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Physician Impairment

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Speaker biography and disclosures

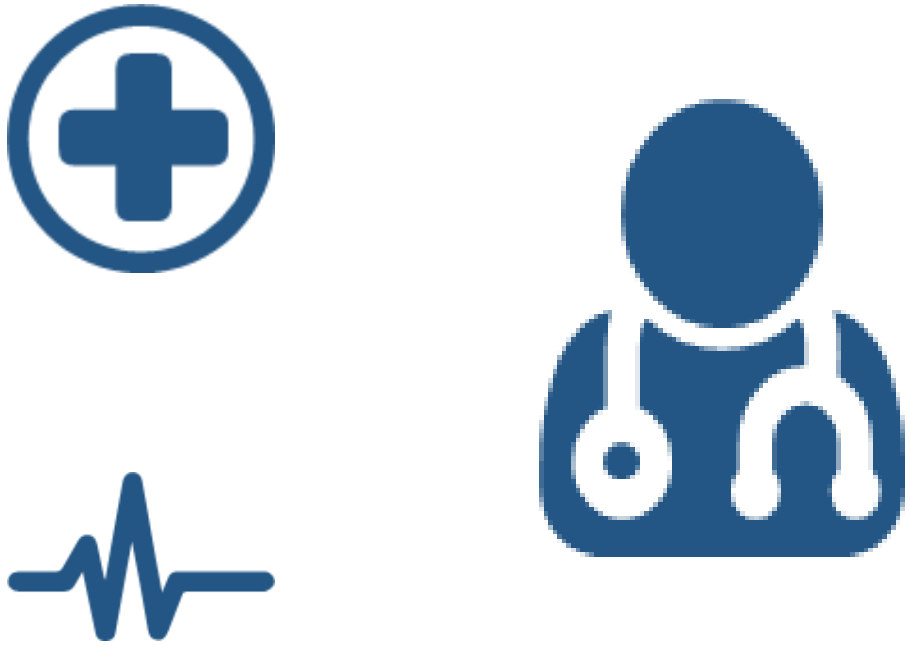
- American Osteopathic Board of Family Physicians
- AOBFP CAQ in Addiction Medicine
- Medical Director of Addiction Medicine at Penn Medicine Lancaster General Health
- No financial disclosures
- I volunteer on an Advisory Committee for the Pennsylvania Physician Health Program.
  - No financial compensation
  - Opinions expressed are my own

Objectives

1. Understand physician impairment as a functional classification, one that exists on a continuum and is not always synonymous with illness.
2. Describe the epidemiology of substance use among physicians and recognize overrepresented specialties among Physician Health Programs participants. Note a potential treatment gap amongst female physicians.
3. Review features of disruptive behavior and substance use disorders in the workplace.
4. Understand the role of Physician Health Programs as a form of self regulation of impaired physicians and review outcomes of PHP participants.

Physician Impairment

- Impairment is the inability of a licensee to practice medicine with reasonable skill and safety.
- Impairment is a functional classification
  - Exists on a continuum of severity
- Presence of illness itself does not necessarily constitute impairment



Impairment is often the result of illness

Underlying Causes	Examples
▪ Mental Health Disorder	▪ Depressive Disorders, Psychotic Disorders
▪ Physical illness resulting in change of motor, cognitive, perceptive skills	▪ Cerebrovascular Accident, Traumatic Brain Injury
▪ Substance misuse or Substance Use Disorder – Compulsive behaviors and/or “process addiction”.	▪ Alcohol Use Disorder, Opioid Use Disorder – Compulsive gambling, compulsive spending

