

WVMPHP—Your Life Preserver in the Sea of Regulatory Sharks

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According to the estimates provided by the American Medical Association, approximately 30 percent of all physicians at some point in their career will experience a condition that will impact their ability to practice medicine with a reasonable skill and safety.¹ Although there is no specific data on the physician assistant (PA) profession, there is no reason to suggest that this percentage is any higher or lower among PAs.

Interestingly, only approximately half of these impairments are due to a substance abuse disorder, including alcohol.¹ The remainder is composed of a variety of other physical and psychological medical conditions; examples include Parkinson's disease, multiple sclerosis, dementia, depression, bipolar illness, and generalized stress disorders such as "burn-out."

Because the practice of medicine is a privilege, not a right, we must constantly be vigilant for signs and symptoms or potential problems in ourselves. (See Box 1) Additionally, because denial is such a significant component in many of these conditions, we must also be aware of these signs and symptoms in our physician assistant and physician colleagues. Furthermore, we can expect them to do the same for us.

This is essential for three primary reasons. First and foremost, if the health care provider is not functioning at his or her best, patient care suffers. As health care providers, we must remember that our primary responsibility is to the patient.

Box 1: Potential Signs and Symptoms of an Impairing Condition

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| ■ Absenteeism, especially on Mondays | ■ Inflexible |
| ■ Tardiness | ■ Irrational behavior |
| ■ Unavailable while on call | ■ Working long hours |
| ■ Alcohol on breath | ■ Self-prescribing |
| ■ Mood changes | ■ Medication diversion |
| ■ Anxious | ■ Complaints from other medical staff |
| ■ Appearing depressed | ■ Complaints from patients |
| ■ Irritability | ■ Deterioration of clinical performance |
| ■ Hyperactivity | ■ Malpractice complaints |
| ■ Isolation | ■ D.U.I. |
| ■ Impulsiveness | |

Information adapted from *The Committee for Physician Health, Medical Society of the State of New York. Committee for Physician Health—Powerful Advocacy for Physicians at Risk. 2007.*

Secondly, our impaired PA and physician colleagues, even if they are suffering from an alcohol, substance abuse disorder, or mental illness, have a physical condition and deserve appropriate treatment to alleviate their suffering, just as we would do for our patients. Finally, all of these conditions adversely impact the impaired individual's family and they deserve our assistance, in the same manner that our patients' family members and care givers do.

In the past, an impaired health care provider felt their options to get help were limited. By seeking assistance, the HCP risked being reported by the treating physician to the regulatory body as required by regulation or getting "red-flagged" when responding to questions on applications for license renewal, National Commission for Certification of Physician Assistants (NCCPA) renewal, malpractice insurance, hospital privileges, insurance company empanelment, etc. By having their application flagged, the impaired HCP feared sanctions, suspensions, and/or revocations from the aforementioned bodies.

Hence, even those who were aware that they had a problem tended to ignore it, or worse, self-medicate the condition. Unfortunately, these strategies don't work and the impaired HCP's condition only gets worse. Finally, the HCP's condition comes to the attention of one of the regulatory agencies, generally the Board of Medicine. Because public safety is, and should be, the Board's primary concern, this often results in suspension and/or revocation of the HCP's license. Because this type of disciplinary action is public, this information is available to other regulatory agencies and can result in the loss of NCCPA certification, malpractice insurance, etc.

Because of these adverse aforementioned actions, HCPs are also reluctant to assist their colleagues. By acknowledging the colleague has an impairing condition and addressing it with him or her, the HCP is ethically left with the difficult task of having to report him or her to the licensing board if he or she refuses to obtain treatment, almost always resulting in revocation and/or suspension of their license and the subsequent consequences. Since many of these impaired colleagues are also friends, sources of income for the facility, or worse, a supervising physician, the HCP is left in a precarious position. Hence, it is often possible to "take the path of least resistance" and ignore the issue.

