

ASAM NEWS

American Society of Addiction Medicine

Vol. VIII, No. 2

March - April 1993

Published Bimonthly

Reminder!
ASAM's 24th Annual
Medical-Scientific Conference
Los Angeles
April 29 - May 2



Membership Renewal
Alert
See p. 8

ASAM Sends Core Benefit Policy to White House

ASAM has developed a position statement for treatment of alcohol, nicotine, and other drug abuse and dependence, which the society sent to Hillary Rodham Clinton and her health care reform task force on Mar. 4.

The statement urges specific inclusion of primary and specialty treatment for substance use disorders in any basic health benefit.

(See Executive Vice President's report p. 3; position statement p. 4)

"The most immediate and urgent task is to ensure that treatment for alcohol, nicotine and other drug dependencies be included in the core medical benefit in national health care reform legislation."

-- Dr. Geller (see p. 2)

Inside

ASAM Healthcare Policy.....	4
Message from Pres-Elect Geller...!	2
New Officers.....	6
New Board Members.....	7
Revised Incident Report Form ...	13
Chapter Presidents.....	8
FL Chapter Conference.....	11

Regular Departments:

About ASAM.....	9
Bookshelf: Mooney.....	11
Calendar.....	16
Executive VP Report.....	3
Masthead.....	8
Ruth Fox Endowment Fund.....	15
SEC News.....	12



Anne Geller, MD - new ASAM president

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

◆

President
Anne Geller, MD

New York, NY
Term: 1993-1995.

Specialty: Neurology

Present Title: Chief, Smithers Center, Senior Attending
Medicine, St. Lukes/Roosevelt Hospital, New York City.

ASAM Board: since 1984.

ASAM Cmtes:

*Chair--*Management Section; Ad Hoc Specialty Status;

*Past chair--*Medical Education Section; Review Course and
Review Course Syllabus; New York State.

*Member--*Executive (since 1986); Nomenclature.

Current Academic Affiliation: Associate Professor of Clinical
Medicine, Columbia College of Physicians & Surgeons.

Recent Author: "Restore Your Life" Bantam Books, pub. 1991;
also booklets, articles, monographs, papers.

ASAM Certification: 1986.

FROM THE
PRESIDENT

◆
One reason it is so rewarding to be an ASAM member is that the level of genuine altruism is so high. Some of us came into addiction medicine because of our personal experience, others because we saw a population under served by traditional medicine, and still others because we found treating addicts exciting, challenging, and professionally satisfying.

But we all, I believe, are committed to the ASAM mission: to ensure that addicted patients have access to the best quality care given by practitioners who are competent in addiction medicine.

In the early years of becoming a national organization, ASAM focussed on defining that body of knowledge which is required to practice addiction medicine, and on teaching and testing ourselves. I remember sitting for ASAM's first nationwide examination in 1986 with great pride and great trepidation. I had organized the ASAM review courses and syllabus, but by regulation knew nothing of the separately organized exam. I hoped that our concepts of the contents of addiction medicine overlapped significantly. Now, seven years of practice and hard work later, we have an established, respected certification examination; 2,619 ASAM members have passed it, and we veterans of '86 are up for recertification. This enormous effort has been costly to the society, not only in money but also in the time, energy and commitment of ASAM members. But the effort has been totally worthwhile and, I believe, essential to our being part of mainstream medicine.

For the next five years, however, our focus will shift to the areas of clinical practice and to our goal of setting standards for access to and quality of addiction medicine care.

The most immediate and urgent task is to ensure that treatment for alcohol, nicotine, and other drug dependencies be included in the core medical benefit in national health care reform legislation. The ASAM "Core Benefit" statement must be distributed widely (see p. 3), and ASAM must be involved at all levels in discussions of health care reform.

We also must take the next steps in the development of the *ASAM Patient Placement Criteria*. This will mean obtaining

data on its reliability and validity, linkage with assessment tools, and consequent revision of the initial document.

In addition, we must begin to develop practice guidelines for addiction medicine in a variety of clinical settings, with the goal of completion within three years.

In order to achieve these goals ASAM needs to commit not only the resource of our members' time and efforts, but also staff time and finances.

Of course we will seek outside funding. But we should be prepared to fund from within. In order to do this, we must examine the other areas to which our financial resources have been committed, and determine where to economize. This is a critical time for health care. It is especially critical for a field in the early stages of development, such as addiction medicine. We must have data-based standards of care if we are to participate in the health care system, and we, the practitioners in the ADM field, must provide them. I cannot emphasize too strongly how urgent and important is this task.

We need to continue our efforts to obtain new members, to retain current members, and to be widely known as the national multi-specialty medical society for addictions. This is also a priority in the allocation of financial resources.

We must support research, and our research institutes NIAAA and NIDA. Basic and clinical research is essential to our continuing growth. In the last decade, we have developed a basic science of addiction that places us firmly within medicine. But we need to know more about the causes and courses of addictive diseases. We need more extensive and varied treatment techniques. Above all, as clinicians we need to know much more about what treatments work and for whom. In our support of research we will be making a different kind of commitment, a commitment to be informed practitioners and teachers, to know and to use the available data, to be ready to discard approaches which have been shown to be ineffective, and to use those for which there is solid scientific evidence. We also must commit ourselves to searching for the most cost-beneficial way to deliver services to addicted patients. This approach should be manifested in our ASAM committees, in our conferences, as well as in our activities within our own medical communities.

In emphasizing the goal of providing guidelines and criteria for clinical practice, which was determined a priority by the ASAM Board in its October retreat last year, I do not intend that our many other activities not be continued. Indeed, our strength lies in having many and diverse interests. Priorities change. When they do, it is healthy for our organization to have, as we now do, a group of informed and dedicated members who are already at work in the areas to be developed. All our committees have contributed and will contribute to our richness and our growth.

This is an enormously exciting time for ASAM. I look forward to the next two years with eager anticipation, which I know you share with me, about the contribution we can make to improve the quality of addiction treatment.

◆

ASAM's Action in National Health Care Reform

by James F. Callahan, DPA

On March 4, 1993, ASAM sent to the White House the "American Society of Addiction Medicine Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence." The "Core Benefit" was sent with letters from ASAM President **Anthony B. Radcliffe, MD**, to Hillary Rodham Clinton, Chair, President's Task Force on National Health Care Reform, and to Tipper Gore, Chair, Sub-Task Force on Mental Health and Substance Abuse.

The "Core Benefit" is a statement of the *minimum* treatment and prevention benefits that must be available to an individual and his/her family under a national health care program. The "Benefit" urges that primary and specialty treatment for substance use disorders be specifically included in any basic health benefit, rather than be assumed to fit under some category, such as mental health. The "Benefit" is premised on the use of objective criteria, such as the *ASAM Patient Placement Criteria For The Treatment of Psychoactive Substance Use Disorders (PPC)*, to determine which level of care is most appropriate for the severity of the illness. The *PPC* is also the basis for determining patient movement through the continuum of care. The full text of ASAM's statement begins on page 4 of this issue of *ASAM NEWS*.

The "Benefit" was prepared by ASAM's Health Care Reform Task Force, and approved by the ASAM Executive Committee during a March 3 conference call. The task force members are the five officers of the society (**Jess W. Bromley, MD**, **Jasper G. Chen See, MD**, **Anne Geller, MD**, **William B. Hawthorne, MD**, **Anthony B. Radcliffe, MD**), and **Sheila B. Blume, MD** (Chair), **James F. Callahan, DPA**, **Paul H. Earley, MD**, **Marc A. Galanter, MD**, **David C. Lewis, MD**, **David Mee-Lee, MD**, **Michael M. Miller, MD**, **David E. Smith, MD**, and **G. Douglas Talbott, MD**.

The development of the "Core Benefit" is the initial step in what will be an all-out effort by the board and ASAM members to assure that addiction treatment becomes a benefit for all Americans. This would truly be a landmark and a goal for which we have all worked long and hard.

