symposium

Other presenters in this symposium: **Peter A. Selwyn**, MD, on a model program in an outpatient methadone clinic, **Stephan J. Sorrell**, MD, on an inner city program of medical services to addicts. He works with patients in various stages of recovery from addiction, and he explained that if the clinician can accept less than ideal recovery, any reduction in risky behaviors is preferable to none. **Lawrence S. Brown**, MD, reviewed the history of needle exchange, and suggested that a final judgment about its merits be based on assessing whether it does what it is intended to do, which is to reduce the transmission of HIV and other infectious diseases. **Andrea G. Barthwell**, MD, reviewed the alarming rise in HIV infection among women, a population which still receives scant attention.

Kevin O'Brien, MD, contributed to this report.

ASAM Annual Report

*Condensed Statement of Support, Revenue and Expenses
Year ended December 31, 1991*

Support and Revenue		
Membership Dues	\$ 655,744	39%
Conferences	549,383	32%
Publications	204,860	12%
Programs	181,372	11%
Interest	103,699	6%
Total Support & Revenue*	\$1,695,058	100%
Expenses		
Salaries and Related Expenses	\$ 239,388	13%
Conference Costs	600,300	32%
Direct Program Costs	438,053	24%
Printing and Publications	255,225	14%
General & Administrative	251,111	13%
Professional Fees	79,788	4%
Total Expenses	\$ 1,863,865	100%
Excess over Support & Revenue:	(168,807)	

**In 1991 the society inaugurated the Ruth Fox Endowment Memorial Fund. As of 12/31/91, \$944,350 had been pledged with actual monies received totaling \$452,958. This fund is a restricted fund and is not reflected in the financial statement above.*

The financial information presented herein is condensed from the audited financial statement of ASAM for the year ended December 31, 1991. ASAM will be pleased to provide upon written request copies of the complete financial statement from which this information was taken, together with all footnotes and the unqualified report of our independent auditors.

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Concerned ASAM Members Write:

Having reviewed ASAM's flyer "MRO - Medical Review Officer," which advertised the first in a series of MRO training seminars Feb. 14-16, 1992, in Virginia, we were excited and encouraged, but also disappointed. We would like to explore the relationship of ASAM and MRO's, and share our thoughts and feelings about that MRO agenda as advertised.

We believe that ASAM can help to define the clinical roles and responsibilities of physicians who choose to work as MRO's. We believe that ASAM can help to educate physicians about substance use, and explore the issues involved in evaluating employees as patients. ASAM also can educate physicians about liability, and the potential pitfalls and limitations of the MRO position with regard to substance use and the interface of clinical practice, patient/employee evaluation, fitness for duty, and federal or corporate regulations. In these ways, the February MRO seminar appeared to provide an outstanding, interesting, and comprehensive 2-1/2 day curriculum.

Is MRO an "Emerging Medical Specialty?"

However, our disappointment was keen when we saw ASAM sponsoring/presenting a seminar on MRO as an "emerging medical specialty." This was headlined on pages one and two of the brochure; at 8:30 AM on Sat. Feb. 15, came the presentation itself: "Examination, Credentialing, and Certification of a New Medical Specialty, Medical Review."

Have we gone mad? This flyer made it appear that ASAM sponsored an event that included a component to foster and legitimize the emergence of MRO's as a medical specialty.

To our recollection, a couple of years ago an MRO was a physician who chose to review urine drug screens of employees working in occupations that are under specific federal government regulations, as outlined by specific federal statute.

In the ASAM NEWS issue of Nov.-Dec. 1991, Anne Geller, MD, president-elect of ASAM, wrote "ASAM is very actively pursuing our primary goal, which is to gain formal recognition within the structure of organized medicine for our specialty of addiction medicine..." We support our medical society's position, and we believe that sponsoring an MRO seminar which contains an agenda for this to emerge as a new specialty dilutes ASAM's purpose.