However, now there is a positive alternative for impaired physicians and physician assistants and those HCPs concerned about their colleagues. That is the West Virginia Medical Professionals Health Program (WVMPHP). Like any good practice of medicine, the WVMPHP is focused on prevention—the early identification, diagnosis, and referral for treatment for HCPs with substance abuse conditions including alcoholism, mental health problems, or physical conditions that impair the practitioner's ability to safely care

for his or her patients—before it becomes so severe it is impossible to alleviate, has adverse consequences on patient care, and is brought to the attention of the board of medicine, the NCCPA, and the public.

Physician assistants and physicians with known problems, or even concerns regarding a potential problem concerning themselves and/or a colleague, can now confidentially contact the WVMPHP for information, intake interviews, interventions, referral for appropriate treatment, and enrollment in this monitoring program if required—all voluntary and confidential.

The WVMPHP also permits an HCP to voice their concerns regarding a colleague without immediately subjecting the colleague to the scrutiny of a regulatory agency or fear or reprisal and guilt if they are incorrect regarding the suspicion. The WVMPHP will instigate an informal investigation and perform an intervention and get the individual into an appropriate treatment program if necessary.

If the impaired HCP agrees to voluntarily enroll in the WVMPHP program, follow the monitoring program, comply with their treatment protocol, including abstinence if substance abuse is the problem, the condition will not be reported to any agency. In fact, the WVMPHP can actually act as an advocate for the impaired HCP with the above agencies.

The WVMPHP itself does not provide treatment; however, the WVMPHP ensures the impaired HCP receives appropriate treatment from a qualified practitioner. Additionally, the WVMPHP is not a place where impaired HCPs can “hide” from regulatory agencies. If the enrollee does not follow the monitoring protocol, the treatment plan, etc., the WVMPHP has no choice but to report the impaired HCP to the appropriate agencies, because again, the WVMPHP also has a primary role to protect the public.

Remember that “an ounce of prevention is worth a pound of cure.” So, if you, or a PA or physician colleague you know, have a known or a potential impairing condition that could prevent medicine from being practiced safely, call the WVMPHP today at 1-304-414-0400 before a patient, HCP, colleague, or loved one is irrevocably harmed.

REFERENCES

1. Hall PB. “What is a physician health program?” *West Virginia Medical Journal*. 2007;103:32-34.

[PA, continued from p. 5]

up to spin the wheel, which contained questions about the PA profession. One of the questions was “What is a Physician Assistant?” These are some of the answers that were received: “A Physician Assistant assists the doctor,” “A PA does what the doctor does but doesn’t get paid for it.” Other responses were: “My doctor is a PA,” “A PA is a Public Accountant,” and my personal favorite, “A Physician Assistant is a bone doctor.” This opened the door for the group to educate the community on the duties and responsibilities of the PA profession while at the same time promoting the field as a whole.

The fun didn’t stop there; PA week was extended into the month of November. A blood drive was held on the Campus of MSU on Nov. 4, 2008. The Old Health Sciences building served as the location for the blood drive, while the PA department along with Phi Sigma Phi National Fraternity and the American Red Cross sponsored the drive. We received donations from varying community organizations (i.e. Kroger, Cracker Barrel, Maxwell’s, Mountain State Miniature Golf, Staples, and Chick-fil-A). Several members from the PA class of 2011 and Phi Sigma Phi National Fraternity began their day by hitting up the local radio stations in order to publicize the event, while others were featured on the local news. “Vote to save a Life” was the theme of the drive, and everyone was encouraged to vote and then stop by MSU to donate blood. The day proved to be a success: 48 people presented to donate blood; 24 usable units of blood were collected, and out of the 48 people that presented, 19 people were first-time donors. As a result of the increased turnout, the blood drive was extended to Thursday Nov. 7, 2008. On this day, the American Red Cross provided a bus which was parked outside Hogan Hall and 15-20 usable units of blood were collected.

PA week 2008 at Mountain State University is one for the history books. As a result of the various activities, we increased awareness of the Physician Assistant Program, developed a rapport with the community, and established valuable contacts with various organization. I would personally like to thank everyone who played a part in helping to make PA Week 2008 a great success!

—Leslie Hopkins,
MSU PA Class of 2011



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