Current Issues & Trends in the Treatment of Healthcare Professionals

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Objectives

- Review history of development of safety-sensitive professional monitoring programs
- Critical factors in effectiveness of programs
- Review what we have learned from alternative programs, positive and negative
- Discuss current issues/controversies

SAFETY-SENSITIVE WORKERS' KEY QUALITIES

Qualities that lead to distinct treatment needs for this special population

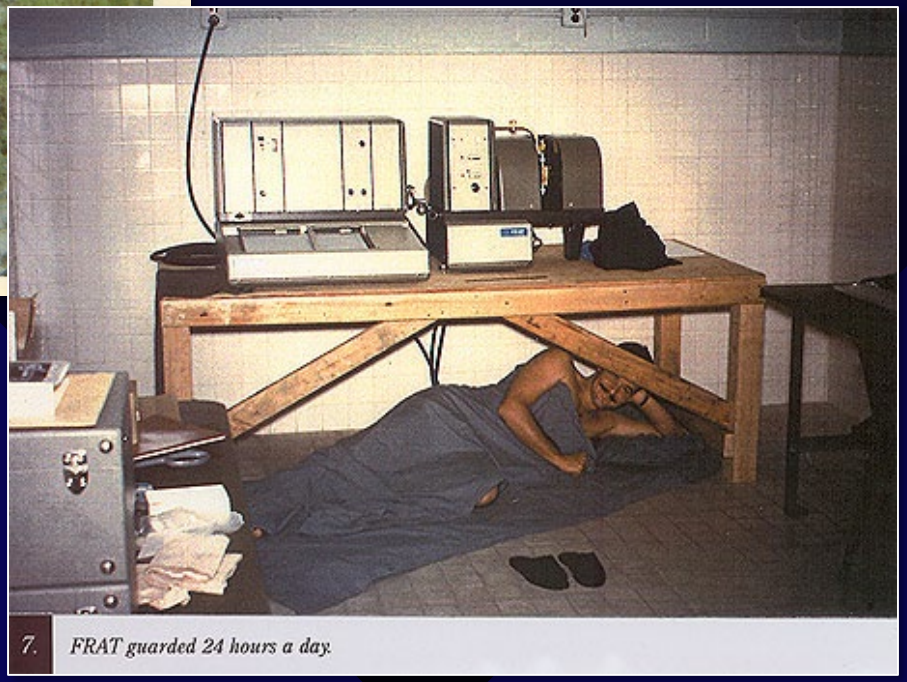
1. All safety-sensitive workers, by definition, have a responsibility to the public.
2. Safety-sensitive workers do best when offered cohort-specific treatment, which facilitates adequate self-disclosure and the subsequent repair of damage produced by past substance-related behaviors.
3. Some safety-sensitive workers have direct access to addicting substances.
4. Health care professionals commonly have difficulty adopting the role of a patient.

Background

- Substance use disorders are considered an occupational hazard among physicians, pharmacists, dentists, nurses, and other healthcare providers
  - Baldisseri, Crit Care Med, 2007; 35(2), S106-116
- Previous research showed physicians were at greater risk of becoming addicted to narcotics than members of the general public
  - Hughes et al., JAMA, 1992;267:2333–9.
- The prevalence of psychiatric comorbidity appears to be increasing among physicians
  - Angres et al. J Addict Dis, 2003; 22(3):79-87
- Addiction can cause significant distress and impairment in the lives of health professionals, their patients, and their loved ones

History of Safety Sensitive Programs

- Some attention to issue in 1950s and 60s
- Concept of “conspiracy of silence”
- 1973 Landmark paper “The Sick Physician: Impairment by Psychiatric Disorders Including Alcoholism and Drug Dependence
- 70s-90s = increase in programs for other safety-sensitive occupations (pilots, nurses)
- HIMS (Human Intervention Motivational Study): 1970’s program for pilots with SUD. Culture of “fly hard and play hard”.
- History of programs is closely intertwined with history of treatment and drug testing
- More recent increased criticism of state PHPs



7. *FRAT guarded 24 hours a day.*

"Impairment"

- Currently defined as:
  - "Any physical, mental, or behavioral disorder that interferes with ability to engage safely in professional activities" [American Medical Association (2007)]
  - "The inability or impending inability of a health professional to practice his or her health profession that conforms to acceptable standards of practice because of substance abuse, chemical dependency, or mental illness" [Baldisseri (2007). *Crit Care Med]*

THE 2019 FLORIDA STATUES
TITLE XXXII
REGULATION OF PROFESSIONALS AND OCCUPATIONS
CHAPTER 456
HEALTHPROFRESSIONALS AND OCCUPATIONS: GENERAL PROVISIONS

456.076 **Impaired practitioner programs.**-(1) As used In this section, the term:

(a) **"Consultant"** means the individual or entity who operates an approved impaired practitioner program pursuant to a contract with the department and who Is retained by the department as provided In subsection (2).

(b} **"Evaluator"** means a state-licensed or nationally certified individual who has been approved by a consultant or the department, who has completed an evaluator training program established by the consultant, and who Is therefore authorized to evaluate practitioners as part of an Impaired practitioner program.

(c) **"Impaired practitioner"** means a practitioner with an impairment.

(d} **"Impaired practitioner program"** means a program established by the department by contract with one or more consultants to serve Impaired and potentially Impaired practitioners for the protection of the health, safety, and welfare of the public.

(e) **"Impairment"** means a potentially Impairing health condition that Is the result of the misuse or abuse of alcohol, drugs, or both, Q[a mental or physical condition that could affect a practitioner's ability to practice with skill and safety.