We agree with and welcome involvement of MRO's within ASAM. During the last two years, seeing a role for MRO's within our society, ASAM created an MRO Committee. ASAM can define, and very possibly provide, examination and credentialing assistance or guidance, to help identify physicians who are qualified to work as MRO's. Certainly many issues and ethics of physician-patient-company-government interactions should be addressed. We in ASAM may be best prepared to confront issues of substance use in the workplace, and may wish to create position statements, in addition to educating physicians about their roles as MRO's.

Our enthusiasm for training physicians and approaching clinical ethical issues ends at this point. We want to share our profoundly deep concern about loaning, donating, or providing

any of the energy we are utilizing to fulfill our primary goal (as so eloquently described by Dr. Geller) to any group that identifies itself as an "emerging medical specialty," especially when that group was created by Federal Law & Regulations rather than by medical necessity.

"We dilute our commitment and our focus when we sponsor 'wannabe specialty' emergence."

We dilute our commitment and our focus when we sponsor "wannabe specialty" emergence. Our credibility is fundamental to the realization of our goal. The leadership in ASAM is doing a magnificent job at many levels to build our credibility and respectability. Please -- let us *not* be swayed by tempting special interests. We could sponsor training seminars and extend ASAM's spectrum of addiction medicine to include MRO education. At the same time, let's keep our eyes wide open for those who may create headlines or title presentations that will ultimately diminish our long sought after credibility.

Steven J. Eickelberg, MD, John T. Lanier, MD, John E. Milner, MD, John Harsany, Jr., MD, Joseph L. Galletta, MD, Gail N. Shultz, MD.

ASAM NEWS welcomes editorials on controversial issues, and reader responses to them. Please send material to Lucy B. Robe, Editor, 303-D Sea Oats Drive, Juno Beach, FL 33408. We will publish them as space permits.

Names in boldface are first mentions of ASAM members.

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Ruth Fox Course

Three hundred seventy-five registered for the annual Ruth Fox Course for Physicians in Washington, DC, April 2, directed again this year by Drs. Lynn Hankes and Charles L. Whitfield.

Topics included a literature review (Sidney H. Schnoll, MD, PhD), update on CD and the FAA (Barton Pakull, MD), depression (James W. Conn, MD), spirituality (George W. Nash, MD), office management of the CD patient (Marc Galanter, MD), alcoholism and the surgical patient (Peter Rostenberg, MD, Carl A. Soderstrom, MD, Charles Beattie, PhD, MD, Gordon L. Hyde, MD), managed care (David Mee-Lee, MD, Christine L. Kasser, MD, David H. Bralove, JD).

How to Keep Medical Records for Reimbursement

David H. Bralove, JD, of Washington, DC, has a law practice devoted to representing treatment providers in the recovery of claims denied by third party payers for the treatment of CD and mental health disorders.

Mr. Bralove discussed how to keep medical records.

1. Remember that your entry in the chart will be reviewed and scrutinized by an insurer or other third party payer. Every health care professional should be aware of this.

2. Learn to speak the language of the *Criteria*. Relate entries to the dimensional criteria, and be objective, specific, clear, concise but complete, and legible.

3. To demonstrate that a dimensional criterion has been met, the chart should have concrete and specific illustrations. For example, if you are making an appeal for continued stay, and you're relying on the Treatment Acceptance/Resistance Criteria in Continued Stay at Level III (F-II-4), you need to chart specific examples of why the patient demonstrated minimal understanding of his or her self-defeating use of alcohol or other drugs. Merely saying it is not proof enough. How is he behaving in group? What did he say to others? Is he merely staring out the window while attending a session? Is he abusive? Violating house rules?

4. Be alert to prior entries. Conflicting

or inconsistent entries damage the credibility of the entire medical record.

5. While defensive record keeping is prudent, do not alter, misstate information or otherwise compromise the integrity of the medical records for reimbursement or any other purpose. Such conduct, apart from ethical concerns, will surely backfire if discovered by a payer and has serious legal implications for the provider.

"When the medical record is professional, accurate and complete, it is the attorney's greatest ally in the recovery of a claim denied for lack of medical necessity. On the other hand, the medical record which is sparse and illegible must be viewed as the enemy which will almost certainly frustrate the appeals process. While it is possible to submit information and records developed after discharge in support of a treatment level decision, such after-the-fact support is rarely given the same weight and credibility as medical records developed and maintained contemporaneously during the treatment period."