Licensing boards should distinguish between illness and impairment

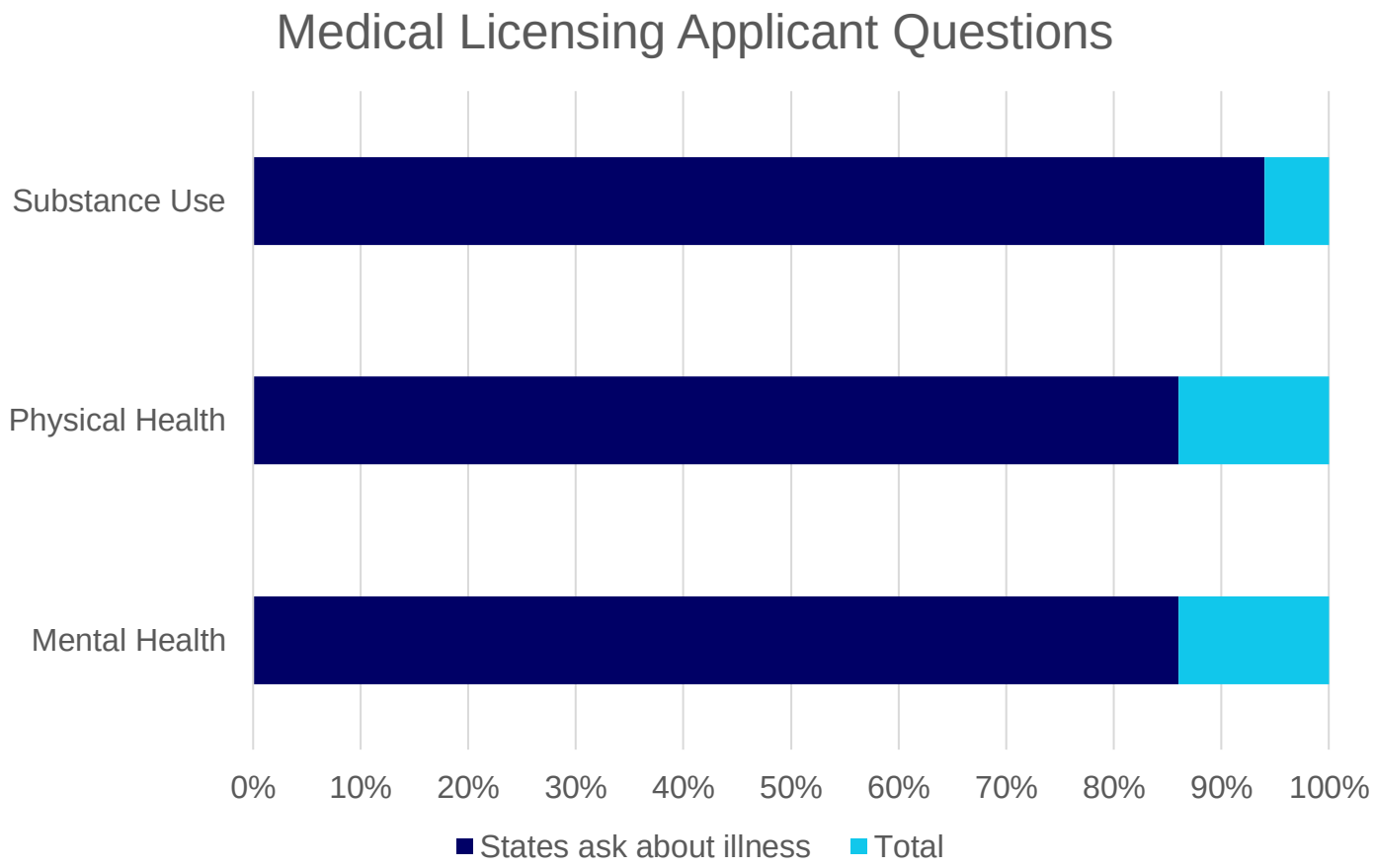
- Illness is not synonymous with impairment.

- Illness is existence of disease, and impairment is a functional classification
  - Illness exists on a continuum and can lead to impairment
  - With recognition and treatment of illness, impairment is not inevitable

- Reflexive disciplinary action or aggressive public oversight towards *illness* potentially discourages early identification and treatment of disease

Medical license applications ask about illness

- 47 states ask about substance use
- 43 states ask about mental health
- 43 states ask about physical health
- Only 23 states framed questions about mental health towards *functional impairment*
- Only 6 states limited questions to *current* problems



Gold KJ, Shih ER, Goldman EB, Schwenk TL. Do US Medical Licensing Applications Treat Mental and Physical Illness Equivalently? Fam Med. 2017 Jun;49(6):464-467. PMID: 28633174.

How common is impairment?

- The prevalence of impairment is very hard to define with accuracy.

- Lifetime prevalence of a Substance Use Disorder among physicians has been conservatively estimated 8 to 12%
  - Brewster JM. Prevalence of alcohol and other drug problems among physicians. JAMA. 1986;255(14):1913–1920.