Impairments
Problems that may impact the workplace

- Alcohol & other drugs (~80% of referrals in Florida)
- Psychiatric issues – depression
- Neurologic/Cognitive - strokes
- Medical Problems – chronic pain, seizure disorders, diabetes, etc.
- Sexual boundary issues
- Disruptive professionals

Doctors' Reasons for Misusing Rx Drugs

- **MANAGING PHYSICAL PAIN:** *"I was under pain management and… I had an endless supply of drugs…I was on a Fentanyl patch and a Fentanyl lollipop ... And the minute you started taking that, within three of four days, you crave it. I mean… you're addicted to it."*

- **MANAGING EMOTIONAL/PSYCHIATRIC SYMPTOMS:** *"Drugs treated a rather overwhelming anxiety and not being comfortable in my own skin, being shy, being uncomfortable around other people, being worried all the time about things, just an angst and malaise that, fortunately, I no longer have."*

- **MANAGING STRESS:** *"As I got into motherhood and trying to work part-time at the same time, and also got sick with sinusitis and got started being prescribed narcotics; the switchover from using it just for pain to pain and stress relief was subtle but really entrapping. I thought it was helping me."*

- **RECREATIONAL USE:** *"[I'd mix cocaine] with alcohol, with benzodiazepines… Once you'd go out there and start drinking… it sets up the craving for the coke. And, bang! You're off to the races… [and then I took the benzos] to come down."*

- **PREVENT/ALLEVIATE WITHDRAWAL:** *"I would find that if I didn't take it, I would have symptoms of withdrawal, so I would need to take the medication on a regular basis just to feel normal. Just to maintain."*

Singhakant, Merlo, Cummings, & Cottler. *(under review).*

Consequences of Impairment/Distress

- Not all health professionals with addiction display "impairment" in their work, especially at first

- However, eventually addiction will inevitably lead to distress and lower quality of life
  - Mood disturbance/suicidality
  - Finances
  - Relationships
  - Spiritual fitness
  - Physical health


Job is last to go!

Concerns About Reporting

- *Health professionals have an ethical responsibility to report colleagues suspected of incompetence/impairment*
- *Survey of 1,891 physicians conducted (64% response rate) to assess beliefs/practices*
- Less than 70% felt prepared to deal with impaired colleague
- Over 1/3 of physicians who knew of an impaired/ incompetent colleague **failed to report them**

DesRoches, Rao, Fromson, Birnbaum, Iezzoni, Vogeli, Campbell (2010). *JAMA.*

Special Considerations

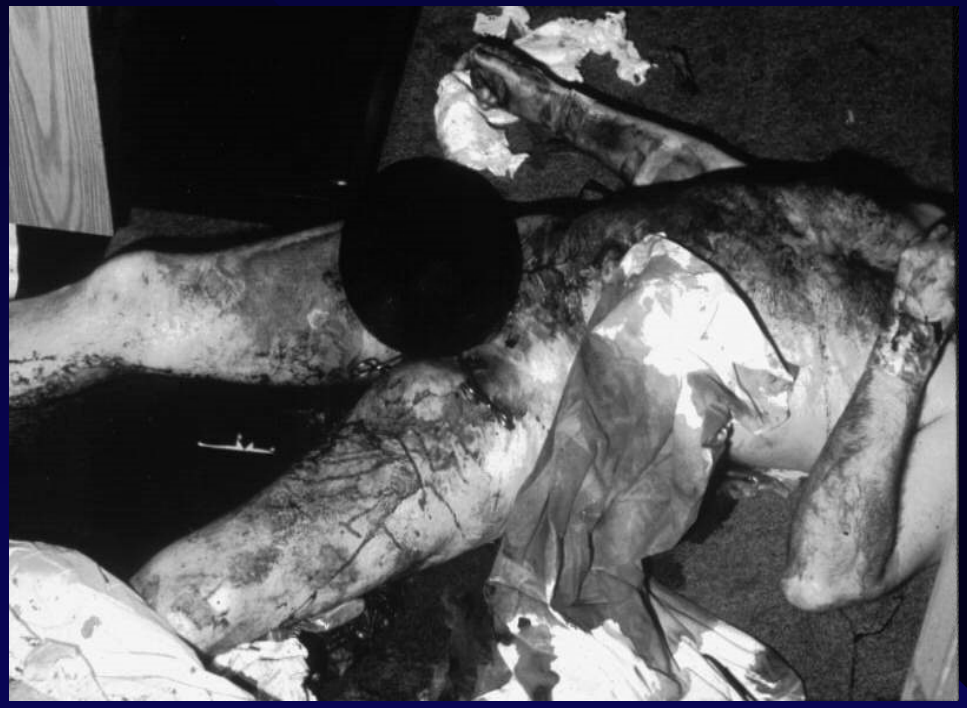
conspiracy of silence

spouse

colleagues

friends

hospital



36 year old Internist bleeds to death trying to get IV access.
Wife state "It wasn't like he used everyday."

Addiction Today

- The biological attraction of drugs of abuse is universal for all mammals, including all people
- Not everyone chooses to use drugs and not everyone who uses drugs nonmedically becomes addicted
- The treatment challenge: improve long-term outcomes and promote lifetime recovery
- Professional Health Programs (PHPs) set the standard with the New Paradigm

Jun

86

September 5, 1989

March 29, 2016

Abraham Lincoln on Alcoholism

From Lincoln's address to the Washington Temperance Society, Springfield, Ill. February 22 1842

… "In my judgment such of us as have never fallen victims have been spared more from the absence of appetite than from any mental or moral superiority…."

… "I believe if we take habitual drunkards as a class, their heads and their hearts will bear an advantageous comparison with those of any other class.

…"The victims of it were to be pitied and compassionated, just as are the heirs of consumption and other hereditary diseases.."