ASAM will involve the entire membership in the national dialogue that will take place around President Clinton's proposal, once it has been submitted to Congress on May 1, 1993. We will ask state chapter presidents and state chairs to have ASAM members petition the state, county, and local medical societies to include a comprehensive treatment benefit for addictive diseases in their national health care reform proposals, and to promote the use of the *ASAM Patient Placement Criteria*.

The chairs and members of ASAM's nine medical specialty committees (Anesthesiology, Emergency Medicine, Family Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Preventive Medicine, Psychiatry and Surgery) will be asked to take ASAM's position to their respective medical society, academy, or college leaderships, and to ask that medical specialty proposals on national health care reform identify addiction as a primary disease, and treatment as a core benefit.

FROM THE EXECUTIVE VICE PRESIDENT

In addition, ASAM will press home its message to the AMA through its delegates to the AMA's annual and interim meetings, and at the President's Forum, an annual meeting between the AMA leadership and leaders of national medical specialty societies.

ASAM will also ask each member of the Society to write President Clinton and to personally visit and/or write his or her U.S. Senator and Representative, urging inclusion of ASAM's Core Benefit in health care reform provisions. An initial "Call to Action" is on this page (below).

Lastly, through its Washington office, ASAM will make known its position to the members of the Clinton Administration, and will work closely with national health and addictions organizations in the Washington Coalition and other national forums, where national health care reform is discussed and benefits packages are proposed.

HEALTH CARE REFORM ACTION ALERT

ASAM, as a member of the National Coalition on Alcohol and Other Drug Issues, urges you to write to President Clinton and to your U.S. Senators and Representatives to convey the following clear and simple message:

"Any national health care reform proposal must include a core benefit for primary care and specialty treatment and prevention of alcohol, nicotine, and other drug abuse and dependence, if access to health care is to be a reality for all Americans."

Your letter need not be long. It simply must state the above message. Please write today and send me a copy of your letter... *JFC*

NIDA Technical Reviews

The National Institute on Drug Abuse will hold a series of "technical review meetings, in which experts from the drug abuse field will review current research findings and state-of-the-art research methods," according to Richard A. Millstein, acting director of the Institute. Technical Reviews are open meetings, and "NIDA would welcome the attendance of any interested ASAM member."

Three will deal with treatment research issues: • *June 10-11*: "Potentiating the Efficacy of Medications: Integrating Psychosocial Therapies with Pharmacotherapies in the Treatment of Drug Dependence" • *Aug. 26-27*: "Medications Development for the Treatment of Pregnant Women" • *Sept. 8-10*: "Outcomes in Cocaine Treatment"

Interested ASAM members are invited to contact Dr. Dorynne Czechowicz at NIDA: ☎ (301) 443-4877.

Names in boldface are first mentions of ASAM members.

The following new position statement was sent to the President's Task Force on National Health Care Reform on Mar. 4. (Also see report by Dr. Callahan p. 3.)

**ASAM Core Benefit for
Primary Care and Specialty Treatment
and Prevention
of Alcohol, Nicotine and Other Drug Abuse
and Dependence**

Preface

Statement of the Problem

Alcohol, nicotine and other drug dependencies are widespread primary chronic diseases (1,2,3,4). A study of nearly 20,000 adult Americans in the general public found a 13.5% lifetime prevalence of alcohol abuse or dependence, and a 6.1% lifetime prevalence of other drug abuse or dependence, exclusive of nicotine (5). The prevalence rates of substance use disorders for children are also significant. Additionally, about 17% of American adults are dependent on the nicotine in tobacco (6). Alcoholism is associated with 25% of all general hospital admissions (7) and alcohol abuse and dependence cause an estimated 100,000 deaths annually. Smoking of tobacco is responsible for 434,000 deaths per year (8).

The health costs, exclusive of tobacco costs, are estimated at \$140 billion per year (9). Substance use disorders lead to a wide variety of long term disabling diseases such as hepatic cirrhosis, cancer, cardiovascular diseases, cerebral atrophy, and fetal alcohol syndrome, and to an increased incidence of HIV/AIDS and antibiotic resistant tuberculosis. In society as a whole, substance use disorders also adversely affect family members (10), increase absenteeism and poor job and school performance, and are associated with crime, violence and accidents.

Cost Benefits of Treatment

The cost benefit of treatment has been demonstrated (11,12,13). Studies also demonstrate cost offsets for alcoholism treatment within the healthcare system (14,15), including a 1993 report (16). Additional cost offsets are produced by decreased vehicle crashes, family violence, work and school absenteeism, and industrial accidents (17).

Objective Basis for Determining Need, Level and Continuum of Care

The need for and level of treatment must be a clinical judgment based on objective guidelines derived from research literature and clinical consensus such as the guidelines in the *ASAM Patient Placement Criteria (PPC) For The Treatment of Psychoactive Substance Use Disorders*. (18) The goals of objective criteria are to match intensity of service to severity of illness in a continuum of care, prescribe a treatment level that can accomplish the objectives safely, and provide a framework in which clinical outcomes and cost benefit may be assessed. These goals and concepts have been widely accepted. The *PPC* contains separate criteria for adults and children.

Principles

Alcohol, nicotine, and other drug dependencies are primary diseases which produce serious secondary physical and psychiatric complications. Principles that govern the development

POLICY STATEMENT

and implementation of the Core Benefit are:

- A. Primary care and specialty treatment for substance use disorders should be specifically included in any basic health benefit, rather than be subsumed under some other category, such as mental health.
- B. Coverage should include a continuum of primary care and specialty services that provide effective treatment for substance use disorders.
- C. Provision should be made for simultaneous treatment of substance use disorders and their physical and psychiatric co-morbidity, wherever indicated.
- D. Ongoing treatment evaluation, case management, cost benefit and outcome studies should be an integral part of the ongoing evaluation of all substance use disorder services.
- E. Eligibility should be based on competent diagnosis of substance use disorders by use of objective criteria such as the DSM III-R/IV or ICD 9/10, and on medical necessity.
- F. Patient placement should be based on objective criteria with quality of care assured by appropriate review.
- G. Where specialized substance use disorder services are provided, these services must be linked to the rest of the health care system.
- H. Medicine must work closely with other professional providers and self-help groups, and all must avail themselves of the broad network of community services to address the long-term vocational, education, and other needs of people with substance use disorders.
- I. Linkage between medical institutions and non-medical rehabilitative services should be assured by requiring such institutions to be licensed and accredited (e.g. state licensing boards, JCAHO and CARF).
- J. Coverage for alcohol, nicotine and other drug dependencies should be non-discriminatory on the same basis as any other medical care.
- K. Caps or limits on numbers of treatment visits, days or payments should be applied in the same manner as with any chronic disease.
- L. Treatment should be financed from the same source as any other primary disease. Additional revenue could come from taxes on alcohol and tobacco products, but the budget for substance use disorder treatment should not be contingent on sales of these products.

Core Benefit

The Core Benefit is a statement of the *minimum* services that must be available to an individual and his/her family. The Benefit is:

1. Prevention Through Patient Education:

- on the harmful effects of alcohol, tobacco, and other drugs
- on the risk factors for the development of drug dependency.

These services are offered to patients and their families in

a health care setting and are analogous to dietary and exercise counseling for patients at risk for myocardial infarction or diabetes mellitus.

2. Assessment and Treatment:

- history
- physical examination
- mental status examination
- screening and diagnosis
- provision of treatment as is required of any chronic disease
- management of acute exacerbations and relapse
- detoxification at appropriate levels of care

Scope of Benefit

Treatment should be provided in the most appropriate and cost beneficial setting. Inpatient treatment should be used when justified by illness severity; e.g., when the illness meets the criteria for Level III or IV placement according to the *ASAM Patient Placement Criteria*.

When significant social problems are the major factor determining the need for inpatient care, such care would preferably take place in residential settings, with appropriate cost sharing between the health care and social service systems.