- When accounting for all potential causes, the lifetime prevalence of impairment may be as high as 33%
  - 1 to 2 physicians per year for a hospital staff of 100.
  - Leape LL, Fromson JA. Problem doctors: is there a system-level solution? Ann Intern Med. 2006 Jan 17;144(2):107-15.

Disruptive Physicians – impairment without illness (?)

- "A style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care." (American Medical Association)

- Disruptive behavior is not a diagnosis
  - Warrants diagnostic evaluation and identify treatable illness if present

- Disruptive behavior is a serious problem that not only affects patient safety but also contributes to high turnover of workforce in health care

Disruptive Behaviors

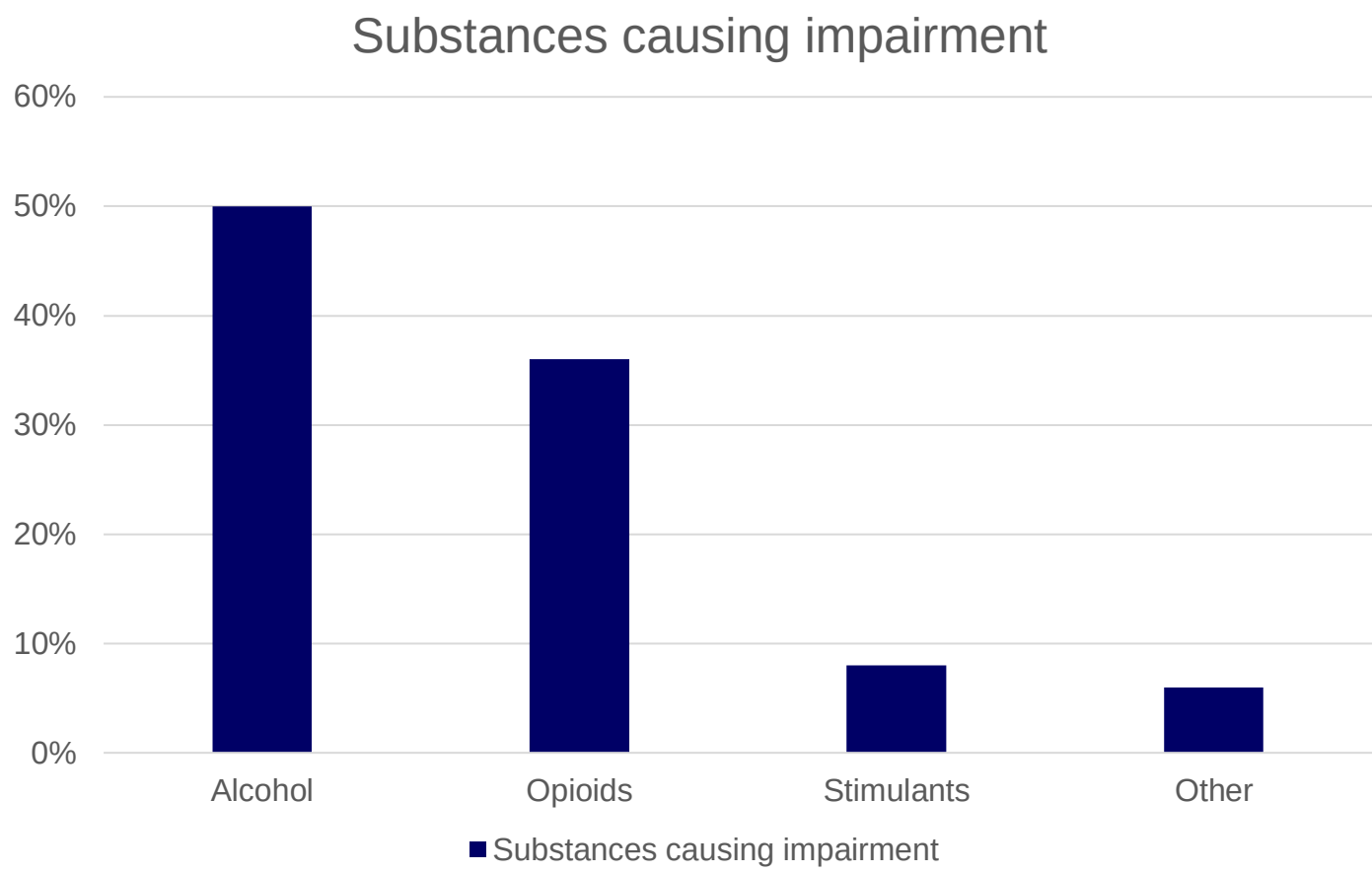
- Profane, demeaning, and/or abusive language
  - (example: calling staff “stupid”)
- Sexual comments or innuendo
- Outbursts of anger
  - (example: Throwing surgical instruments in OR)
- Criticizing staff in front of patients or others
- Boundary violations with patients/staff
  - (examples: sexual contact, borrowing money from patients)
  - Exploit a potential power dynamic
- Inappropriate chart notes
  - Negative comments about other providers
- Retaliatory action against complaints
- Unethical or dishonest behavior