Psychiatry Influence

- Karl Abraham 1908 essay “The Psychological Relations Between Sexuality and Alcoholism”
- 1920’s Dr. Lawrence Kolb – series of articles portraying substance use disorder as psychopathic in nature
- First American standard nomenclature of disease 1933 – “Alcohol and Drug Addiction classified as personality disorders
- Freud – fixation on oral stage of developement

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For Immediate Release

AMERICAN BOARD OF MEDICAL SPECIALTIES RECOGNIZES THE NEW SUBSPECIALTY OF ADDICTION MEDICINE

Landmark Event Expected to Significantly Increase Number of Physicians Trained to Prevent and Treat Addiction

Bethesda, Maryland – March 14, 2016 – The American Board of Addiction Medicine (ABAM) is pleased to inform you that the American Board of Medical Specialties (ABMS) announced today the recognition of Addiction Medicine as a new subspecialty. The American Board of Preventive Medicine (ABPM), a Member Board of ABMS, sponsored the application for the new field to be a multispecialty subspecialty – meaning that physicians certified by any Member Board of the ABMS can become certified in addiction medicine.

"This is a great day for addiction medicine," said Robert J. Sokol, MD, President of ABAM and The Addiction Medicine Foundation (formerly The ABAM Foundation). "This landmark event, more than any other, recognizes addiction as a preventable and treatable disease, helping to shed the stigma that has long plagued it. It sends a strong message to the public that American medicine is committed to providing expert care for this disease and services designed to prevent the risky substance use that precedes it."

Reason #1306*

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LEXINGTON HERALD LEADER

FULL MENU NEWS SPORTS UK SPORTS ENTERTAINMENT

Theodore Gerstle is charged with public intoxication, according to jail records. - WKYT

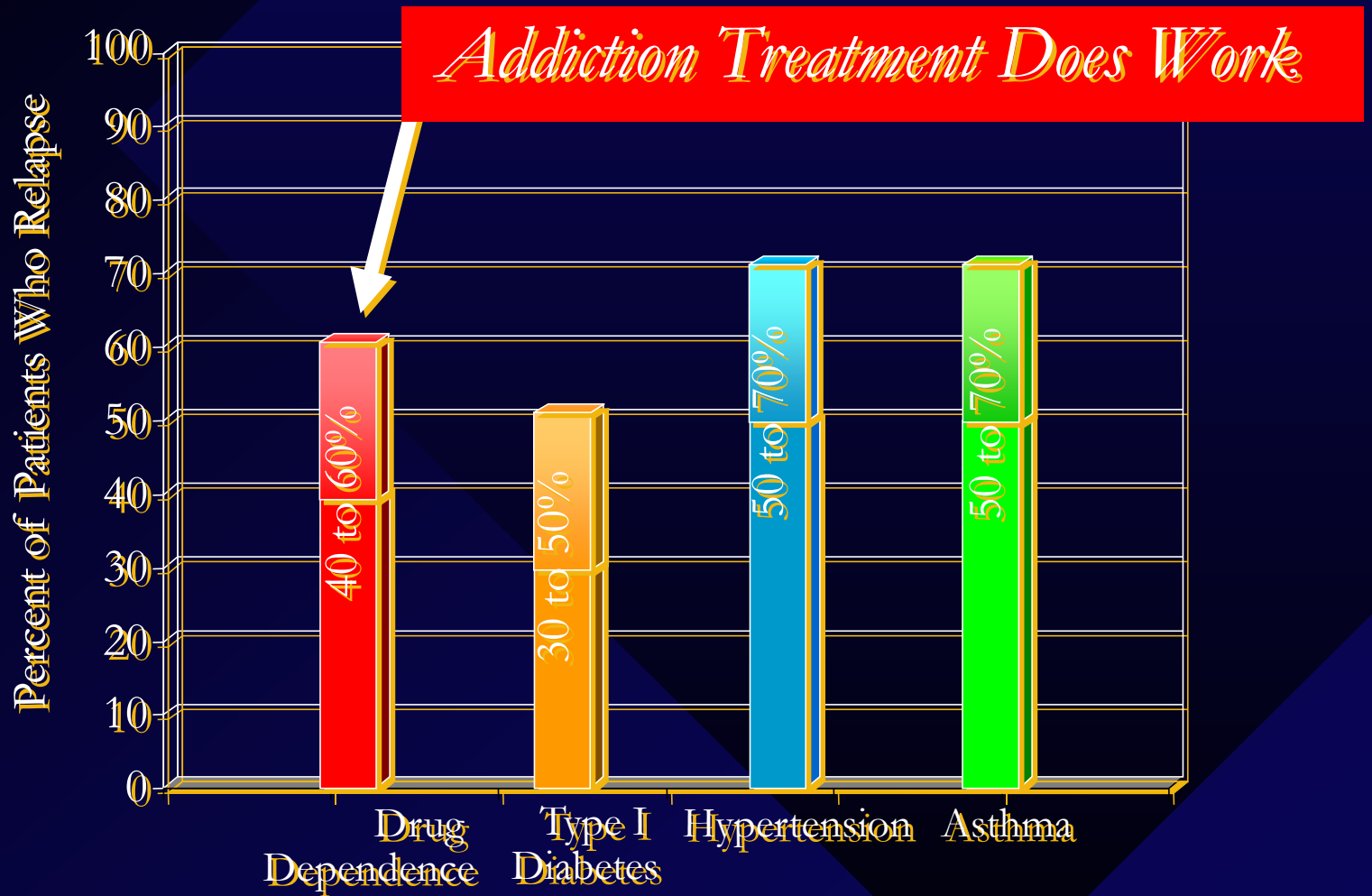
FAYETTE COUNTY

Lexington doctor accused of showing up to perform surgery while intoxicated

BY MORGAN EADS
meads@herald-leader.com

* Why addiction will never be widely viewed as a disease.

Relapse Rates Are Similar for Drug Dependence And Other Chronic Illnesses



Source: McLellan, A.T. et al., JAMA, Vol 284(13), October 4, 2000.