Patients with physical or psychiatric co-morbidity may need additional care or consultation from other disciplines. Some patients with severe physical or psychiatric co-morbidity may require treatment in or referral to appropriate settings.

Linkages among all service systems should be maintained and monitored.

References

1. Institute of Medicine. *Prevention and Treatment of Alcohol Problems: Research Opportunities*. Washington, DC: National Academy Press, 1989.
2. Institute of Medicine. *Broadening the base of treatment for alcohol problems*. Washington, DC: National Academy Press, 1990.
3. Institute of Medicine. *Treating drug problems; (Vol. 1)*, Washington, DC: National Academy Press, 1990.
4. Morse, R.M., and Flavin, D.K. The definition of alcoholism. *Journal of the American Medical Association*, Aug. 26, 1992, 268(8), 1012-1014.
5. Regier, D.A., et al. Comorbidity of mental disorders with alcohol and other drug abuse. *Journal of the American Medical Association*, Nov. 21, 1990, 264(19), 2511-2518.
6. U.S. Department of Health and Human Services (USDHHS). *The health consequences of smoking: nicotine addiction, a report of the Surgeon General*. USDHHS, Public Health Service, Centers for Disease Control, DHHS Publication No. DHHS (CDC) 88-8406, 1988.
7. Moore, R.D. et al. Prevalence, detection, and treatment of alcoholism in hospitalized patients. *Journal of the American Medical Association*. Jan. 20, 1989, 261(3), 403-407.
8. Schultz, J.M. Smoking - attributable mortality and years of potential life lost: United States, 1988. *Mortality and Morbidity Weekly Report*, 1991 (40), 62-71.
9. Rice, D.P. et al. *The economic costs of alcohol and drug abuse and mental illness*. DHHS Publication No. (ADM) 90-1694, 1990.
10. Schoenborn, C.A. Exposure to alcoholism in the family: United States, 1988. *Advance Data from Vital and Health Statistics*. Sept. 30, 1991, No. 205, National Center for Health Statistics.
11. Institute of Medicine. *Prevention and treatment of alcohol problems; research opportunities*. Washington, DC: National Academy Press, 1989.
12. Hubbard, R.L., and French, M.T. New perspective on the benefit-cost and cost-effectiveness of drug abuse treatment. In W.S. Cartwright, and J.M. Kaple (Eds.), *Economic Costs, cost-effectiveness, financing and community-based drug treatment*: NIDA research monograph 113. U.S. Department of Health and Human Services, Alcohol Drug Abuse and Mental Health Administration, Rockville, Maryland, 1991.
13. Jones, K.R. and Vischi, T.R. Impact of alcohol, drug abuse and mental health treatment on medical care utilization; a review of the research literature. *Medical Care*, Dec. 1979, 18 (12) Supplement, 61-81.
14. Holder, H.D. and Blose, J.O. Alcoholism treatment and total health care utilization and costs: a four-year longitudinal analysis of federal employees. *Journal of the American Medical Association*. Sept. 19, 1986, 256 (11), 1456-1460.
15. Holder, H.D. and Blose, J.O. The reduction of health care costs associated with alcoholism treatment: a 14-year longitudinal study. *Journal of Studies on Alcohol*. 1992, 53 (4) 293-302.
16. Hoffman, N.G., De Hart, S.S., and Fulkerson, J.A. Medical care utilization as a function of recovery status following chemical addictions treatment. *Journal of Addictive Diseases*, 1993, 12 (1), 97-108.
17. Hoffman, N.G. Addictions Treatment: wise investment yields excellent returns. CATOR, a Division of New Standards, Inc., St. Paul, Minnesota, 1993.
18. Hoffman, N.G., Halikas, J.A., Mee-Lee, D., and Weedman, R.D. *ASAM patient placement criteria for the treatment of psychoactive substance use disorders*. Washington, DC American Society of Addiction Medicine, 1991.

Approved by ASAM Executive Committee
March 3, 1993

ASAM Healthcare Reform Task Force

Sheila B. Blume, MD - chair
 Jess W. Bromley, MD
 James F. Callahan, DPA
 Paul H. Earley, MD
 Marc A. Galanter, MD
 Anne Geller, MD
 William B. Hawthorne, MD
 David Lewis, MD
 David Mee-Lee, MD
 Michael M. Miller, MD
 Anthony B. Radcliffe, MD
 David E. Smith, MD
 G. Douglas Talbott, MD

New ASAM Officers

Terms: 1993-1995

President: Anne Geller, MD

New York, NY

See photo p. 1; article by Dr. Geller on p.2

President-Elect

David E. Smith, MD

San Francisco, CA

Specialty: Clinical Toxicology

Present Title: President, Medical Director and Founder, Haight Ashbury Free Medical Clinics, San Francisco.

ASAM Board: since 1980s.

ASAM Cmtes:

Chair-- Nomenclature;

Member-- AIDS, Executive, MRO, Public Policy, Task Force Specialty Status, Joint NCA/ASAM Definition/Criteria.

Alternate Delegate to the AMA;

Past President: (CSAM) California Society of Addiction Medicine (now an ASAM state chapter).

Current Academic Affiliation: Associate Clinical Professor of Occupational Medicine and Clinical Toxicology, University of California Medical School at San Francisco.

Recent Author: Numerous books and articles; Founder *Journal of Psychoactive Drugs*.

ASAM Certification: 1986



Secretary

Lynn Hankes, MD

Seattle, WA

(formerly Miami, FL)

Specialty: Addiction Medicine.

Present Title: (Feb. 1993)

Director, State of Washington Physicians Health Program.

ASAM Board: since 1989.

ASAM Cmtes: Member--

Executive, Resources & Development; director of Annual Ruth Fox Course for Physicians; former director of two Review Courses.

Academic Affil.: Former Clinical Assistant Professor of Medicine, University of Miami School of Medicine.

Recent Author: chapter with LeClair Bissell, MD, "Health Professionals" in "Substance Abuse - A Comprehensive Textbook Second Edition."

ASAM Certification: 1986.



Deadline for ballots was Mar. 15. ASAM NEWS will run photos of the new regional board members in a future issue.

Treasurer

William B. Hawthorne, MD

Key West, FL.

Specialty: Psychiatry, Addiction Medicine

Present Title: Medical Director, Care Center for Mental Health.

ASAM Board: since 1985,

Treasurer since 1987.

ASAM Cmtes: Co-Chair-- Ruth

Fox Memorial Endowment

Fund; *Chair--* Task Force on the ASAM Journal;

Member-- Publications.

Representative from ASAM to JCAHO since 1987.

Academic Affil.: Clinical Instructor in Psychiatry, Harvard Medical School (1984-1991).

Recent Author: article in *Advances in Alcohol and Substance Abuse*.

ASAM Certification: 1986.



Immediate Past President

Anthony B. Radcliffe, MD

Fontana, CA

Specialty: Addiction Medicine

Present Title: Chief of Addiction Medicine, Chemical Dependency Recovery Program at Kaiser Permanente Medical Center, Fontana.

ASAM Board: since 1985.

ASAM Committees:

Chair-- Exam 1985-87, Certification Council (beginning 1987); Steering; Membership Campaign.

Member-- Executive; International.

Current Academic Affiliation: Clinical Instructor, University of California at Riverside; Assoc. Clinical Instructor of Preventive Medicine at Loma Linda Medical Center.

Recent Co-Author: "Pharmers Almanac."

ASAM Certification: 1986.