Potential underlying factors to disruptive behavior that are not due to physical illness, mental illness, or substance use.

- Complexity of healthcare delivery
  - Less physician autonomy
  - Larger number of support personnel
- Financial constraints
  - Declining revenue (increase workload, less pay)
- Workforce shortages
  - Increased temporary personnel (less cohesive teams)
- Intrusiveness by managed care
- Excessive litigation fears

Epidemiology – common substances which cause impairment in physicians referred to treatment.

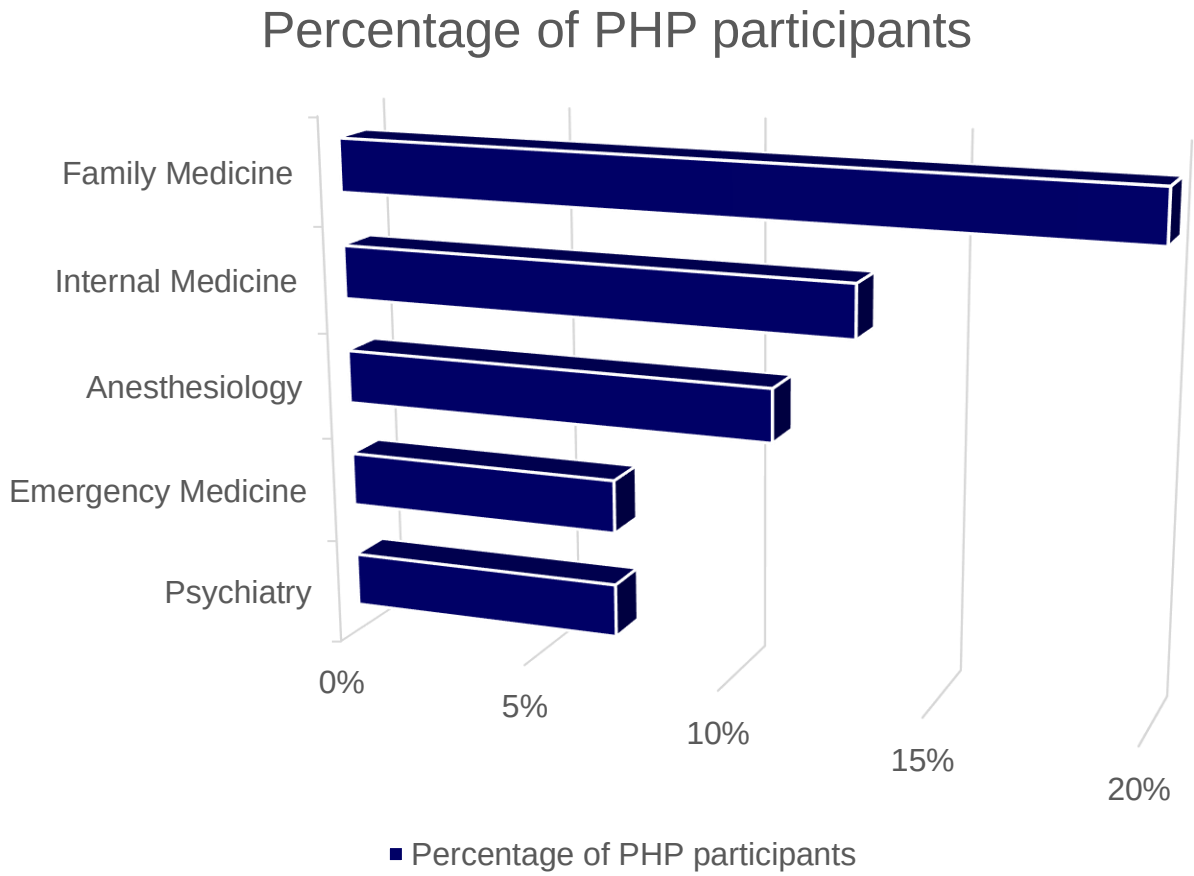
- Physicians develop substance use disorders at a rate similar or exceeding the general population
- In a retrospective cohort of physicians referred for treatment of impairment:
  - Alcohol – 50%
  - Opioids – 36%
  - Stimulants – 8%
  - Other substances – 6%



McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ. 2008;337:a2038.

Epidemiology – physician specialties and impairment

- Five specialties represented over 50% of PHP participants in a retrospective cohort (McClellan et. Al 2008)
- Anesthesia, Emergency Medicine, and Psychiatry are overrepresented
- 87% of participants were male



McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ. 2008;337:a2038.

Anesthesiology, Emergency Medicine, and Psychiatry are uniquely over-represented in survey of substance use among physicians

- Emergency Medicine physicians more likely to use illicit drugs
- Psychiatrists more likely to utilize benzodiazepine medications
- Anesthesiologists more likely to use opioids

Patrick H. Hughes MD, Carla L. Storr ScD, Nancy A. Brandenburg PhD, Dewitt C. Baldwin Jr. MD, James C. Anthony PhD & David V. Sheehan MD (1999) Physician Substance Use by Medical Specialty, Journal of Addictive Diseases, 18:2, 23-37

Recognition and treatment gap among females?

- A 2015 survey on alcohol use amongst physicians found that female physicians met criteria for alcohol abuse or dependence at nearly twice the rate of male physicians (21.4% vs. 12.9%)

- A 2016 survey showed that 50% of female physician respondents believed they met criteria for a mental health disorder but avoided treatment.
  - Fear of reporting to licensing board and/or stigma were common cited reasons to avoid formal treatment.

Oreskovich MR, Shanafelt T, Dyrbye LN, Tan L, Sotile W, Satele D, West CP, Sloan J, Boone S. The prevalence of substance use disorders in American physicians. Am J Addict. 2015 Jan;24(1):30-8.

Gold KJ, Andrew LB, Goldman EB, Schwenk TL. "I would never want to have a mental health diagnosis on my record": A survey of female physicians on mental health diagnosis, treatment, and reporting. Gen Hosp Psychiatry. 2016 Nov-Dec;43:51-57.

Physical and behavioral signs of impairment due to alcohol

- Alcohol odor
- Slurred speech
- Ataxia
- Tremulous
- Sweating
- Memory problems
- Frequent injuries

- Erratic work performance
  - Poor early morning performance
- Loud and erratic behavior at social events
- Problems with law (DUI, Domestic disturbances)
- Arriving late to work
- Leaving work early
- Poor personal hygiene

Physical and behavioral signs of impairment due to opioids

- Intoxication
  - Pinpoint pupils
  - Somnolence
  - Face scratching or hives (excessive histamine)
- Withdrawal
  - Dilated pupils
  - Piloerect skin
  - Irritability
  - Excessive sweating
  - Watery eyes, runny nose, sneezing, yawning
- Frequent breaks or unexplained absences (use drugs or recover from use)
- Excessive work hours (access to drug)
  - Volunteering for more call
  - Volunteering to return unused drugs to pharmacy
  - Volunteering for extra shifts in OR or ER
- Discrepancies in record keeping
- Discrepancies in charting and patient findings
  - Patient in surgical recovery room with pain out of proportion to charted narcotics

Intervention and Physician Impairment

- Physicians have a duty to recognize and address physician illness and impairment
  - Self regulation of our profession
  - Assist impaired colleagues towards effective and non-disciplinary treatment
  - Report as appropriate (patient safety is foremost)

- Physician Health Programs can provide a “safe harbor” for physicians to obtain treatment and bypass reporting requirements to the board of medicine
  - This varies by state and reporting mechanisms can be highly variable and complex

Physician Health Programs (PHP)

