American Society of Addiction Medicine

Executive Vice President Position Profile
March 2010

This profile provides information about the American Society of Addiction Medicine (ASAM) and the position of Executive Vice President. The profile is designed to assist individuals in assessing their interest in and qualifications for the position. Applicants should submit a cover letter and resume to:

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Executive Vice President Position Profile

For the American Society of Addiction Medicine

Profile Methodology
The profile for the position of Executive Vice President of the American Society of Addiction Medicine (ASAM) was developed using organizational data and specific feedback from an online survey of selected members; former Executive Vice Presidents; members of the Executive Council and Board of Directors; representatives of related professional organizations; and consultants. The survey was conducted to identify and prioritize the skills, knowledge, experience, qualifications and qualities required and desired in an Executive Vice President. Information regarding organizational and cultural factors, strengths and accomplishments, and challenges and opportunities for ASAM was also developed from the survey responses.

About the Organization
ASAM, a non-profit organization located in Chevy Chase, MD, is the national specialty medical society of 3,200 physicians in all medical specialties and subspecialties dedicated to the diagnosis and treatment of addiction disorders. As a leader in this specialty, ASAM offers educational programming and continuing medical education (CME), scientific meetings, advocacy and public policy development activities, resources and tools to improve clinical activities and outcomes of addiction specialists and other physicians, as well as other processes to document and recognize the knowledge base in addiction medicine.

Founded in 1954 as the New York City Medical Society on Alcoholism, the organization subsequently collaborated with and incorporated related entities dedicated to the treatment of chemically dependent patients. In 1988, it was incorporated as the American Society of Addiction Medicine (ASAM) to reflect its concern with all drugs of addiction and its interest in establishing addiction medicine as part of “mainstream” medicine. ASAM has had a seat in the American Medical Association (AMA) House of Delegates since that time.
ASAM’s mission is to:

- Increase access to and improve the quality of addiction treatment;
- Educate physicians (including medical and osteopathic students), other healthcare providers and the public;
- Support research and prevention;
- Promote the appropriate role of the physician in the care of patients with addiction disorders; and
- Establish addiction medicine as a specialty recognized by professional organizations; governments; physicians; purchasers and consumers of healthcare services; and the general public.

In 1986, ASAM began offering a national certification program for physicians who, through a rigorous course of study, assessment and examination, wished to be recognized as demonstrating special knowledge in the diagnosis and treatment of alcohol, nicotine, and other drug dependencies commensurate with expertise in the field, as defined by ASAM. (This certification program was adopted from an original program developed by the California Medical Association on Alcoholism and Other Drug Dependencies, one of three organizations which merged in the 1980’s to become ASAM). In 2007, ASAM assisted in the establishment of the independent American Board of Addiction Medicine (ABAM) to administer the examination and certification processes. The ABAM certification exam will be administered for the first time in 2010. Physicians who had been certified by ASAM were provided the opportunity to be “grand parented” into the status of being Board-certified by ABAM. While ABAM is not yet a member of the American Board of Medical Specialties (ABMS) and its certificate does not confer ABMS certification, ABAM is continuing efforts to attain ABMS recognition of addiction medicine as a medical specialty.

ASAM membership categories include regular members, early career physicians, international practitioners, medical residents, and medical and osteopathic students. ASAM members are engaged in private practices, serve as corporate medical directors and work in group practices or other clinical settings; a number of members are also involved in research and medical
ASAM has no non-physician members other than physicians-in-training. ASAM also has 33 active and engaged chapters.

**Governance, Staff and Key External Interactions:** ASAM is governed by a 22-member Board of Directors and has an executive staff of 16, of which two who staff ABAM under a management services agreement. Other than the EVP and the Chair of the Physicians-in-Training Committee (who may be a medical student), all the members of ASAM’s governing body are physician members of ASAM; the ASAM Board has no “public members.” In addition to working closely with the Board and staff, the Executive Vice President will represent ASAM interests through interaction with the leadership of ABAM, ABMS and related addiction and healthcare professional organizations and governmental entities (including the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism; the Substance Abuse and Mental Health Services Administration and its Center for Substance Abuse Treatment; the White House Office of National Drug Control Policy; the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention; the Research Society on Alcoholism and the College on Problems of Drug Dependence; the Association for Medical Education and Research in Substance Abuse; the American Association for the Treatment of Opioid Dependence; the American Medical Association, the Council of Medical Specialty Societies and various national medical specialty societies; members of Congress and their staffs; ASAM state chapter leaders; state health departments and state officials who comprise the National Association of State Alcohol and Drug Abuse Directors; state legislatures; and other relevant entities.