Region 1 (New York)**Marc Galanter, MD**

New York, NY

Specialty: Psychiatry*Present Title:* Director of Addiction Services, Bellevue Hospital; President of aaPaa (American Academy of Psychiatrists in Alcoholism and Addictions).*ASAM Board:* since 1987*ASAM Cmtes:* Chair--Annual Meeting Program (beg. 1982); Medical Education Section; Editor--*Recent Developments in Alcoholism*; Member--Ed. Bd--*Journal of Addictive Diseases*.*Current Academic Affiliation:* Professor of Psychiatry and Director of the Division of Alcoholism and Drug Abuse, N. Y. University School of Medicine.*Recent Author:* Editor, *Substance Abuse* journal; Assoc. Editor, *Alcoholism: Clinical & Experimental Research*.*ASAM Certification:* 1986**Region II (California)****Kevin W. Olden, MD**

San Francisco, CA

Specialty: Gastroenterology, Psychiatry*Present Title:* Consultant, Chemical Dependency Recovery Center, St. Mary's Hospital.*ASAM Cmtes:* Member--Ad Hoc on Ethics; State Chapters.

President of California chapter.

Current Academic Affiliation: Assistant Clinical Professor of Medicine and Psychiatry, Univ. of California at San Francisco and at Davis.*ASAM Certification:* 1986**Region III (New England)****Alan A. Wartenberg, MD**

Cumberland, RI

Specialty: Internal Medicine*Present Title:* Medical Director, Addiction Recovery Program, Faulkner Hospital (Boston).*ASAM Cmtes:* Member--Ad Hoc on Ethics; Fellowship.*Current Academic Affiliation:* Assistant Professor of Medicine, Tufts University School of Medicine; (former) Brown Univ. Ctr Alc./Add. Studies.*Recent Author:* chapters on chemical dependency in 4 books; journal articles.*ASAM Certification:* 1986

These nine board members were elected by their regions as ASAM NEWS went to press. Deadline for ballots was Mar. 15.

Region IV (Ohio & Pennsylvania)**Bruce K. Branin, DO**

Waverly, PA

Specialty: Addiction Medicine*Present Title:* Medical Director, Chemical Dependency Services, Geisinger Health Care System of NE Penn.*ASAM Board:* since 1992*ASAM Cmtes:* Member--Medical Care in Recovery; Criteria.

Founding president of Pennsylvania chapter.

Current Academic Affiliation: Instructor in Addiction Medicine for Scranton-Temple Residency Program.*ASAM Certification:* 1986**Region V (Southeast)****Richard A. Beach, MD**

Pensacola, FL

Specialty: Addiction Medicine*Present Title:* Medical Director of Twelve Oaks.*ASAM Cmtes:* Member--Medical Care in Recovery; State Chapters.

Former president of Florida chapter.

ASAM Certification: 1988**Region VI (Midwest)****Andrea G. Barthwell, MD**

Chicago, IL

Specialty: Addiction Medicine*Present Title:* Medical Director of Interventions.*ASAM Board:* since 1991*ASAM Cmtes:* Chair & Co-Chair--Chicago Review Course in Substance Use Disorders (1989-1992); Co-Chair--State of the Art in Addiction Medicine (1991, 1993); Chair--Cross-Cultural Clinical Concerns.*Member--*Methadone; Review Course; Pregnancy and Neonatal; Appeals; CME (Ex-Officio).

President-Elect: Illinois chapter.

ASAM representative to AMA Family & Violence Cmte.*Current Academic Affiliation:* Lecturer, Univ. of Chicago Dept. of Psychiatry.*ASAM Certification:* 1986**ASAM BOARD**

1993-1997

Region VII (Southwest)**J. Thomas Payte, MD**

San Antonio, TX

Specialty: Addiction Medicine*Present Title:* Founder, Medical Director of Drug Dependence Associates.*ASAM Cmtes:* Chair--Methadone Treatment.*Current Academic Affiliation:* Adjunct Instructor in Pharmacology at Univ. of Texas Health Science Center at San Antonio.*Recent Co-Author:* 2 chapters in *State Methadone Maintenance Treatment Guidelines* (CSAT); author, editor of journal articles.*ASAM Certification:* 1987**Region VIII (West)****Walton E. Byrd, MD**

Tigard, OR

Specialty: Allergy, Addiction Medicine*Present Title:* Physician in Charge, Chemical Dependency Center, Professional Program at Springbrook Northwest, Newberg.*Current Academic Affiliation:* Lecturer, Addictive Diseases at Oregon Health Sciences University.*ASAM Certification:* 1986**Region IX (International)****Ray Baker, MD**

New Westminster, BC, Canada

Specialty: Family Practice*Present Title:* Medical Consultant co-founder of B.C. Lawyer's Assistance Program.*ASAM Cmtes:* Certification Exam applicant reviewer (1987-88).*Chair--*CMSAOD 1992 annual scientific meeting in Vancouver.*Current Academic Affiliation:* Assistant Professor, Director of AMIR (Addiction Medicine and Intercollegial Responsibility), Faculty of Medicine, Univ. of British Columbia.*ASAM Certification:* 1986

Chapter Presidents

ASAM now has 20 state chapters. The following are their presidents, as of March 9, 1993.

Chapter	President
Alabama	Jack C. Whites, MD
Arizona	Alan Kazan, MD
Arkansas	James M. Merritt, MD
California	Kevin W. Olden, MD
Florida	William T. Haeck, MD
Georgia	John Lenton, MD
Illinois	Andrea Barthwell, MD
Iowa	Dennis Weis, MD
Maryland	John R. Steinberg, MD
Mississippi	Lloyd Gordon, MD
Missouri	Jorge A. Viamontes, MD
Nevada	Michael A. Jonak, MD
New York	Stephan J. Sorrell, MD
Ohio	Chris Adelman, MD
Oregon	Phillip Unger, MD
Pennsylvania	Mark R. Publicker, MD
Tennessee	Christine L. Kasser, MD
Texas	J. Richard Mayo, MD
Utah	John Carter Hysten, MD
Washington	Roy D. Clark, MD

ASAM NEWS

Editor: Lucy Barry Robe, MA
303-D Sea Oats Drive
Juno Beach, FL 33408
Phone: (407) 627-6815
FAX: 407-627-4181

ASAM Headquarters
James F. Callahan, DPA
Executive Vice President
Suite 409
5225 Wisconsin Ave, NW
Washington, DC 20015
Phone: (202) 244-8948
FAX: 202-537-7252

Newsletter Review Board:
LeClair Bissell, MD
Shella B. Blume, MD
Allan Graham, MD
Max A. Schneider, MD

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

Subscriptions

ASAM NEWS is sent free to members. Non-members may subscribe for \$25 per year. Call/write Washington headquarters.

Advertising Rates:

Start at \$60. Call/write:
Editor, or ASAM Headquarters

© American Society of Addiction Medicine
ISSN # 0889-9215

MEMBERSHIP ALERT!!!!

DON'T MISS OUT ON THE ASAM 1993 MEMBERSHIP DIRECTORY

As a member service, listings are in alphabetical order by state for greater ease of networking among members

But only *current* ASAM members are listed!

If you haven't already done so, renew your membership NOW!

By phone or FAX, use MasterCard or Visa

Phone: 202-244-8948

FAX: 202-537-7252

or by Mail: ASAM, P.O. Box 80139
Baltimore, MD 21280-0139

DEADLINE: MAY 15, 1993

MRO / ASAM

Medical Review Officer Training Courses

Two Courses

An ASAM certified physician who completes an MRO course will receive a letter attesting that she/he has been certified by ASAM through written examination, as knowledgeable in the diagnosis and treatment of alcoholism and other drug dependencies, and that she/he completed a course given by ASAM for Medical Review Officers.

June 18-20, 1993

Hotel Inter-Continental
New Orleans, Louisiana

August 27-29, 1993

Crystal Gateway Marriott
Arlington, Virginia

American Society of Addiction Medicine
5225 Wisconsin Avenue, NW, Suite 409
Washington, DC 20015

☎ (202) 244-8948

FAX: 202/537-7252

ABOUT ASAM

News About Members

Anne Geller, MD, of New York City, new president of ASAM, was recently invited to join the National Advisory Council of the NIAAA (National Institute of Alcohol Abuse and Alcoholism).