- Began in the 1970's largely by volunteer physicians to assist colleagues with drug, alcohol, and mental health conditions
- The majority are non-profit and financial support varies
- Do not directly treat participants
  - provide monitoring, case management, and oversee treatment
- Relationship and reporting obligations to the respective state medical board varies but some degree of partnership and mutual understanding is key

A typical PHP process

- **Referral** – can be self referred or compulsory (employer, regulatory body)
- **Evaluation** – arranged by PHP
- **Leave of absence** – if impairment is identified
- **Treatment** – 75% of cases involve residential treatment
- **Return to work** – when deemed capable by treatment provider
- **Monitoring contract** – usually 5 years, comprehensive monitoring by PHP
  - Ongoing longitudinal treatment
- **Completion**
  - Some choose to enter into long term monitoring agreement (for therapeutic merit or to satisfy regulatory bodies)

PHP monitoring contracts – common features

- **3 to 5 years**
- **Random urine drug testing** – weekly is common in early years of monitoring
- **Peth Testing** – every 2 to 3 months when alcohol use is a concern
- **Outpatient treatment** – formal (licensed outpatient treatment)
- **Mutual Help** – informal (often 12 step)
- **Workplace monitor**
- **Peer monitor**
- **Regular communication with PHP staff**

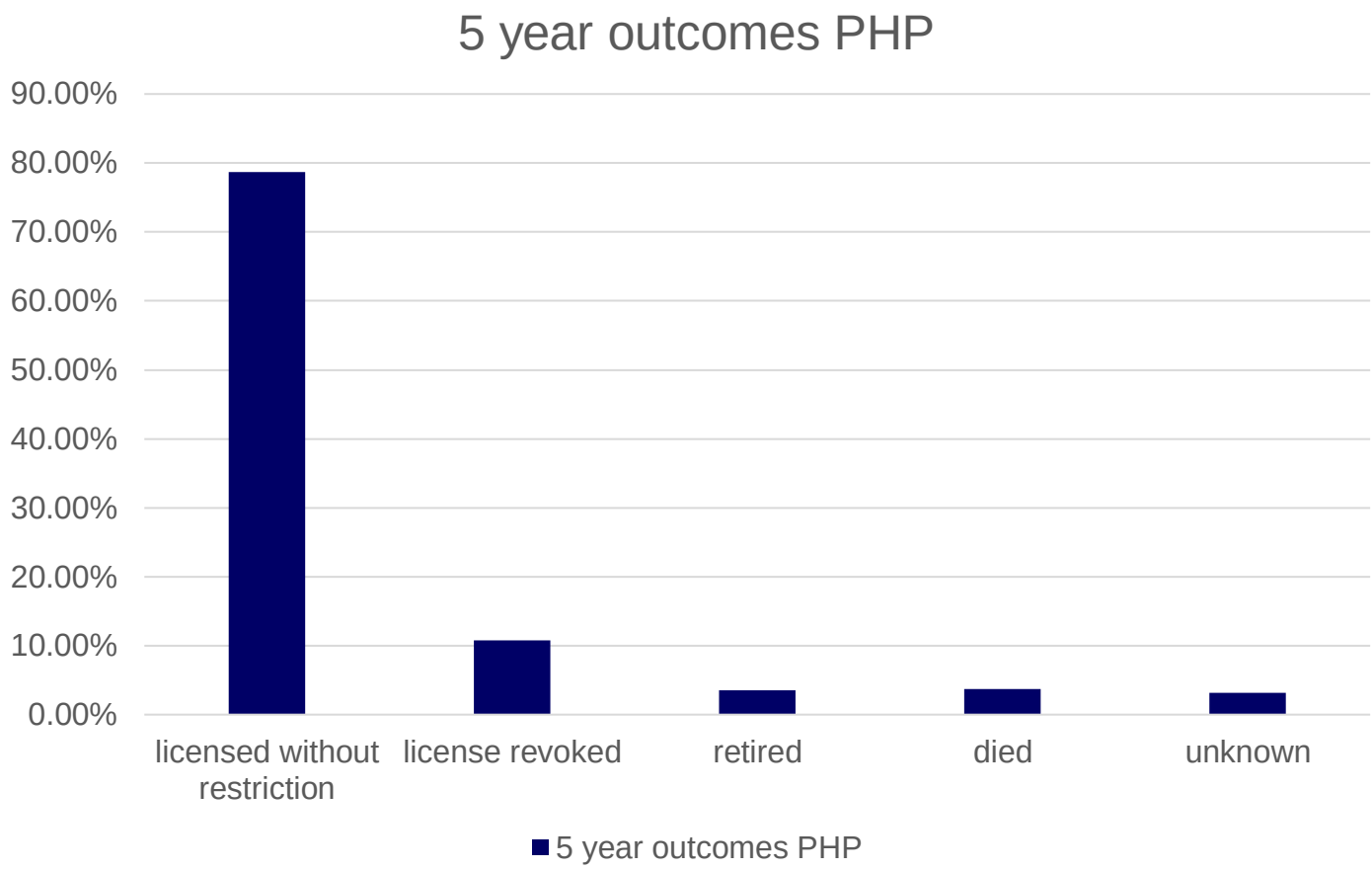
Physician Health Programs can act as intermediaries between physician participants and regulatory bodies