Treatment Today

- Only 1 in 10 Americans who need treatment receive it
- Of those that need it, approximately 95% don’t think they do
- Of the 5% who believe they need it, 2/3 made no effort to obtain it
- Less than 50% of those admitted to publically funded treatment successfully completed treatment

NIDA's 13 Principles of Effective Drug Treatment

1. No single treatment is effective for all individuals
2. Treatment needs to be readily available
3. Effective treatment attends to multiple needs
4. Treatment needs to be flexible
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness
6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction

NIDA's 13 Principles cont...

7. Medications are an important element of treatment for many patients

8. Addicted or drug-abusing individuals with co-existing mental disorders should have both disorders treated in an integrated way

9. Medical detox is only the first stage of addiction treatment

10. Treatment does not need to be voluntary to be effective

11. Possible drug use during treatment must be monitored continuously

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases

13. Recovery from drug addiction can be a long-term process

Why Study Professionals?

- Population is easier to track with 90+ percent follow-up rates. (As compared to the general population, 50-70% of participants are lost to follow-up).
- Very high incidence of suicide in substance abusing professionals.
- Almost constant access to drugs of abuse, often the very drugs they were using.
- Treatment protocols are different than the general population- usually longer
- Professionals who participate in the PHP model have the highest recovery rates (between 70 and 96%, measured over prolonged periods of time (1 to 5 years).

Reference from William White

Only after his secret diary was opened in the 1960s did we discover that, after cocaine, Halstead had become addicted to morphine, and remained so for the remainder of his life.

Phase I: What are Physician Health Programs (PHP)?

- Not treatment, disciplinary, law enforcement or licensing organizations
- Active care managers overseeing long-term care including drug testing
  - They select and communicate with caregivers including treatment programs, monitoring organizations and doctors/therapists/counselors
- Physicians who enter PHP care may face serious consequences for any noncompliance including any alcohol or drug use

PHP Addiction Care

- Evaluation & Intervention
  - Discussions with colleagues, family or employers
  - Interventions include Medical Director or other senior person from PHP discussing issues raised leading to formal evaluation
  - Formal evaluations generally include full diagnostic interview with collateral assessment for substance use and other psychiatric medical conditions
- Monitoring Contract
  - Length usually 5 years
  - Consequences for failure to adhere to recommendations:
    - Further evaluation and/or treatment
    - Reporting to the state licensing board
    - Other serious consequences
  - “Safe Harbor” provision: postpone/defer impending sanctions

PHP Goals

- Early detection of substance use disorders through:
  - Assessment and evaluation of potential problems
  - Referral to the best evidence-based treatment
  - Identification and treatment of comorbid conditions
  - Long-term contingency monitoring
  - Reporting monitoring results to credentialing agencies

PHP Structure

- Professionals accept the care management of the PHP in return for verification of the physicians' abstinence from alcohol and/or drug use
  - If the professionals fail to adhere to the PHP's recommendations or return to alcohol and/or drug use, the safe harbor provided by the PHP is removed

- PHPs have no sanctions to impose
  - When participants fail they simply leave the PHP – to face whatever consequences other involved institutions mete out to them – perhaps the loss of their medical license

PHP Addiction Care

- Formal Treatment
  - Most state PHPs refer to a short list of excellent treatment programs
  - All require total abstinence from alcohol and from nonmedical drug use
  - 69% of participants began treatment in residential care; 31% began treatment in intensive outpatient treatment
- Long-Term Support & Monitoring
  - 95% of PHP participants participated in AA, NA, etc.
  - 70% required worksite monitors
  - Drug tested average 4 times/month in first year (48 tests/year); by fifth year average was 20 tests/year

Goals of Treating Professionals

- Restore them to health (physical, emotional, spiritual)
- Provide skills to prevent them from relapsing
- Determine under what conditions they may return to their profession
- Connect them to advocacy/monitoring agency

Treatment

- Must be performed by facilities and addictionists familiar with professionals
- Must offer specialized groups for professionals
- Duration and intensity must be controlled by progress and not financial issues
- Discharge planning needs to address ability to practice with reasonable skill and safety
- Arrange for follow-up including monitored professional meetings, chemical screens and AA

Refrain from work until...

1. Public risk issues have been addressed and appropriately managed.
2. All work regulations, licensure, and legal issues have been addressed and permit a return to the workplace.
3. Work cues and triggers have been delineated, and a management plan is in effect.
4. The work environment has made appropriate alterations to maximally encourage sustained recovery. This is especially important for workers who have steady personal access to their previously addictive drugs.
5. Supervisory personnel have training to address profession-specific workplace issues for the recovering addicted worker

Impaired Professionals

- ~15% of healthcare professionals are impaired by drugs at some point in their lives
- About same as general population

•Gastfriend, D.R., *Physician substance abuse and recovery: What does it mean for physicians-and everyone else?* . JAMA 2005. **293**(12): p. 1513-1515.
•Brooke, D., *Why do some doctors become addicted?* Addiction, 1996. **91**(3): p. 317-319.
•Hughes, P.H., et al., *Physician substance use by medical specialty.* J Add Dis, 1999. **19**(2): p. 23-37.
•Lloyd, G., *One hundred alcoholic doctors: A 21-year follow-up.* . Alcohol Alcohol, 2002. **37**(4): p. 370-374.
•Schuckit, M.A., *New Findings in the Genetics of Alcoholism.* JAMA, 1999. **281**(20): p. 1875-1876.
•Kenna & Wood, Alcohol use by healthcare professionals. Drug Alcohol Dependence 2004 Jul 15;75(1):107-16

Drugs Misused

- Alcohol
- Opioids: self prescribed and diversion
- Benzodiazepines: psychiatry
- Marijuana: most common illicit drug
- Others: propofol, cocaine, etc

"So, how do you like being an anesthesiologist?"