Beny J. Primm, MD, director since 1989 of the Center for Substance Abuse Prevention (CSAT) in Washington, DC, resigned Feb. 24, according to *Alcoholism & Drug Abuse Weekly*. Dr. Primm will return to New York City, to head the Urban Resource Institute and the Addiction Research and Treatment Corporation there.

A new book, "Dr. Dave" by Clark S. Sturges, profiles ASAM new president-elect **David E. Smith, MD**, of San Francisco. According to Devil Mountain Books, the publisher: "When David Smith opened the Haight Ashbury Free Medical Clinic on June 7, 1967, he didn't know whether it would last the month, let alone the summer. Today, more than 25 years later, Dr. Dave oversees a budget of \$8 million and a staff of 500 who meet the medical and social needs of approximately 50,000 patients a year. This is his story, an intense personal history with revelations that will probably surprise even many who know him."

In January, *Alcoholism & Drug Abuse Weekly* instituted annual awards, giving its "Voice in the Woods" Award to **Michael O. Smith, MD**, of New York City's Lincoln Hospital, who has "continued to champion the cause of acupuncture as an effective treatment for craving despite a lot of skepticism from the field."

Region III (New England) 6th Annual Conference

Region III held its sixth annual meeting at St. Mary's Hospital in Waterbury, CT, on Jan. 23. Hosts were conference coordinator **Mark L. Kraus, MD**, Region III director **Allan Graham, MD**, and Connecticut state chair **Peter Rostenberg, MD**.

ASAM members held a business meeting and concluded that "ASAM National" should take a greater leadership role in promoting addiction medicine to corporate America, the insurance industry of America, and the American public. The group also discussed the need for better communication between the ASAM regions through improved use of our national newsletter, *ASAM NEWS*.

ASAM members who gave presentations were **John D. Melbourne, MD**, on the chemical dependency section in a community hospital setting; Dr. Rostenberg on trauma and substance abuse (he is co-chair of the Trauma Committee); **Douglas Ziedonis, MD**, on the dual diagnosis patient; Dr. Kraus and **Michael A. Feinberg, MD**, on primary care internal medicine residency training in addiction medicine.

Next year's conference, the region's 7th annual, will be held in the state of Maine.

[Conference report by Dr. Mark Kraus of Waterbury, CT]

Names in boldface are first mentions of ASAM members

In Memoriam

Anton M. Krone, MD, of Tampa, FL, died in December. Certified by ASAM in 1986 and a former treasurer of the Florida chapter, his specialty was internal medicine.

Daniel Rakowski, MD, of East Amherst, NY, died in December. His specialties were internal medicine and psychiatry.

299 Pass ASAM Exam

Of the 334 ASAM members who took the ASAM Certification Examination on Dec. 5, 1992, in Atlanta, Chicago, and Los Angeles, 299 passed. The 11% rate for those who did not pass is the same as for the 1990 exam.

PPC Conference

ASAM's 3rd National Conference on Patient Placement Criteria (PPC) was held in Atlanta Feb. 19-21. The Georgia chapter (through its president, **Beth Howell, MD**) and the Georgia Division of Mental Health, Mental Retardation and Substance Abuse, led a long list of co-sponsors. About 170 participants actively engaged in a conference designed to build skills in the areas of structuring programs and coordinating clinical staff in programs that have implemented the ASAM PPC; clinical assessment and treatment planning utilizing the PPC; and use of the PPC in appealing treatment authorization denials. Faculty included three chairs of ASAM's Standards & Economics of Care Section: **Chris Kasser, MD**, **David Mee-Lee, MD**, and **Michael Miller, MD**.

Participants were given a "Blueprint for Implementation of the PPC." Faculty focused on the sources of resistance to changes encountered when program introduce the PPC; management and supervisory leadership strategies for handling resistance to change within an organization; and the paradigm shifts from fixed-length-of-stay "program models" of ADM care to more clinically-driven, severity-of-illness driven models of care that employ service delivery systems with multiple levels of care. Attorney David Bralove completed the faculty; he addressed making successful appeals of adverse decisions of external utilization reviewers, and how using the ASAM Criteria can facilitate the appeals process. (*Conference report by Michael M. Miller, MD, of Madison, WI.*)

Young Investigator Award to NIDA Researcher

ASAM's annual young investigator award will go this year to Ivan D. Montoya, MD, MPH, for the best abstract submitted for presentation at ASAM's annual medical-scientific conference. Abstract title is "Reduction of Psychopathology Among Individuals Participating in Non-Treatment Drug Abuse Residential Studies." Dr. Montoya's sponsor was **David Gorelick, MD, PhD**, Chief, Treatment Branch, Addiction Research Center, NIDA (National Institute on Drug Abuse) in Baltimore. The award will be presented in Los Angeles on May 1. Conference program chair is **Marc Galanter, MD**.



KAISER PERMANENTE
Southern California Permanente
Medical Group

ADDICTION MEDICINE SPECIALIST

Join our team of Addiction Medicine Specialists and enjoy the resources of a leading multi-specialty healthcare organization.

- **Multidisciplinary Chemical Dependency Treatment Team**
- **Individualized Treatment based upon Medical Need**
- **20-bed Inpatient Unit**
- **7 day/week Day Treatment Program**
- **Outpatient Services**
- **Acute Care Hospital Consultations**

See us at the Annual ASAM Conference

Or send your CV to: **Irwin P. Goldstein, MD, SCPMG Dept.**
853, Walnut Center, Pasadena, CA 91188-8013.

Call (800) 541-7946

PARTNERS
In Practice

Physician, Medical Director

Idaho's Department of Health and Welfare, State Hospital North, has an opportunity for a physician as Medical Director for a 75-bed adult substance abuse and psychiatric treatment hospital.

Primary responsibilities include patient medical diagnosis and treatment; medical consultation; shared on-call; employee wellness and infection control. Small facility allows for progressive and innovative practice and a participative management style.

Competitive salary; relocation assistance; excellent benefit package.

Rural setting located at the base of the Selway-Bitterroot Wilderness Area.

Experience Idaho -- it's what American used to be!

Contact:

Marvin Lambrecht, Administrator
State Hospital North, P.O. Box 672
Orofino, Idaho 83544
☎ (208) 476-4511
EOE/AA



Massachusetts General Hospital
Spaulding Rehabilitation Hospital



Affiliated Addictions Program ADDICTION PSYCHIATRY FELLOWSHIP

Two full-time, one-year appointments for PGY-5 Psychiatrists dedicated to excellence in the treatment of patients with addictive disorders.

Fellows will acquire broad expertise in addictions through comprehensive training in inpatient, outpatient, general hospital, and consultative settings.

Harvard Medical School appointment. Opportunities for fellows to assist in training of medical students and residents and to conduct medical research.

Send curriculum vitae to:

David Gastfriend, M.D.
Chief, Addiction Services
Massachusetts General Hospital, ACC-812
Boston, Massachusetts 02114

We are an equal opportunity employer



SIERRA TUCSON

CENTER OF EXCELLENCE FOR THE TREATMENT OF
MENTAL HEALTH AND ADDICTIVE DISORDERS

- ◆ Addictive Disorders Program
- ◆ Recovery Program for Healthcare Professionals
- ◆ Assessment Diagnostic Unit
- ◆ Trauma Resolution Unit
- ◆ Center for Eating Addictions & Disorders
- ◆ Sierra Tucson Adolescent Care Facility
- ◆ Quality of Life Workshops

FOR MORE INFORMATION ABOUT OUR
SPECIALIZED TREATMENT PROGRAMS AND
A FREE VIDEO, PLEASE VISIT OUR BOOTH
AT THE ASAM CONFERENCE, OR CALL
1-800-842-4487
24 HOURS A DAY.



SIERRA TUCSON
16500 N. Lago del Oro Parkway
Tucson, Arizona 85737

CHAPTER CONFERENCE

Florida Chapter Annual Meeting in Orlando

The Florida Society of Addiction Medicine, which was the first state chapter to be granted a charter by ASAM, drew 125 participants to its 7th annual conference in Lake Buena Vista, Florida, Jan. 14-17. CME and CEU sessions (14.5 credit hours) were offered three mornings and one evening; participants used free time to enjoy adjacent Walt Disney World. The group included 60 physicians, 22 nurses who held a breakout session, and counselors.