- PHP provide monitoring and verify adherence to treatment recommendations to stakeholders with an interest in patient safety
  - Medical Licensing Boards
  - Hospital privileging and credentialing committees
  - Malpractice insurers
  - Managed Care Organizations (credentialing)

- Credibility of PHP advocacy is paramount
  - protects PHP participants when they answer truthfully to questions about mental health and substance use in applications to these stakeholders.

Outcomes of PHP cohort in the United States (McClellan et al 2008)

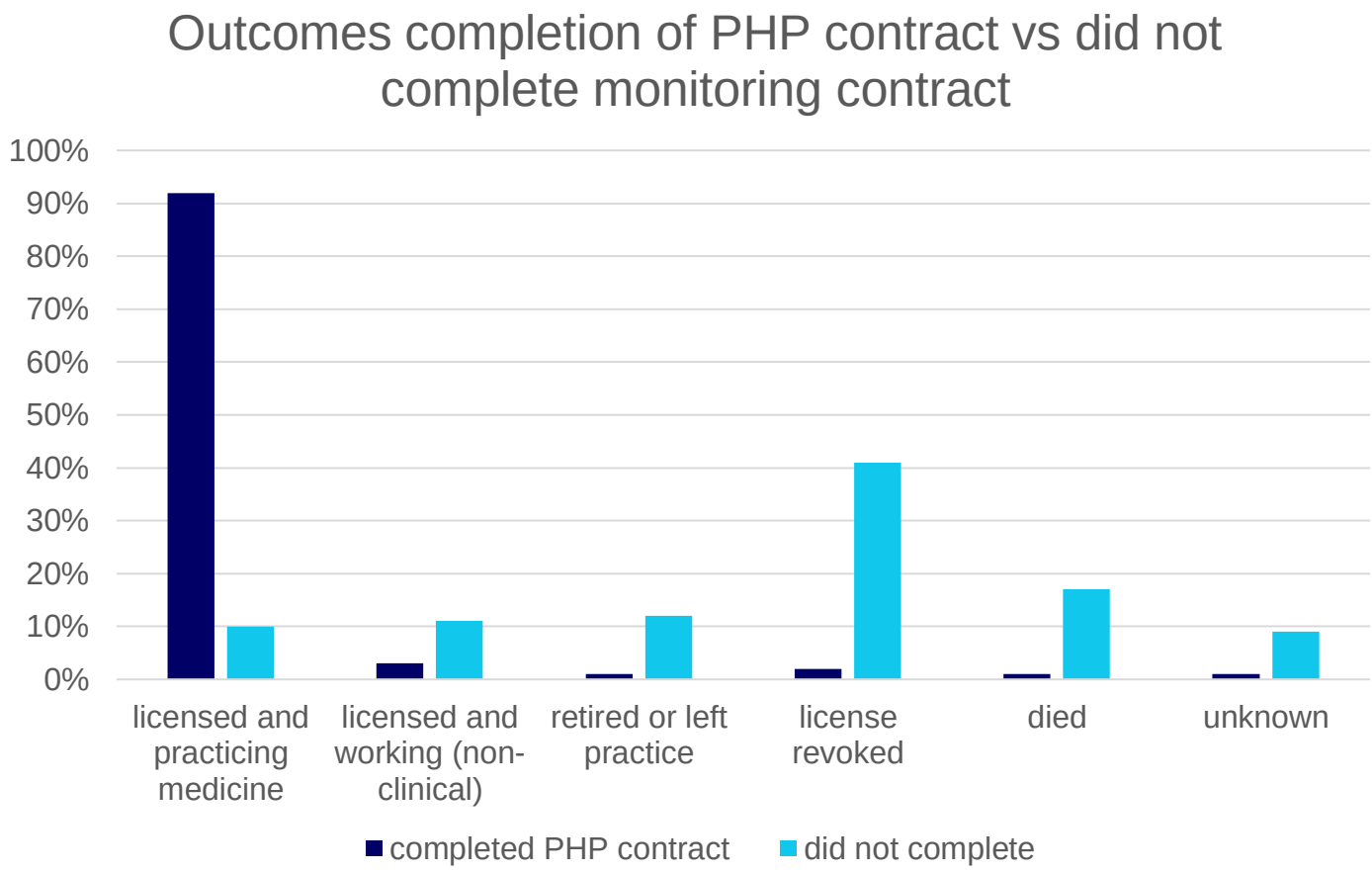
- Nearly 80% remained licensed and practicing medicine at the end of 5 years
  - Outcomes were very good for those who completed 5-year monitoring agreement
- 19.3% dropped out of PHP monitoring, usually early in treatment
  - Outcomes were poor among this cohort, with an alarming number of deaths (17%)