Etiology

- Genetics
- Occupational Hazard
- Relationship with other mental health issues (including personality styling)
- Stress
- Second Hand Exposure

Gateway Drug

Risk Factors

- Factors promoting success may also be factors predisposing to mental health problems
  - Drive for achievement
  - Exceptional conscientiousness
  - Ability to deny personal problems
    - Boisaubin EV, Levine RE. Identifying and assisting the impaired physician. Am J Med Sci. 2001 Jul;322(1):31-6.

Skills/Assets	Problems/Liabilities
Perform under duress	Avoid showing feelings
Delay gratification	Endure
Defer our needs	Caretakers
Confidence in understanding drugs	Underestimate consequences
Solve problems ourselves	Can’t ask for help
Get good grades	Over generalize
Forced to quickly mature professionally	Lack basic coping skills
Discount the ‘lesser’	Can’t identify with others
Become teachers	Can’t listen
Rely on evidenced based science	Struggle with spiritual ideas

& Self treat

Denial, "success" in medicine, and a general disdain for "psychiatric" treatments keep impaired professionals from seeking treatment on their own.

SAFETY-SENSITVE OCCUPATIONS ISSUES IN TREATMENT

- SETTING
- SUPPORT SYSTEMS
- STAFF
- THERAPIES
- ASSESSMENT/TREATMENT PLAN REVIEW
- DOCUMENTATION

Therapies

- Profession-specific Group Therapy
- Profession-specific Support Groups
- Job and Career Issues
- Drug Safety and Drug Refusal Skills
- Medication Management

Voluntary Treatment of Professionals is an Oxymoron

Blueprint Articles

- These blueprint articles provide the background and a look into physician's being treated with SUDs and monitored by a Physicians Health Programs.
- Although SUDs in the medical profession is not greater than that of the normal population, there are some medical specialties that have higher reports of SUDs as compared to other medical specialties.
  - Those being: anesthesiology, emergency medicine, surgery, and psychiatry.
- Participant Population
  - 904 physicians with a diagnosis of substance misuse or dependence admitted into 16 PHP programs from September 1st, 1995 – September 1st, 2001.
    - 102 of the 904 participants were lost to follow-up because they moved out of their state program's justification.
  - Primary drugs of abuse:
    - Alcohol, 50.3%
    - Stimulants, 7.9%
    - Opiates, 35.9%
    - Other substances, 5.9%
- After 5-year supervision, 78.8% of the physicians were licensed without restriction.
  - This proves that PHPs seem to provide an appropriate combination of treatment, support, and sanctions to manage "impaired physicians".
- Of the 802 remaining physicians
  - 19.3% failed to complete their contract
  - 64.2% completed contract period
  - 16.5% extended contracts due to relapse or failure to comply with requirements

(McLellan AT, Skipper GS, Campbell M, et al, 2008)

Physician Health Program Study

- 904 MDs (16 states) studied ≥ 5 years
    - · Family Medicine – 20%
    - · Internal Medicine – 13%
    - · Anesthesiology- 11%
    - · Emergency Medicine- 7%
    - · Psychiatry- 7%
- 86% male

How are addicted physicians treated? A national survey of physician health programs

Robert L. DuPont, (M.D.), A. Thomas McLellan, (Ph.D.), Gary Carr, (M.D.), Michael Gendel, (M.D.), & Gregory E. Skipper, (M.D.)

Introduction

- Physicians with SUDs receive a level of care that significantly different and professedly more effective than that offered to the general population.

  (DuPont, McLellan, Carr, Gendel, & Skipper, 2009)

- Among physicians, the prevalence of SUDs (10%) is not far off from the general population (12%).

  (Flaherty & Richman, 1993)

- Initially proposed in 1973, specialty care and supervision for addicted physicians wan enacted by the American Medical Association to help physicians and to protect the public.
- Through PHPs, the outcomes for addicted physicians are far superior to that of the general public.
  - One outcome study reported abstinence rates of 78% over 11 years.

    (Domino et al., 2005)

- This is a comprehensive, nationally representative evaluation f the structure and function of 42 state PHPs.

  (DuPont, McLellan, Carr, Gendel, & Skipper, 2009)

Methods

- With assistance from the Federation of State Physician Health Programs (FSPHP), a 38-item questionnaire was sent to the Medical Directors of all 49 active PHPs.
  - The questions consisted of three content areas:
    - Financial and legislative aspects of the organization
    - Physician participant profiles
    - Types of services provided
- Questionnaire submission was followed by telephone contact to promote participation, clarify questions, and assure understanding of responses.
- 39 PHPs completed the questionnaire and 3 partially completed.
  - Resulted in a 86% response rate.

Conclusion

- The findings suggest that affected physicians, the medical community, and the public at large are well served by these PHPs.
- Addicted physicians have many benefits that are not typical of the population at large. This advantage allows them to stay in treatment for extended periods of time without health insurance or personal resource barriers.
  - It is likely that these benefits by themselves offer a substantially better prognosis than seen in other treated populations.
- The treatment and management of addicted physicians are qualitatively and quantitatively different from the standard addiction care available to the public.

– Some PHP elements (intensive treatment or frequent, long-term, random drug testing with aggressive management of relapses) could be employed more broadly and should improve the outcomes of standard addiction treatments.

(DuPont, McLellan, Carr, Gendel, & Skipper, 2009)

Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States

A Thomas McLellan, Gregory S Skipper, Michael Campbell, & Robert L DuPont

Conclusion: Three quarters of physicians with a substance use disorder had favorable outcomes after five years when using a physicians health program.

McLellan AT, Skipper GS, Campbell M, et al. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal, 337*:a2038. doi:10.1136/bmj.a2038.

Setting the standard for recovery: Physicians' Health Programs

Robert L. DuPont, A. Thomas McLellan, William L. White, Lisa J. Merlo, & Mark S. Gold

Conclusion: A group of 906 physicians were studied in a 5 year physicians monitoring program, were they had to abstain from drug and alcohol with periodic testing. After 5 years, 78% of physicians completed the program without a positive drug or alcohol test.

