



“WHAT IS A PHYSICIAN HEALTH PROGRAM?”

The West Virginia Medical Professionals Health Program Mission...

“To protect healthcare consumers through seeking the early identification and rehabilitation of physicians, surgeons, and other healthcare professionals with potentially impairing health concerns including abuse of mood altering drugs including alcohol, mental illness or physical illness affecting competency so that physicians, surgeons, and other healthcare professionals so afflicted may be treated, monitored and returned to the safe practice of their profession to the benefit of the healthcare profession and the patients we serve.”

The origin of Physician Health Programs (PHP) can be traced to a 1973 publication by the American Medical Association’s Council on Mental Health *“The Sick Physician: Impairment by Psychiatric Disorders, including alcoholism and drug dependence.”* This led to the encouragement, growth and development of State level programs with the twin goals of protecting the public health from potential adverse effects of physicians with substance use disorders (SUDS) and reclaiming the personal and professional lives of physicians suffering from chronic illness. In 1975, the first meeting was held by the AMA as the physician health conference. By the late 80’s all but three of the 54 State Medical Societies had authorized the development of physician health programs. The National non-profit Federation of Physician Health Programs (FSPHP) was formed in December of 1990 and was established to “..... provide

advocacy for physicians and their health issues at local, state, and national levels and to assist state programs in their quest to protect the public.” **To date every state in the country now has a Physician Health Program in place to assist physicians with such problems and aid in safe medical care to the public.**

In early 2005, under the auspices of the West Virginia State Medical Association, the Physician’s Health Program Task Force was established in order to develop such a program in West Virginia. The Task Force was composed of representations from organizations including the WV State Medical Association, the WV Board of Medicine, the WV Board of Osteopathy, the WV Hospital Association, the WV Mutual Insurance Company, WV-PAGE, the WV Society of Osteopathic Medicine, and interested others. Their vision and hard work led to the passage of Senate Bill 573 on March 8, 2007 and was signed into law March 18, 2007. This Bill authorizes the West Virginia Board of Medicine and the West Virginia Board of Osteopathy to designate, *“programs in which physicians, podiatrists and physician assistants may be monitored while they pursue treatment and recovery for alcohol abuse, chemical dependency or major mental illness; enrolling on a voluntary basis without being subject to disciplinary action if the person complies with the goals and restrictions of the program; ...”*

In response to this opportunity, the West Virginia Medical Professionals Health Program (WVMPHP) was developed and subsequently registered as a corporation August 17, 2007. The founding organizations, WVMPHP Board of Directors and Staff continue their work in the development, establishment, organization, funding and structure of this worthwhile endeavor.

Board of Medicine/Board of Osteopathy Relationship

The WVMPHP is an independent, not for profit 501(c) 3 corporation, which operates independently of its parent organizations or the State Board of Medicine and State Board of Osteopathy. The WVMPHP will have a formal agreement authorizing it to monitor physicians, podiatrists and physician assistants “while they pursue treatment and recovery for alcohol or substance abuse or dependency or major mental illness; ...”. The legislation allows for confidential participation without the full knowledge or either Board if treatment is related to self-administration of alcohol and other drugs and there is no evidence of patient harm. Physicians under investigation of either board may also be enrolled in the program while the appropriate Board continues to investigate and/or take disciplinary action against the physician. When any physician enters the program,

staff will check for any known Board action against him or her.

Prevalence of Substance Abuse Among Physicians

The lifetime prevalence of substance abuse of physicians is similar to that of the general population at 10-12%. Those who work in the treatment and recovery field with healthcare professionals estimate the lifetime risk for developing a problem of abuse among healthcare professionals may be as high as 18%. It is important to understand, that although the lifetime risk may be 15-18%, the percentage of those with substance related disorders who need treatment at any given time is closer to 1-2% of that population. It is believed that healthcare professionals may be more vulnerable to drug addiction (excluding alcohol which is similar to the general population) because of access to and familiarity with addictive, mood-altering drugs. "An estimated 30% of physicians will have a condition that impacts their ability to practice with reasonable skill and safety at some point in their career" (AMA). Greater than 35% of physicians who suffer from SUDS have an underlying co-morbid chronic disease. It is easy to see the need for physician health programs to assist in managing long term combination of treatment, support and monitoring of physicians who suffer from these chronic diseases.

Although there are few studies of the treatment of addicted physicians, review of existing physician health program statistics reveal the reported rates of sustained total abstinence have been as high as 75% over 11 years and greater than 90% over 5 years. This success coupled with; aggressive management of relapse to either alcohol or drug use, or to non-compliance with program requirements, and with rapid re-intervention and referral for

further evaluation and treatment makes physician health programs most beneficial to the individuals and public of which they serve.

What is a Physician Health Program?