PHP outcomes for those who completed 5-year monitoring agreement vs. those who did not (McClellan 2008)

- There was a vast disparity in outcomes between those who completed a 5-year PHP contract and those who did not (McClellan 2008)

- How can we meet the needs of the nearly 1 out of 5 with poor outcomes in PHP's and still effectively self-regulate our profession and protect patient safety?



Controversies and unanswered questions

- The rigors and costs of extended treatment and long-term monitoring are borne by the participant and is substantial
  - Would modification of PHP processes dampen or bolster aforementioned outcomes? What about credibility of advocacy to return to work?
- PHP's have been accused of issuing de facto "bans" on opioid agonist treatments for those with Opioid Use Disorder
  - Do we underestimate the potential harms of prescribed opioids by advocating widespread use in a safety sensitive occupation?

Summary

- Impairment is a functional classification which exists on a continuum.
  - Illness per se does not constitute impairment

- Disruptive Physician Behavior is a unique problem and potential form of impairment
  - Warrants evaluation for treatable underlying illness

- Substance Use Disorders frequently cause impairment and occur with the same or greater prevalence among physicians as the general population
  - There may be a significant gap in recognition and treatment of substance and mental health disorders among female physicians

Summary

- Alcohol and opioids account for over 80% of substance use resulting in referrals to Physician Health Programs

- Anesthesiology, Emergency Medicine, and Psychiatry appear to be overrepresented in PHP's
  - These specialties also report higher levels of substance use in anonymous surveys

- PHP's provide a safe harbor mechanism for impaired physicians to obtain treatment and afford protection from loss of license or loss of credentialing with regulatory bodies
  - Arose from a tradition of self regulation, tend to be small and non-profit organizations

Summary

- PHP's warrant further study. However, retrospective data suggest that outcomes are amongst the best in addiction medicine for those who complete these programs
  - The degree of rigor with respect to engagement and accountability is unique

- PHP's provide a service to physicians and serve as an intermediary to medical licensing boards and other stakeholders with a vested interest in patient safety
  - Changes in process must be implemented cautiously

- Physicians should be able to recognize signs of impairment and refer colleagues to non-disciplinary forms of assistance.

References and further reading

- ASAM Public Policy Statement, *Physicians and Other Healthcare Professionals with Addiction*, adopted: February 6th, 2020

- Candilis PJ, Kim DT, Sulmasy LS; ACP Ethics, Professionalism and Human Rights Committee. Physician Impairment and Rehabilitation: Reintegration Into Medical Practice While Ensuring Patient Safety: A Position Paper From the American College of Physicians. Ann Intern Med. 2019 Jun 18;170(12):871-879.

- Federation of State Physician Health Programs at www.fsphp.org

References and further reading

- McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ. 2008;337:a2038. Published 2008 Nov 4.

- Beletsky L, Wakeman SE, Fiscella K. Practicing What We Preach - Ending Physician Health Program Bans on Opioid-Agonist Therapy. N Engl J Med. 2019 Aug 29;381(9):796-798.

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