Next year's conference is scheduled for Jan. 20-23, 1994, at the same Hotel Royal Plaza.

Monitoring Medical Professional Patients in Recovery

PRN (Physicians Recovery Network) monitoring groups for four southeast Florida counties were established in April 1989. Licensed professionals entering the groups contracted to attend 40 of 52 meetings for two years. Each group is facilitated by a licensed therapist who has experience in the addiction field, and an addictionist.

William T. Haeck, MD, new president of FSAM, reported on 45 months experience from the five established groups. They included health professionals licensed in Florida, but no nurses or paraprofessionals. From onset through Dec. 31, 1992, 117 professionals entered the program.

Thirty-three of the 117 (28%) relapsed, 19 (58%) more than once. Twenty relapsers (61%) had been through extended treatment, ten through primary treatment.

In the initial full two years, 41 of 62 (66%) entrants completed two years of monitoring without relapse, graduating to a less extensive monitoring program. Behavioral changes picked up relapse more frequently than did random urines.

Dr. Haeck said that his experience would indicate a relapse rate of 25% in professionals following treatment, during the first two years after treatment.

AIDS Update

Larry Siegel, MD, former chair of the ASAM AIDS and Chemical Dependency Committee, reminded the FSAM audience that a new definition of AIDS went into effect in January. All patients who have CD4 T cell counts of 200 or less must be reported to the State of Florida Health Dept.

He is encouraged that "from the time of exposure and infection by HIV until full blown AIDS develops, the median time during which 50% of these patients will not have developed AIDS-defining illness is now in excess of ten years." He also believes that too many CD professionals still have an attitude of "Why treat HIV positive patients for CD? They'll die anyway. Might as well let 'em use!" On the contrary, declared Dr. Siegel, "some have a very long life span from time of infection, and intervention strategies are available which can increase that longevity."

BOOKSHELF

"The Recovery Book"

by **Al J. Mooney, MD**, Arlene Eisenberg and Howard Eisenberg.

Workman Publishing, New York City, 1992, 597 pages, \$13.95

Dr. Al Mooney is a former ASAM board member and medical director of Willingway Hospital in Statesboro, GA. The CD facility was founded by his parents (one was the late **John Mooney, MD**, long time ASAM member) after they sobered up. Willingway began informally in the Mooney's home in 1960, treated nearly 600 patients in the 1960s and moved to its current 11-acre site in 1971. Willingway is still operated by the family of whom two, including the book's author, are ASAM members.

In the book's foreword by two-time ASAM president **Stanley E. Gitlow, MD**, who has treated alcoholics since the early 1950s: "...physicians and other helping professionals, you will understand your addicted patients and clients as never before."

The book is divided into nine parts with 30 chapters. Its design is superbly user-friendly. Whether the reader be a newcomer to sobriety or an old timer, a family member, friend, or professional, the reader can browse at random, or can quickly and easily find specific material. Sections are divided and subdivided into shorter sections, with headings in boldface type. There are 'Guide Lines,' 'MiniGuides,' and other useful material presented in boxes for quick reference and easy rediscovery. For variety's sake, some material is presented via very brief, anecdotal case histories, followed by advice.

In "A Note to Physicians" at the end of the book, Dr. Mooney appeals to doctors to *learn*. "It's about time we acknowledged that the drinkers and druggers who wind up on Skid Row show up in our offices first, often--and it's up to us to recognize it--at a highly teachable moment...Alcoholism is a disease that causes other diseases--something like 350 of them. No body part or system escapes." Nor does the family: "If Jane Smith's lungs fail, all of her body's linked organs, including her brain, will die. If Jane, mother of three, becomes an alcoholic, a similar ripple effect may destroy her family." [LBR]

Names in boldface are first mentions of ASAM members.



Third Printing for PPC

by David Mee-Lee, MD, Chair
Standards & Economics of Care
Section

Since the initial release of the *Patient Placement Criteria* two years ago, over 4,000 copies have been sold or distributed. ASAM now plans a third printing.

Response to Survey

The goal of the *PPC* was to produce a document that would be useful to health care payers, utilization review professionals, and treatment providers alike. ASAM sent over 2,000 questionnaires in January 1993 to assess whether we have reached the goal of producing a document that is appropriate, clinically relevant, and acceptable to professionals to approach addiction treatment from various vantage points.

Some preliminary results of 100 returns are as follows:

Most of the responses came from providers (77%); 7% were from managed care organizations, and 16% from others.

65% are using the *PPC* to assign patients to levels of care.

45% noted difficulties in training staff to use the *PPC*.

A little over half use the *PPC* to determine lengths of stay. Of these, 56% estimated such use in fewer than 1/4 of their patients; 32% said they were being used in over 3/4 of their patients.

35% found the *PPC* being used by UR or MC firms, and 29% by providers in appealing UR actions.

53% thought the *PPC* were user-friendly most of the time; 42% some of the time; and 5% not at all.

Incident Report Form Update

by Michael M. Miller, MD, Chair
Reimbursement Committee

ASAM NEWS has twice published our Denial of Access to Care Report Form: in July-August 1990 (p. 3) and March-April 1991 (p. 11). From Oct. 1991 to March 1992, 90% of the returned forms showed denied approval of treatment plans for Continued Stay in Level III Care (as defined by the *ASAM Patient Placement Criteria*). Since then, only a handful of forms were returned to ASAM. One reason may be that the treatment field is so stressed that no one has the marginal time or energy to complete these Incident Reports.

We decided to focus data collection efforts in the most problematic area, so we prepared a "Revised Version 1993" of the Incident Report Form. We encourage ASAM members to use this to document problems when external utilization review agents deny access to care. ASAM is *not* discouraging members from returning completed versions of the

SEC NEWS

previous Incident Report Form; we will continue to assemble that data as we receive it and will report on it in *ASAM NEWS*. The 1993 version published in this issue (See p. 13) intends to examine the same problems but in a more focused fashion. We hope that it will provide a better picture of how the *ASAM PPC* are coming into play in the interactions between ASAM clinicians and external utilization review entities.

Please note that the Revised Version 1993 uses terminology that is consistent with the *ASAM Patient Placement Criteria (PPC)*. We encourage ASAM members to incorporate the *PPC* into their clinical operations and to use the *PPC* when communicating with UR firms and external case managers. Note as well that the Incident Report Form is designed to document instances in which the *ASAM Criteria* for Continued Stay have been met, but authorization of the treatment plan has not been forthcoming from some external agent.

Please photocopy these forms as needed for use by you or your staff and return completed forms to the ASAM office, Suite 409, 5225 Wisconsin Ave. NW, Washington, DC 20015.

Thank you.

ADDICTIONIST FULL-TIME EMPLOYEE

Located within driving distance of Atlanta, Macon has an opportunity for an Addictionist interested in full-time employment with our 118-bed free-standing, full service, addiction treatment and psychiatric facility. Offering a base salary of \$75,000 along with a generous relocation package, this opportunity lends itself to a lifestyle in the moderate south for those interested in the cultural and educational amenities which Macon has to offer.