Clinical Use of the ASAM Criteria

(continued from p. 1)

We have to define specific problems indicated at that level of care, and have an active plan to address those problems. • Relapse. Most of us were used to inpatient treatment; we'd had little experience with outpatient treatment and relapse. Approaches differed: some staff wanted to be very rigid, some suggested rules about the number of allowable relapses. Much of this comes down to control issues: when working with inpatients, staff has a fair amount of control over patients' behavior, but when they're out in the real world patients do not show up reliably, they skip, they use, treatment centers lose a lot of that control.

My credibility was questioned: I was naive, and taken aback to find that reviewers didn't believe me. Initially, I felt that they suspected I wanted to milk the last dollar possible out of benefits.

Using the *ASAM Criteria* required extensive educational process. We developed training procedures for staff: tools, ways to explain the program to EAP's and employers, and a system to track

data. We learned how to communicate with managed care. We had to educate many reviewers about the criteria, and learn a new way to communicate with patients and explain levels of care to them. We had to develop forms and procedures, for assessments, for treatment plans. We reorganized the procedure for clinical staffing, progress notes, and worked on the utilization review process.

Results? We haven't had many denials. I've learned how to handle appeals effectively. I learned how at a seminar. I no longer just xerox a patient's chart and send it in; now I make appeals that are focused, and I reference the *Criteria*. We've been at least partially successful on almost all appeals. Benefit negotiations are the most frustrating. If a patient doesn't have benefits there isn't much you can do. However, some patients have excellent coverage for inpatient but very poor for outpatient. It's possible to trade: such as one inpatient day for two outpatient days.

Dr. Kasser is medical director of Baptist Recovery Center in Memphis, TN.

Names in boldface are first mentions of ASAM members.

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At the Ruth Fox Fund reception in Washington April 2, Claire Osman (L), who personally phones all ASAM members for contributions, (R) Richard Tyson, MD of Coral Springs, FL

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William H. Vaughan, Jr, MD
John C. Wallendjack, MD
Frank D. Winters, MD
Daniel E. Wold, DO
Gerald R. Woodard, DO
Mary F. Zesiewicz, MD

In Memory of
Raymond C. Anderson, MD
Edward Ernest Eder, MD
Carol E. Rosenthal
Max A. Schneider, MD
Edward Sheridan, MD
Sol Solomon, MD
Allan C. Stam, Jr, MD



RUTH FOX MEMORIAL ENDOWMENT FUND

Ruth Fox News: May/June

The ASAM board of directors, at its April 1, 1992, meeting in Washington, approved the creation of a Ruth Fox Memorial Endowment Advisory Board to establish, for ASAM, a \$10 million endowment by the year 2000.

Max Schneider, MD, will serve as its first president. Other advisory board members will include the society's president, president-elect, past presidents, and other ASAM members and influential nonmembers appointed by the Endowment Board.

The Ruth Fox Memorial Endowment Reception, held on Thursday, April 2, in Washington, celebrated the endowment's achieving its first goal of \$1 million. The reception was attended by over 150 donors. Special recognition was given to Richard Tyson, MD, (see photo below) for his very generous Planned Giving gift, which put the endowment over the \$1 million mark.

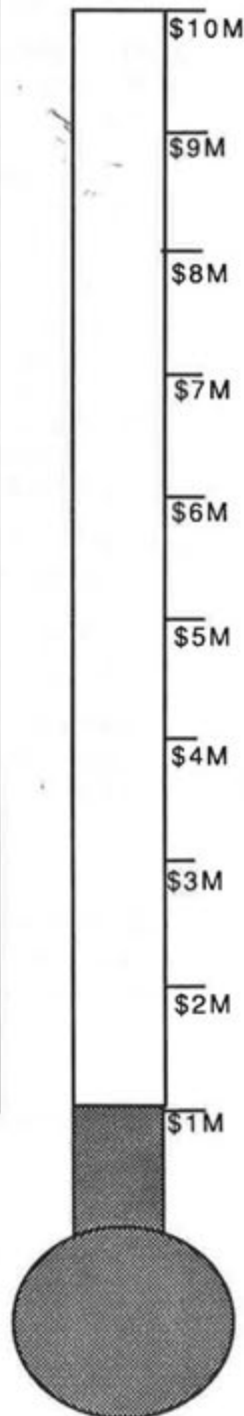
Starting with this issue of ASAM NEWS, only new donors and additional pledges/gifts from previous donors, will be acknowledged. However, all donors will be listed in one newsletter a year.