To learn more about ASAM and ABAM, go to [www.asam.org](http://www.asam.org) and [www.abam.net](http://www.abam.net).

**Programs and Services**

ASAM’s premiere event is the four-day Annual Medical-Scientific Conference, open to members, non-member physicians, nurses, psychologists, counselors, students and other healthcare professionals. The conference offers numerous CME credit opportunities and provides the most recent information in the addictions field; its focus is on developments in education.
research and treatment issues through scientific symposia; presentation of clinical material through courses and workshops; and abstract and poster presentations. The conference also includes open meetings during which ASAM councils, committees and workgroups present reports and obtain input from the membership; exhibitors; and numerous opportunities for social interaction and networking.

In addition to the Annual Medical-Scientific Conference, ASAM also offers CME credit for periodic in-person board review courses and treatment training courses, and for online educational and review courses. In all, ASAM members consider certification/CME activities one of the most valuable services that the organization provides.

In addition, ASAM’s primary programs and services include the following:

1. The *Journal of Addiction Medicine*, published quarterly to promote excellence in the practice of addiction medicine and clinical research;

2. *Principles of Addiction Medicine* (first published in 1994 and now in its fourth edition), a comprehensive textbook considered the “gold standard” in the diagnosis and treatment of addiction disorders and management of co-occurring medical and psychiatric conditions;

3. The *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders* (first published in 1991, revised and appended since) the most widely used and comprehensive set of national guidelines for the placement, continued stay and discharge of patients with alcohol and other drug problems;

4. The quarterly *ASAM News*, the Society’s newsletter with timely updates on ASAM activities, news and actions; state and federal legislative and regulatory updates; information about member and chapter activities; updates on clinical and basic science research; and a calendar of upcoming ASAM and chapter sponsored meetings and CME events;

5. Advocacy events, briefings, web-based toolkit and electronic *Advocacy E-News*, intended to educate lawmakers about addiction disorders and to provide ASAM members an opportunity to bring addiction-related issues to the attention of Congressional representatives;
6. Periodic public policy statements, which define what ASAM stands for as an organization and provide information and guidance that physicians and others seek about healthcare issues through a Policy Compendium accessible on www.asam.org; and

7. The Physician Clinical Support System (PCSS), a free (to clinician users), nationwide program developed under a contract from CSAT by ASAM, in collaboration with other addiction specialty societies, whereby participating PCSS mentors (members of specialty medical societies) assist practicing physicians in incorporating into their practices the treatment of prescription opioid and heroin dependent patients using buprenorphine and methadone.

While these programs and services receive strong member support, the following are cited as areas that could be strengthened:

1. Networking and liaison opportunities with related organizations in the addiction field;
2. Establishment of additional CME programs;
3. Profitability of Society-sponsored publications and enhancement of the Society newsletter (including more-frequent electronic offerings);
4. Visibility of and participation in the PCSS program;
5. Using ASAM public policy statements and press releases to educate the general public and the media about issues of addiction medicine, addiction, and substance-related health conditions and emerging issues of public interest; and
6. Chapter advocacy training, involvement and outreach activities, including leadership development at the chapter level.

**Key Accomplishments/Actions**

ASAM leaders and stakeholders describe ASAM’s establishment of the independent ABAM in 2007 and the transference of the administration of the certification examination to that body as the most significant action taken by the Board of Directors in recent years. The establishment of ABAM signaled to ASAM members and the larger medical community that ASAM was positioned to move forward with its long-term and ongoing commitment to pursuing the recognition of addiction medicine as an ABMS board-certified medical specialty. The leadership
of ASAM acknowledges that achieving this goal will be a multi-year process that involves developing, funding and accrediting training programs that meet the requirements of the ABMS and the Accreditation Council on Graduate Medical Education. But members note that this course of action – taken in the face of significant political, attitudinal, structural, procedural and funding obstacles -- supports the highest standards in training and certification for addiction medicine physicians, to the benefit of the patients and families who receive care from them.