For confidential consideration, please call 1-800-248-0922 or send your curriculum vitae to:

Charter Medical Corporation
Professional Relations
P. O. Box 209
Macon, GA 31298



(Please photocopy as needed for use by you or your staff)

Return completed forms to:
 American Society of Addiction Medicine,
 5225 Wisconsin Avenue N.W., Suite 409,
 Washington, DC 20015

Your Name _____

Your State _____

ASAM Certified? No ___ Yes ___ Cert No. _____

Patient Age _____ Patient Sex _____

Principal Diagnosis (ICD/DSM Code) _____

Date of Denial of Access to Care _____

I. PATIENT'S CURRENT LEVEL OF CARE (LOC)

- ___ Outpatient Clinic: Gen Med/Surg/Psych Care
- ___ Hospital Inpt: Gen Med/Surg/Psych Care
- ___ Level IV ADM Services
- ___ Level III ADM Services
- ___ Level II ADM Services
- ___ Level I ADM Services
- ___ Other: _____

II. ADDICTION MEDICINE LOC REQUESTED

- ___ Level III ADM Services,
 e.g. Residential Inpatient Rehab

III. ACTION REQUESTED

- ___ Admission (Entry) ___ Continuation of Care

IV. PATIENT'S TYPE OF REIMBURSEMENT

- ___ Medicare
- ___ Medicaid/Medical Assistance
- ___ County/City Government Health Care Funds
- ___ Prepaid Capitated Care - e.g. HMO
- ___ Managed Indemnity Coverage -
 e.g. "Commercial Insurance"
- ___ Employer/Union Self-Insured Plan
- ___ Uninsured Patient/Doesn't Qualify for Government
 Assistance

V. CRITERIA MET FOR JUSTIFYING YOUR CLINICAL DECISION WHICH HAVE NOT BEEN ACCEPTED BY EXTERNAL UTILIZATION REVIEW.

PLEASE CHECK ITEMS **ONLY** IN CASES IN WHICH THE CRITERION FOR ADMISSION OR CONTINUED STAY HAS BEEN MET **AND** IN WHICH THIS CRITERION HAS BEEN REJECTED BY THE REVIEWER; BUT CHECK AS MANY AS APPLY TO THIS CASE.

- ___ 1-A Withdrawal symptoms require continued 24-hr. monitoring
- ___ 1-B. Post-withdrawal organigicity contraindicates Level II care

ACCESS TO CARE DENIAL INCIDENT REPORT FORM
 • Revised Version 1993 •
 ASAM Standards & Economics of Care Section

- ___ 2-A. Specific documented biomedical comorbidities preclude Level II care at this time
- ___ 3-A. Specific documented emotional/behavioral issues require 24-hr. monitoring still
- ___ 4-A. Treatment Acceptance deficits are such that patient does not recognize, accept, and understand the seriousness of the addictive disease to a degree that leads patient to accept participation in Level II services
- ___ 4-B. The patient has not demonstrated behaviors indicating appropriate personal responsibility or newly learned behavior/coping patterns such that success in Level II care could be expected
- ___ 5-A. Relapse Potential is sufficiently high, as manifested by continued intense cravings, that Level II care is contraindicated
- ___ 5-B. Relapse Potential is considered sufficiently high to indicate continuation in Level III care, due to patient being unable to appropriately connect relapse triggers with return to substance use
- ___ 5-C. Imminent relapse appears likely outcome of admit/transfer to Level II care, and clinical grounds exist to suggest that continued Level III care will favorably alter this likelihood
- ___ 6-A. Recovery environment deficits contraindicate placement in a Level II setting, and good faith efforts have been initiated (but are not yet completed) to secure a more stable recovery environment
- ___ 6-B. The patient's social or interpersonal environment has encountered a sudden new deterioration, requiring the securing of an alternative residential environment for the expectation of successful recovery in a Level II setting

VI. PARTY DENYING ACCESS TO CARE

- ___ Commercial Insurance Prior Authorization Agent
- ___ Managed Care Co. Subcontracted by Insurance Carrier
- ___ Employer/Union Benefits Manager or Benefits Dept. Agent
- ___ Managed Care Co. Subcontracted by Employer/Union
- ___ Other _____

Name of Third Party Payer _____

Name of Managed Care Agency _____

Name of Person You Spoke With _____

Credentials of Person You Spoke With:

___ Certified ASAM Member ___ Non-Cert. ASAM Member

___ Other MD/DO ___ RN

(License #, State) _____

___ Other (Specify): _____

Date Denied Access to Care _____

PSYCHIATRIST

Immediate opening at a free standing, inpatient chemical dependency treatment center. You will be required to deliver medical and psychiatric services to facility patients, assuming responsibility for patient medical care including detoxification and medication management for those who require psychotropic drugs. Only those applicants with related degree will be considered; preference to those with related experience and/or drug and alcohol treatment background.

Submit resume to:

Wallace M. Slatinsky
White Deer Run
Devitt Camp Road
PO Box 97
Allenwood, PA 17810

**ADDICTION MEDICAL
DIRECTOR****Pittsburgh, PA**

Large comprehensive chemical dependency program needs an experienced, appropriately Board Certified physician for its Medical Director. Outpatient/Inpatient services provided to 700+ patients/day. Programs emphasize innovative quality treatment, prevention, research, and education. 278-acute psychiatric/addiction beds (part of 750 bed medical center with ACGME accredited Psychiatric Residency Program).



Contact: Joy Harris, Senior Vice President, Division of Medical Administration, Daniel Stern and Associates, Pittsburgh, PA; 800-438-2476

**ADDICTION MEDICINE
FELLOWSHIP**

Two 1-year clinical addiction medicine fellowship positions are available beginning July 1, 1993, at the Loma Linda University-Kaiser Permanente, Fontana Program. The fellowship training program includes adult inpatient and outpatient detox and treatment, adolescent treatment, psychiatric dual diagnosis, acute care hospital consults, methadone maintenance, etc. Clinical rotations include: Kaiser CDRP, Loma Linda VAH, Behavioral Medicine Center, Community Methadone Treatment Program and County Outpatient Treatment Program. Fellows will be involved with teaching internal medicine, family practice, and psychiatry residents and medical students, etc.

For further information and applications please contact:

Mickey Ask, MD, ATU
Veterans Hospital
Loma Linda, California 92357
☐ (909) 825-7084, ext. 2353

ALAN R. ORENBERG
PROFESSIONAL RECRUITER
Specialty: Placements in Treating
Addictive Disease

117 PINE RIDGE TRAIL
MADISON, WI 53717
(608) 833-3905

MEDICAL DIRECTOR Free standing JCAHO accredited alcoholism treatment facility provides inpatient detoxification and rehabilitation programs and outpatient clinic programs. Duties include provision of medical services to patients and leadership of the professional staff organization. *Send resume to:* Personnel Director, Freeport Hospital, 267 S. Ocean Ave, Freeport, NY 11520

**ADDICTIONIST
MEDICAL DIRECTOR****PRIVATE PRACTICE
OPPORTUNITY****San Angelo, Texas**

Exciting opportunity to join private psychiatric hospital with 22-bed chemical dependency unit offering in-patient and out-patient programs. Current Medical Director is retiring! Beautiful area offers extensive outdoor activities, culture and close proximity to college/university. Full time, salaried position with benefits.

For complete details, call
ELOISE GUSMAN,
PHYSICIAN RECRUITER
TOLL FREE

1-800-535-7698 or 1-817-924-1699

FAX: (817) 927-0030

Or send C.V. to: P.O. Box 101656,
Ft. Worth, TX 76185

Equal opportunity employer

PHYSICIAN

VAMC, Martinsburg, WV, has opening for physician in Alcohol & Drug Treatment Unit. 319-bed acute medical, surgical and psychiatric with 50 beds dedicated to alcohol and drug treatment. Martinsburg is located approximately 70 miles from Washington, DC and Baltimore, MD. ASAM certified in addiction medicine preferred. EOE.

Contact Jeanie Henderson, AAC/COS 304-263-0811, ext. 4015.

MEDICAL DIRECTOR

Excellent opportunity for a Board Certified Physician, Psychiatrist with ASAM Certification preferred. Physician will direct the medical care of Behavioral Services patients.

Hospital based facility with an excellent reputation located in a medium-size town in Southwestern Ohio, near large metropolitan areas.