DuPont R.L., McLellan A.T., White W.L., Merlo L.J., & Gold M.S. (2009). Setting the standard for recovery: Physicians' health programs. *Journal of Substance Abuse Treatment,36*(2), 159–171. doi: 10.1016/j.jsat.2008.01.004.

Anesthesiologists with Substance Use Disorders: A 5-Year Outcome Study from 16 State Physician Health Programs

Gregory E. Skipper, Michael D. Campbell, & Robert L. DuPont

Conclusion: In this study, they concluded that anesthesiologist had the same rate of success in a physicians health program, as other physicians. This may contradict other reports, because of the difference in study design.

Skipper, G. E., Campbell, M.D., & DuPont, R. L. (2009). Anesthesiologists with substance use disorders: A 5-year outcome study from 16 state physician health programs. *Anesth Analg, 109*(3), 891- 896. doi: 10.1213/ane.0b013e3181adc39d.

Prognosis for the Recovery of Surgeons From Chemical Dependency

Amanda Buhl, Michael R. Oreskovich, Charles W. Meredith, Michael D. Campbell, & Robert L. DuPont

Conclusion: Surgeons had the same positive outcomes that non-surgeons had in a physicians health program. The study did not conclude whether surgeons are less likely to return to practicing after chemical dependence treatment.

Buhl A., Oreskovich M.R., Meredith C.W., et al. (2011). Prognosis for the recovery of surgeons from chemical dependency: a 5-year outcome study. *Arch Surg,146*(11), 1286–1291. doi: 10.1001/archsurg.2011.271.

Psychiatrists With Substance Use Disorders: Positive Treatment Outcomes From Physician Health Programs

Peter M. Yellowlees, Michael D. Campbell, John S. Rose, Michelle Burke Parish, Daphne Ferrer, Lorin M. Scher, Gregory E. Skipper, & Robert L. DuPont

Conclusion: There was a higher proportion of women among psychiatrists than among other physicians; however, psychiatrists were not overrepresented when compared with other physician groups and had similar clinical outcomes at five-year follow-up.

Yellowlees, P.M., Campbell, M.D., Rose, J.S., Parish, M.B., Ferrer, D., Scher, L.M., Skipper, G.E., & DuPont, R.L., (2014). Psychiatrists with substance use disorders: Positive treatment outcomes from physician health programs. *Psychiatric Services, 12*(65), 1492-1495. doi:10.1176/appi.ps.201300472.

Prognosis for Emergency Physician with Substance Abuse Recovery: 5-year Outcome Study

John S. Rose, Michael Campbell, & Gregory Skipper

Conclusion: Emergency Physicians had a higher than expected rate of SUD; however, EP's had a high rate of success on all variables measured such as rates of relapse, successful completion of monitoring, and return to clinical practice when compared to the other physician cohorts.

Rose J.S., Campbell M., & Skipper G. (2014). Prognosis for emergency physician with substance abuse recovery: 5-year outcome study. *Western Journal of Emergency Medicine, 15*(1):20–25. doi: 10.5811/westjem.2013.7.17871.

Physician Suicide And Physician Health Programs

A.J. Reid Finlayson, Richard J. Iannelli, Kimberly P. Brown, Ronald E. Neufeld, Robert L. DuPont, & Michael D. Campbell

Conclusion: Although medical boards and PHP's have improved outcomes for physicians with SUD's, high rates of physician suicide still persist. PHP's appear to offer beneficial organization of the difficult tasks involved in caring for physicians with behavioral and mental health problems.

Finlayson, A.J., Iannelli, R.J., Brown, K.P., Neufeld, R.E., DuPont, R.L., & Campbell, M.D. (2014). Physician suicide and physician health programs. *Gen Hops Psychiatry, 40*, 84-5. doi: 10.1016/j.genhosppsych.2016.01.001.

Outcomes for Physicians With Opioid Dependence Treated Without Agonist Pharmacotherapy in Physician Health Programs

Lisa J. Merlo, Michael D. Campbell, Gregory E. Skipper, Corinne L. Shea, & Robert L. DuPont

Conclusion: Individuals with opioid use disorders who are managed by PHP's can achieve long-term abstinence without Opioid Substance Therapy.

Merlo, L. J., Campbell, M. D., Skipper, G. E., Shea, C. L., & Dupont, R. L. (2016). Outcomes for Physicians With Opioid Dependence Treated Without Agonist Pharmacotherapy in Physician Health Programs. *Journal of Substance Abuse Treatment*, *64*, 47–54. doi: 10.1016/j.jsat.2016.02.004

How are addicted physicians treated? A national survey of physician health programs

Robert L. DuPont, A. Thomas McLellan, Gary Carr, Michael Gendel, & Gregory E. Skipper

Conclusion: Physician health programs are long and extensive, but have high success rates. This type of treatment plan is not available to the general public, but could be beneficial.

DuPont R.L., McLellan A.T., Carr G., Gendel M., & Skipper G.E. (2009). How are addicted physicians treated? A national survey of physician health programs. *J Subst Abuse Treat,37,* 1–7. doi:10.1016/j.jsat.2009.03.010.

Physician Health Programs: A Model for Treating Substance Use Disorders

Robert L. DuPont, & Lisa J. Merlo

Conclusion: After a five-year follow-up, 78% of physicians were licensed and working remaining the largest PHP study to date. Subsequent analysis showed that the impressive long-term outcomes are consistent among medical specialties and notably, that outcomes are consistent among primary substances of abuse.

DuPont, R.L. & Merlo, L.J. (2018). Physician health programs: A model for treating substance use disorders. *The Judges' Journal, 57*(1).