**Challenges and Opportunities**

ASAM enjoys strong support from its members for the quality and value of its member programs and services, providing a solid platform that positions the organization to take a greater leadership role in the field of addiction medicine. As is the case with many non-profit associations in today’s economy, challenges include strengthening the financial position and fund-raising efforts of the organization, and increasing membership and member engagement/involvement in achieving organizational goals. Chapter development is cited as a strength of the organization, but stakeholders note that chapters could be more instrumental in furthering ASAM’s goals, particularly as (1) an avenue for enhanced member recruitment and (2) a way to increase visibility and involvement at the grass-roots level, primarily through advocacy efforts. In addition, an aging and undertrained workforce to meet the nation’s needs for evidence-based addiction care is recognized as both a challenge and an opportunity.

The continued development and enhancement of collaboration and alliances with prevention, public health and primary care organizations will be critical in several areas that present significant opportunity: (1) achieving recognition of ASAM as the leading specialty society in the field of addiction medicine; (2) development of addiction medicine as an ABMS-recognized specialty; (3) continued integration into and increased guidance to mainstream medicine in the screening and treatment of addiction disorders; (4) integrating addiction care and improved care for substance related health conditions and unhealthy substance use into primary care, e.g. in Patient Centered Medical Homes; and (5) the establishment of addiction medicine GME programs and the integration of addiction medicine into the core educational curriculum of all
health-science training programs, especially medical schools and residency training programs in all specialties.

Additional challenges and opportunities include the following:

1. More focused attention on the “medicalization” of addiction disorders and heightened recognition in the public arena of addiction medicine and addiction treatment as an alternative to overemphasis on criminal justice approaches;

2. Development of additional models to treat addiction disorders among populations of high prevalence and clinical need, including military veterans and persons in the corrections system;

3. Improved reimbursement for clinical activities, which is directly related to membership recruitment;

4. Having ASAM be the key catalyst to the development of practice guidelines that define the practice of addiction medicine, and especially the number of published practice guidelines addressing various aspects of addiction medicine practice; this is especially challenging given the capital requirements to create such guidelines and the capital limitations of the current ASAM;

5. ASAM will continue to define the role, nature and need for addiction medicine as a specialty by maintaining treatment of addiction disorders as a separate specialty even while substance-related health disorders care is integrated into “medical homes”;

6. Extending ASAM’s CME activities (as the “go-to” organization for expertise) from CME targeted to addiction medicine specialists, to CME about addiction and substance-related health conditions targeted to generalist physicians; and

7. A growing focus on unhealthy substance use (non-addictive use with significant health implications) such as alcohol and drug use which may not meet the criteria for addiction but require evaluation and intervention, – e.g., training in SBIRT (Screening, Brief Intervention and Referral to Treatment) principles.
**Organizational Culture**

Key stakeholders describe the organizational culture of ASAM as one of compassion, commitment and complexity. Although the organization has been in operation (under different names) since 1954, it is described by some as “fledgling” in finding its voice and direction, and not yet fully matured. Some describe the organization as rigid, cautious and Board-driven, perhaps not inconsistent with an organization that is still finding its way. Others see ASAM as powerful and effective, but financially challenged.

**Executive Vice President Position**

*Responsibilities:* The Executive Vice President reports to a 22-member Board of Directors and is responsible for implementing all programs, services and activities, as directed by the board; managing the professional staff and the organization’s daily operations; overseeing the $4 million operating budget and other financial resources; and developing and maintaining alliances with key stakeholders and partners. In addition, the Executive Vice President will:

1. Represent ASAM’s mission and activities to the public and key stakeholders, as directed by the Board of Directors;
2. Facilitate the development, implementation and management of policies, procedures and processes;
3. Build and strengthen alliances and partnerships with and consensus among related organizations;
4. Hire, manage and develop talented professional staff to implement activities, programs and initiatives; and communicate effectively with staff to ensure their understanding of ASAM’s mission, goals and objectives;
5. Manage the ongoing relationship with addiction medicine’s specialty certification board, ABAM;
6. Promote the value, relevance and importance of certification in addiction medicine as offered by ABAM, both internally and externally; and
7. Maintain, manage and protect the financial resources of the organization by aligning the annual operating budget with the board’s strategic goals and objectives, and with legal and professional standards of fiscal responsibility.
**Education and Experience:** The successful candidate will have, at a minimum, a master’s degree (preferably an MD/DO or other doctoral degree) and a minimum of 10 years of senior-level executive or management experience in the healthcare/behavior health industry. Previous experience as an executive vice president/executive director is strongly preferred; but experience in an executive or senior-level management position in the nonprofit sector and/or in a medical professional society is also desired. Certification in other professional membership organizations (e.g., Certified Association Executive) is also desirable.