Contact: Elaine Shawhan, Marketing Director, Greene Memorial Hospital, Inc., 1141 N. Monroe Drive, Xenia, OH 45385. ☐ 1-800-456-7362

RUTH FOX MEMORIAL ENDOWMENT FUND



Ruth Fox, MD
1895-1989

Ruth Fox News

Philanthropy: A Source of Enjoyment for All

Philanthropy has been defined as the effort to advance human well-being, as through charitable gifts or endowments. All too often, people view philanthropy as a pursuit only for the very wealthy. But the same caring that prompts people to give their time and talents can move persons at any economic level to leave a bequest to a cause that they supported during their lifetime.

Give now or later

A philanthropist gives from the need to share, regardless of income or wealth. A gift made now, or later through a bequest, need not be large to play an important role in the lives of future generations. The benefits from your bequest or other gift, whatever its size, will ensure that ASAM's work and goals will be pursued well into the future.

Give for your own reasons

No matter why others give, you have your own very personal reasons. This is the way it should be. Philanthropy has both tangible and intangible rewards. You will find that you are influenced by many motives: some humanitarian, some financial, some close to your heart. The best plan for you is one that satisfies your personal motives.

Please consider making a gift -- one that will live on for years -- by including the Ruth Fox Memorial Endowment Fund in your will or estate plans.

For more information, please write or call: Ms. Claire Osman, Director of Development, ASAM, 12 West 21st Street, New York, NY 10010.

Phone: (212) 206-6770. FAX: (212) 627-9540.

Seminar, Reception in Los Angeles

Reminder ... an Estate Planning Seminar for members, spouses, and friends is scheduled for Thursday, April 29, from 5:45 pm to 6:45 PM at the Medical-Scientific Conference in Los Angeles.

The Ruth Fox Memorial Endowment Reception in appreciation of your support is scheduled for Friday, April 30, from 6:30 PM to 8:00 PM in Los Angeles (by invitation to donors only).

- Jasper G. Chen See, MD - National Co-Chairman
- William Hawthorne, MD - National Co-Chairman
- Max A. Schneider, MD - President, Endowment Advisory Board
- Claire Osman - Director of Development

Recognition Roster by Giving Level: Jan 9 - Mar. 18, 1993

Circle of Friends

- Jeffrey Alan Berman, MD
- Anne Geller, MD
- Richard H. Schlottman, MD

Donors

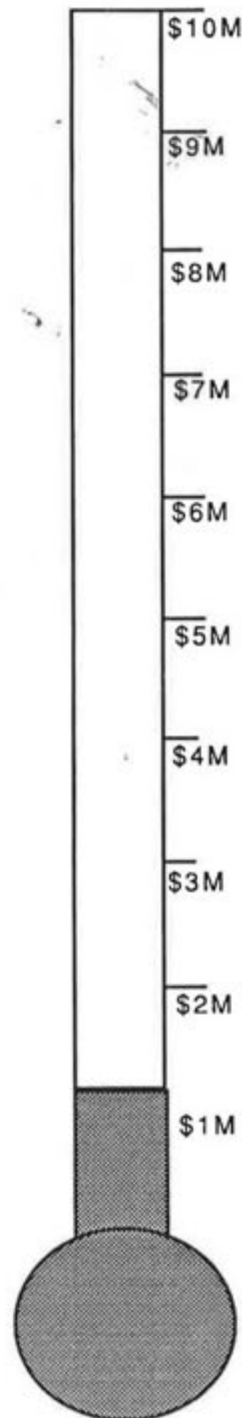
- E. Joan Barice, MD
- Ross B. Brower, MD
- Enoch Gordis, MD
- Shirley Hunter, MD
- Richard Karrel, MD
- Wayne S. Levin, MD
- Mark G. Maged, MD

At Last! **TxPlan™**

Create comprehensive personalized treatment plans on your PC that are consistent with JCAHO standards.

For information or demo call
1-800-421-2341

Goal:
\$10,000,000



Pledged:
\$ 1,180,953
(as of 3/18/93)

Information about ASAM conferences available at Washington headquarters: 5225 Wisconsin Avenue N.W., Suite 409, Washington, DC, 20015.
 ☎ (202) 244-8948 FAX: 202-537-7252

ASAM CALENDAR

- ☐ **ASAM Board Meeting:** Los Angeles, Apr. 28
All members are welcome to attend.
Westin Bonaventure Hotel
- ☐ **Ruth Fox Course for Physicians:** Los Angeles, Apr. 29
- ☐ **National Forum on AIDS and Chemical Dependency:** Los Angeles, Apr. 29
- ☐ **ASAM Annual Meeting (Luncheon):** Los Angeles, Apr. 3
- ☐ **ASAM 24th Annual Medical-Scientific Conference:** Los Angeles, Apr. 30-May 2 *Westin Bonaventure Hotel*
- ☐ **Soberfest Addiction Update:** Statesboro, GA, May 7
Susan E. Pajari, Willingway Foundation, 311 Jones Mill Rd, Statesboro, GA 30458-5085 ☎ (912) 764-6236
- ☐ **NECAD (Northeastern Conference on Alcoholism & Drug Dependence):** Newport, RI, May 23-26
Mary A. Cappelli, Edgehill Newport, 200 Harrison Ave, Newport, RI 02840 ☎ (401) 849-5700
- ☐ **The Impaired Professional: Competing Approaches:** Baton Rouge, LA, June 3
Eric Hoffman, PhD, Impaired Physicians Program, Louisiana State Medical Society, 3501 N. Causeway Blvd, Ste 800, Metairie, LA 70002 ☎ (504) 832-9815
- ☐ **Haight Ashbury Free Clinics 26th Anniversary Conference:** San Francisco, June 4-6
Conference Registration, PO Box 27127
San Francisco, CA 94127
☎ (415) 759-6150, or 1-800-432-5585 (24 hr service)
- ☐ **Addictions 93:** Guelph, Ontario, Canada, June 10-12
Office of Continuing Education, 160 Johnston Hall, Univ. of Guelph, Guelph, Ontario, N1G 2W1
☎ (519)767-5000 FAX: 519-767-1114

☐ **1993 Summer School of Alcohol Studies:** New Brunswick, NJ, June 20 - July 2
Center of Alcohol Studies, Smithers Hall, Rutgers University, New Brunswick, NJ 08903
☎ (908) 932-4317

- ☐ **ASAM MRO Training Courses:**
New Orleans, June 17-20 *Hotel Inter-Continental New Orleans*
Arlington, VA, Aug 26-29 *Crystal Gateway Marriott*
- ☐ **IDAA 93 (International Doctors in AA):**
Scottsdale, AZ, Aug. 4-8
Connie Hyde, Registrar, 3311 Brookhill Circle, Lexington, KY 40502 ☎ (606) 233-0000 FAX: 606-253-0862
- ☐ **ASAM State of the Art in Addiction Medicine:**
Orlando, FL, Oct. 28-31 *Contemporary Hotel, Disney World*
- ☐ **ASAM 6th National Conference on Nicotine Dependence:**
Atlanta, Nov. 11-14 *Marriott Marquis Hotel*
- ☐ **1993 State of the Art Conference and California Society's 20th Annual Meeting:**
Newport Beach, CA, Nov. 18-20. *Four Seasons Hotel*
CSAM, 3803 Broadway, Ste 2, Oakland, CA 94611
☎ (510) 428-9091 FAX: 510-653-7052
- ☐ **Florida Society of Addiction Medicine 7th Annual Conf.**
Orlando, FL, Jan. 20-23, 1994 *Hotel Royal Plaza*
Lucy B. Robe, FSAM, 303-D Sea Oats Drive, Juno Beach, FL 33408 ☎ (407) 627-6815 FAX: 407-627-4181

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.

*For information about conferring CME credits through ASAM, contact Claire Osman, ASAM, 12 West 21 St, New York, NY 10010.
 ☎ (212) 206-6770 FAX: 212-627-9540*

ASAM NEWS
303-D Sea Oats Drive
Juno Beach, FL 33408

NONPROFIT ORGANIZATION
U S POSTAGE
PAID
WEST PALM BEACH, FL
PERMIT NO. 1961

Address Correction Requested