Physician Health Programs: A Model for Treating Substance Use Disorders

Robert L. DuPont, & Lisa J. Merlo

Conclusion: “The PHP system of care management and the outstanding recovery rates are somewhat unique in the realm of SUD treatment and care. Similar programs exist for commercial pilots and attorneys, which also display high rates of success, but these programs stand in stark contrast to the typical care provided to patients with SUDs in the general population. It has been argued that physicians are unrepresentative of the addicted population and that their treatment success results from personal factors such as high intelligence, financial resources, and family support. However, the data show that physicians with SUDs who receive treatment and care outside the PHP care management model have far less successful outcomes, similar to those seen among the general public.”

DuPont, R.L. & Merlo, L.J. (2018). Physician health programs: A model for treating substance use disorders. *The Judges' Journal, 57*(1).

Physician Health Program Study

- 50% completed 5 year contract with no subsequent monitoring
- 22% extended or signed new contract
- 28% non-completion
- 4% died (6 suicides)
- 19% relapsed under contract (1 in 5 of those would have 2nd relapse)

Physician Health Program Study

- 72% with license without restriction
- 91% of completers were practicing

vs

- 28% of non-completers practicing medicine
- 18% of original group not practicing at all

Essential Ingredients of the PHP Model

- Contingency management with positive consequences for abstinence and active intervention for any use of alcohol or other drugs of abuse
- Frequent random drug testing
- Abstinence standard – drugs and alcohol
- Link to 12-step programs
- Active management of relapse
- Long-term continuing care and monitoring
- Focus on life-long recovery

What do physicians and other healthcare professionals think about their PHP experiences?

Results & Implications

- Despite mandated participation in most cases, almost 80% "satisfied" with experience:
  - 44.6% Very Satisfied
  - 33.8% Satisfied
  - 6.2% Neutral
  - 4.6% Dissatisfied
  - 10.8% Very Dissatisfied
- Over 90% would recommend the program:
  - Helpfulness of monitoring
  - Advocacy/assistance in legal/licensure issues

PHP Participation & Monitoring

IN THE END, IT IS WORTH THE BURDEN/HASSLE TO PARTICIPATE:

–It's been a journey and it's really…I can clearly say, now it's voluntary that I'm a member, and…prior membership was like mandatory and I was dragged in kicking and screaming.

–Even though sometimes, I'm like, "Damn it! I have to come here. Shit!" It's either laboratory, PRN, psychiatrist, therapist… But, you know, like, it is worth it.

–The bottom line is… if you're not in recovery, [the program's] a thorn in your ass. If you're in recovery, it's no big deal.

–Their advocacy is phenomenal… just do what you're supposed to do, you pay for urines, and they'll go through the fire for you and with you.

IT IS ONLY ONE COMPONENT OF A SUCCESSFUL RECOVERY PROGRAM:

–The fear of getting caught keeps you sober for a while, but, eventually, if you don't have a program of recovery, fear alone will not keep you sober.

–[The program] gives you all the tools that you need, but you have to be willing to use them.

–I think [the program], to me, has been of assistance, but not the most important part of my becoming sober.

Merlo, Cummings, Cottler. (2010). College on Problems of Drug Dependence Annual Meeting.

Components of Monitoring

- With Behavioral Monitoring, we follow:

- Time and adherence to daily call in (to determine if screening is requested).
- Support group attendance
- Therapy attendance
- Submission of other self-reports

- For chemical monitoring:
- Screen frequently, tailored to past use pattern
- Screen using multiple methodologies (urine, hair, nails, etc.)

Views Regarding Helpfulness of Treatment/Monitoring

Treatment Experience	Mod/Extreme Helpful	Slightly Helpful	Not Helpful	Did Not Participate
Detox Facility	28.0%	16.1%	8.6%	47.3%
Residential or PHP Program	62.7%	14.9%	3.2%	19.1%
Intensive Outpatient Program	34.7%	9.8%	8.7%	46.7%
Outpatient Treatment	23.9%	13.0%	9.8%	53.3%
AA/NA Meetings	81.9%	14.9%	2.1%	1.1%
Individual Therapy	52.7%	22.6%	8.6%	16.1%
Couples/Family Therapy	19.3%	14.0%	8.6%	58.1%
Weekly Monitoring Group	75.5%	21.3%	3.2%	--
Random Drug Screening	71.3%	19.1%	6.4%	3.2%
Church-Based Recovery Group	17.3%	6.5%	4.3%	72.0%

Merlo, Klingman, Conwell, & Rivenbark (2012). *American Psychological Association Annual Meeting*. Orlando, FL.

Changes in Quality of Life

Change in QOL related to:	Much Worse (%)	A Little Worse (%)	No Change (%)	A Little Better (%)	Much Better (%)
Physical Health	0.0	2.1	11.7	27.7	58.5
Emotional / Psych Health	1.1	1.1	5.3	20.2	72.3
Romantic Relationships	8.6	5.4	24.7	19.4	41.9
Sexual Satisfaction	3.2	10.8	38.7	17.2	30.1
Family Relationships	1.1	4.3	8.5	27.7	58.5
Social Life	4.3	16.1	16.1	29.0	34.4
Work/Career	9.7	9.7	8.6	24.7	47.3
Financial Situation	12.8	18.1	19.1	17.0	33.0
Spiritual Well-being	0.0	1.1	5.3	16.0	77.7

Merlo, Klingman, Conwell, & Rivenbark (2012). *American Psychological Association Annual Meeting*. Orlando, FL.

Pundits

- Public focus on medical errors and “Bad doctors”
- Citizens action committee
- State Boards (all health care professionals) sensitive to issue. i.e. California

Pundits

- Anderson, Pauline. (2015).“ Physician Health Programs: More Harm than Good?” Medscape.
- Bowd, Wesley. 2015. “A Call for National Standards and Oversight of State Physician Health Programs”. Journal of Addiction. 00,0.
- Wible, Pamela. 2015. “Do Physician Health Programs Increase Physician Suicides?”. Medscape.