The following experience is *essential* to the position of Executive Vice President:

1. Developing and implementing strategic plans and initiatives; and identifying and prioritizing short- and long-term organizational needs and resources;
2. Developing and managing day-to-day operations of an organization within the framework of a strategically-aligned budget.
3. Hiring, developing and motivating a talented professional staff.
4. Building effective networking systems, alliances, partnerships and opportunities with related industry organizations;
5. Enhancing the visibility, reputation and prestige of a complex organization through effective public relations;
6. Serving as the public voice of and spokesperson for an organization; and
7. Serving as an effective advocate for diverse stakeholders and constituencies within an organization.

The following experience is *highly desirable*:

1. Developing sources of non-dues revenue and other funding through a variety of processes and/or campaigns;
2. Background in or knowledge of the profession of addiction medicine;
3. Background or experience in leading organizations related to addiction medicine;
4. Overseeing the management of conferences, meetings and expositions;
5. Experience in managing public policy issues and advocacy efforts;
6. Developing, supporting and managing activities and functions of a Board of Directors; and
7. Working with chapters, affiliates and/or other interest groups.

Skills and Abilities
The following skills and abilities are essential:

1. Exceptional visionary leadership, in order to capitalize on opportunities and to identify challenges and the resources necessary to meet those challenges;
2. Understanding, assessing and preparing for emerging trends in the industry or enterprise;
3. Consensus-building among diverse constituencies and competing interests, in order to further common goals and objectives;
4. Effective, clear and concise communication, both orally and in writing; and
5. Knowledge of finance/budgeting and business systems.

Personal Characteristics and Behaviors: The Executive Vice President will possess the following personal characteristics and behaviors:

1. Highly organized and able to handle multiple complex and often competing priorities and activities;
2. Articulate and highly effective in communicating and representing the views and vision of the organization, both orally and in writing;
3. A strong, open-minded listener, with the ability to demonstrate tact and diplomacy relative to all aspects of an issue;
4. Confident and poised in interacting with a diverse constituency and potentially contentious interests and issues;
5. Effective in engaging and working with staff and a Board of Directors to develop long-range goals and action plans, and in implementing those plans;
6. Positive, visionary and forward-thinking, exhibiting leadership skills to build consensus and form collegial, respectful relationships with staff, Board, constituents and stakeholders;
7. Deliberate but decisive; willing to take considered risks, with the support of the Board;
8. Inclusive, collaborative and responsive in nature, with high standards of excellence and a passion to achieve organizational goals;
9. Attentive to operational detail and managerial responsibilities in order to conduct the business of the organization;
10. Organized, focused and skillful at managing time and diverse responsibilities; and
11. Demonstrating the highest standards of honesty and integrity in all matters and actions.

**Measures of Success**

The Executive Vice President’s success in the position will be measured in part by performance evaluations from the Board of Directors, other volunteers and staff, and by demonstrated progress in the following areas:

1. Successful integration into and understanding of the field of addiction medicine and its components, and emergence as a national spokesperson and recognized leader of the field;
2. Successful maintenance of the quality of relationships with constituents and stakeholders, including ASAM governance, general members, and professional staff;
3. Development and management of a motivated, highly functioning staff committed to the vision of the organization;
4. Responsible development and management of the operating budget and financial resources;
5. Measurable increases in membership and financial resources, including identification of new non-dues revenue sources to support both short- and long-term goals of the organization;
6. Growth of the Society’s financial reserves;
7. Growth in and/or enhancement of the Society’s educational programming;
8. Enhanced reputation and visibility of addiction medicine in the broad coalition of addiction treatment groups and advocacy organizations; and progress in the continued integration of addiction medicine into mainstream medicine;
9. Demonstrated progress toward achieving the goal of ASAM membership in the Council of Medical Specialty Societies;
10. Expression of an appropriate and fresh vision for the organization; and the quality of strategic planning and related initiatives;

11. Increases in metrics related to member satisfaction with the Society and the level of engagement/involvement with Society activities on the national and chapter level; and

12. Establishment of consensus and partnerships relative to key Society initiatives.

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