Once again, please accept our sincere appreciation and gratitude for your continued support.

Jasper G. Chen See, MD
William B. Hawthorne, MD
National Co-chairmen
Claire Osman
Director of Development
ASAM, 12 W. 21 St, New York, NY
10010 ☐ (212) 206-6770



Goal:
\$10,000,000



Pledged:
\$ 1,013,244

as of 4/30/92

Information about ASAM conferences available at Washington headquarters: 5225 Wisconsin Avenue N.W., Suite 409, Washington, DC, 20015.

☎ (202) 244-8948

ASAM CALENDAR

- ☐ **ASAM 2nd National Conference on Adolescent Addiction: San Antonio, June 25-28**
Palacio Del Rio Hilton
- ☐ **ASAM MRO - Medical Review Officer Course:**
Washington, DC, July 17-19 *Crystal Gateway Marriott*
San Francisco, Oct. 16-18 *San Francisco Marriott*
- ☐ **IDAA ((International Doctors in AA) Annual Meeting: Grand Rapids, MI, Aug. 5-9 (CME's Aug 6)**
1514 Wealthy St, SE, Ste 292, Grand Rapids, MI 49506
(616) 456-5554
- ☐ **Third Annual National Conference on Treatment Initiatives : Washington, DC Aug. 16-18**
(ASAM cooperating organ. - Hyatt Regency Bethesda National Treatment Consortium for Alcohol & Other Drugs, PO Box 1294, Washington, DC 20013 (301) 794-4827
- ☐ **ASAM 5th National Conference on Nicotine Dependence: Seattle, Sept. 17-20** *Seattle Sheraton*
- ☐ **ASAM Board Meeting: Scottsdale, AZ, Oct. 2-4**
Marriott Mountain Shadows
- ☐ **ASAM Review Course in Addiction Medicine:**
Chicago, Oct. 8-10 *O'Hare Marriott*
Atlanta, Oct. 22-24 *Marriott Marquis (downtown)*

- ☐ **ASAM/CSAM Review Course in Addiction Medicine: Long Beach, CA**
Nov. 5-7 *Ramada Renaissance Hotel California Society, 3803 Broadway, Ste 2, Oakland, CA 94611*
☎ (510) 428-9091

- ☐ **ASAM Certification Examination:**
Atlanta, Chicago, Los Angeles, Dec. 5
(Deadline for applications was Jan. 15, 1992)

- ☐ **Florida Chapter 6th Annual Conference on Addiction: Orlando, FL Jan. 17-19, 1993**
Royal Plaza Hotel
Lucy B. Robe, FSAM, 303-D Sea Oats Dr., Juno Beach, FL 33408
☎ (407) 627-6815

Calendar includes only meetings that are sponsored or co-sponsored (CME credits) by ASAM; one time listing for co-sponsored conferences. For inclusion on this calendar, please send information directly to Lucy B. Robe, Editor, at least three months in advance.

To insure compliance of the ACCME Essentials for ASAM's co-sponsorship of programs, it is now necessary to submit an application which is available from the ASAM office. An ASAM member must be actively involved in the planning of the program and the selection of the speakers. If you need the name of an ASAM member who can assist you in planning your program, please contact Claire Osman, ASAM, 12 West 21 St, New York, NY 10010. ☎ (212) 206-6770.

Please do not submit a completed program for ASAM's co-sponsorship, unless you can show evidence that an ASAM member was actively involved in the planning. Cosponsors must apply three months in advance of the program; 50% of the speakers must be doctoral level.

ASAM NEWS
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