PHPs have been accused of being “coercive, controlling, secretive, with conflicts of interest”… “The system leaves physician without rights, depersonalized and dehumanized.”

“Kafkaesque Nightmare”

Not all participants are grateful…

- “I am going to sue you for all you’ve got… you lying sack of ****… I will not stop until your family feels the pain that my family felt… There is no limit to the amount of money I will spend to take you down…I am going to crush you like the cockroach you are. You are about to face an unprecedented takedown! You are going to beg me to stop.”

I just want to tell you that you saved my life……

there was a time when I thought that I would never talk with you again – I didn’t want to.

What Works

- NEED good, trusting relationship with Board and DOH- integrity

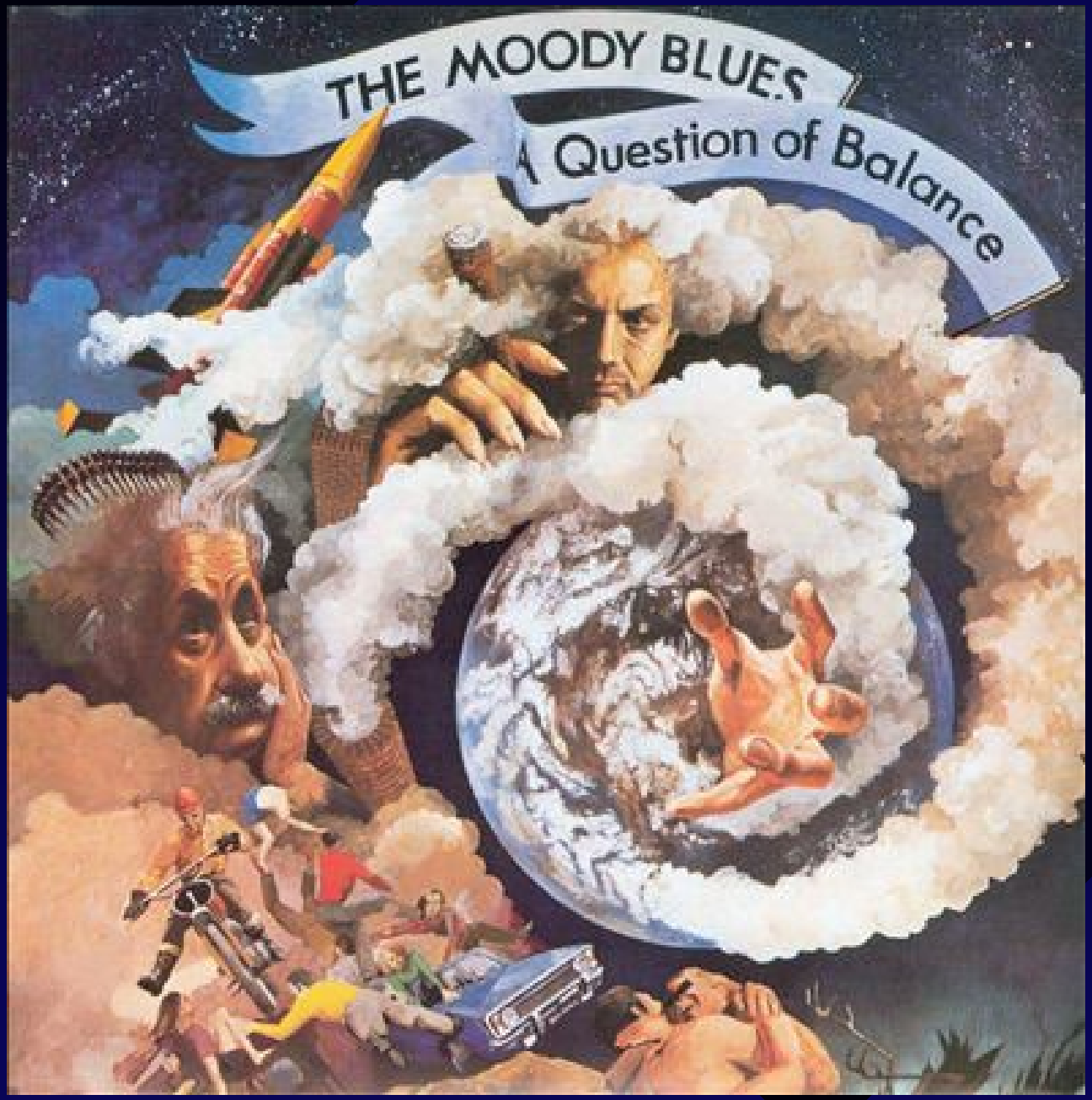
- TESTING TESTING TESTING

- Support groups

- Quality Evaluations and treatment options

Current Issues/Controversies in Treating Healthcare Professionals

- Length of Time in Treatment and on contract
- How do we Handle Relapse?
- Drug Testing
  - Interpretation of positive results – theoretically possibility vs. reasonable explination
  - What type? (Hair/Urine/Blood/Breath)
  - What for?
  - How often?
- Can Healthcare Professionals Return to Practice on Opioid Agonist Treatment?
- Medical Marijuana/CBD?
- Are Opioid-dependent Anesthesiologists/CRNAs Safe to Return to the OR?
- Is it OK to mandate opioid antagonist?
- Can the use of Vivitrol alter need for key restriction in nurses with OUD?
- Conflicts between privacy, advocacy, and Public Safety


THE MOODY BLUES
A Question of Balance

Lessons Learned & Future Challenges

- BALANCE public health (priority), advocacy for treatment and recovery and rights of participants
- Acceptance of pundits attacks from both sides
- Ensure people have access to due process procedure and document it
- Separation of Evaluation & Treatment
- Ensure Quality of Evaluation & Treatment (site visits)
- Avoid Perception of conflict of interests
- Audit?

Thank you