A PHP is a statewide, multidisciplinary, highly structured multi-year monitoring and rehabilitation program. The goal is to support, monitor and document the recovery of physicians who have substance abuse or mental health disorders. Physicians may enter as a result of encouragement by colleagues or family members to "self-refer". They also may be referred by their appropriate licensing board in lieu of, or as part of, a disciplinary order. These programs often lead to a physician being monitored and seeking treatment years earlier than if he/she had waited until disciplinary action was initiated.

PHPs all have goals of early detection of substance abuse disorders and/or mental illness, thorough assessment and evaluation by qualified professionals, abstinence based treatment, long-term monitoring, contract compliance for regulatory agencies and others who require this information for the physician to continue to work or restore his/her license. Additionally, documentation of abstinence is required.

A significant role of a physicians' health program is to provide educational programs to the healthcare community at large, as well as, the participant themselves. This education includes the availability of the program and services provided; addiction as a disease including diagnosis, treatment and continued recovery; mental illness as a disease including diagnosis, treatment and continued follow-up; other physician well-being issues such as physical health,

work-holism, stress management, age related physical and mental decline and life outside of the workplace, etc.

What is a Physician Health Program, NOT?

PHPs do not provide "treatment". Rather, they provide support, direction and monitoring of treatment as recommended by qualified treatment professionals. PHPs are not a place to hide as a means of dealing with a difficult problem and resulting consequences of that problem. The relationship by contract between the participating physician and the PHP is ongoing for years. It often includes the cessation of the active practice of medicine for a period of time, related loss of income, healthcare expenditures of treatment, many post-treatment meetings, witnessed urine screens, hospital peer and subordinate monitors, and a multi-year contract with many "hoops" to jump through in order to be compliant, including documentation of this compliance.

Confidentiality

PHPs operate under statutes requiring the confidentiality of all participants who enter the program voluntarily. Only names of participants who have been ordered into the program as part of a disciplinary action are of public record. This confidentiality is maintained throughout the duration of the contract provided the participant maintains compliance with the program.

Continued Care, Support and Monitoring

The components of a successful PHP include: informal investigations, initial assessments, interventions, referral for formal evaluation and treatment, long-term monitoring and documentation of compliance, educational programs for the healthcare community,

consultation with clinics and hospitals, confidentiality, multi-year recovery contract agreements, case management committee meetings, progress reports (from therapists, treating physicians and monitors), reports to designated licensing board, continuing education in chemical dependency or mental health, psychological testing, psychiatric medical examinations, therapeutic medication monitoring, psychotherapy, hospital monitor(s), worksite monitor(s), inpatient/outpatient treatment, AA/NA or other 12-Step Meetings, random observed body fluid testing, abstention from alcohol and psychotropic drugs, case management, facilitated recovery group meetings and personal and family support. All of these components are utilized to varying degrees on a case by case basis tailored specific to the participant based on individual needs. Additionally, PHPs can credibly (via evidence) document well-being and compliance as a form of advocacy before partners, licensing boards, hospitals, employers, malpractice carriers and others.

Lastly, the human relationship created by the fact that a single agency, the PHP, and the committed individuals who work in the PHPs, have a continuous ongoing relationship with the afflicted individual for a period of years is invaluable. The significance of this relationship, between the PHP and the participant, cannot be over emphasized in meeting the twin goals of public protection and successful rehabilitation of the sick physician.

Drug testing

Participants are subject to frequent randomized body fluid specimen collections each month to confirm their complete abstinence of all mind and mood altering substances. More frequent collections are often performed if there is concern about behavior or a participants' use of alcohol or other drugs. These screens are customized to detect commonly used drugs as well as subcategories based on individual history. Additional tests can also be ordered for substances in additional to the standard panel of approximately thirty. A new testing panel to detect alcohol (EtG) can also be added to

provide detection limits beyond that which has been utilized by the more commonly known breath alcohol test.

Conclusion

Physician Health Programs obviously provide a significant benefit to public safety and the participants they serve. The provision of "voluntary-confidential PHP enrollment" contingent upon complete abstinence and absolute compliance with direction of the program leads to earlier treatment when the afflicted individual, or those aware of the affliction (co-workers, families, colleagues, etc.), are able to seek help without personally being responsible for the negative consequences that can result from allowing the "sick" physician to go untreated. The "sick" physician can seek the direction of a PHP when he or she find themselves as the "physician patient".

For more information about the West Virginia Medical Professionals Health Program contact P. Bradley Hall, M.D., Medical Director or Renee Green, R.N., Case Manager at 304-414-0400.

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2008 ANNUAL MEETING & PHYSICIAN PRACTICE CONFERENCE

FRIDAY, JANUARY 25 - SUNDAY, JANUARY 27

For more information and to register for this informative program, **see pages 45-49**

or you can contact the WVSMA at (304) 925-0342, ext. 10 or visit our website

at **www.wvsma.com**