



MEDICAL PROFESSIONALS HEALTH PROGRAM

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Medical Professionals Health Program:



**UNDERSTAND THE PARTNERSHIP OF
LICENSURE BOARDS
AND THE
MEDICAL PROFESSIONALS HEALTH PROGRAM**

June 13, 2010

Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program



Overview:

The complexity of contemporary medicine and health care requires today's medical professional to be healthy and well balanced. Medical professionals are subject to high degrees of stress, both personally and professionally. This stress can impair one's ability to maintain a healthy balance and can result in substance use dependence. The potential for impairment is universal and no one is immune from the dangers of alcohol or drug use.

Substance Use and Abuse:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program



As a result of this presentation, attendees will:

1. Better understand the services provided by the MPHP and who is eligible to participate.
2. Learn what factors help identify substance dependence in physicians.
3. Learn how physicians and other medical professional are referred to the MPHP.
4. Better understand the limits of confidentiality and MPHP protocol with licensing boards.
5. Better understand how the licensing board's roles and responsibilities overlap and complement those of the MPHP.

Medical Professionals Health Program:

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Who is eligible to receive MPHP services?

- Doctors, M.D. / D.O.
- Dentists
- Physician Assistants
- Dental Hygienists
- Denturists
- Pharmacists
- Nurses



Medical Professionals Health Program:

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Mission:

The Medical Professionals Health program supports medical professionals of Maine by providing confidential compassionate assistance, monitoring and advocacy to participants with diagnosed with substance use disorders. Although we do not provide comprehensive evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

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Philosophy:

The Medical Professionals Health Program believes that addiction is a medical illness. We are committed to understanding the complexities and variations and course of substance use disorders. We are dedicated to best practice models which includes compassion, respect and support for participants on their journeys to recovery.

Red Flags Identifying Need for Support



- In the Hospital
- In the Office
- In Family
- Community
- Physical



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Not all of these behaviors are direct indicators of substance abuse. The presence of some of these behaviors could be related to stress. Others may be symptoms of depression or a host of other problems.

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How are Participants Referred?

Anyone with a concern and desire to help can make a referral.

- family member
- colleague
- Board or employer
- friend
- self-referrals
- anonymous report

The MPHP is a voluntary program and does not mandate participation, but we are glad to assist anyone interested in exploring referral options. It is in the best interest of participants, both personally and professionally, that treatment begin as soon as possible.

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How does the MPHP help Medical professionals?

The Medical Professionals Health Program assists medical professionals in developing strategies for treatment, helping them return to successful professional careers. **The MPHP does not make diagnoses or provide treatment.** The MPHP clinical staff and committee members act as advocates for their impaired colleagues, providing compassionate, comprehensive and confidential assistance.

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How does the MPHP help Medical professionals?

1. **Referral** – Sources include self, professional peers, family, employees, employers, boards of licensure, professional associations, patients.
2. **Initial intake interview**, screening and initial contract development.
3. **Comprehensive psychological evaluation**, preferably a 5-Axis Diagnosis with recommendations.
4. **Determination of treatment needs and/or eligibility** includes a return interview, review of recommendations and treatment options. If there is no determination of a need for monitoring, the case is closed.

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How does the MPHP help Medical professionals?

5. **Treatment referral and follow-up**
6. **Contract development** after successful completion of initial treatment.
7. **Case management and urine monitoring**

Elements of a Typical Monitoring Agreement



- Monthly Self Reports
- AA/NA Self Help Attendance
- Worksite Monitor Reports
- Treatment Provider Reports (Therapist, Addictionist, Psychiatrist, Chronic Pain specialist, Primary Care Physician)
- Medication Reports
- Daily call-ins for urine monitoring
- Random urine testing

Documentation of On-going Abstinence



- MPHP uses FirstLab to administer and track participant monitoring information
- Participants are required to call a phone number or contact on line Monday-Friday excluding 5 holidays
- Participants are then selected randomly to submit a urine specimen at a pre-determined selection site
- The number of random selections made per week is based on decisions made with the MPHP case manager
- Hair, nail and blood samples are occasionally required

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Understanding the Confidential Services of the MPHP

The MPHP offers confidential participation to participants who come to the program voluntarily. There are limits to the confidentiality we can provide, however and these limits are explained to each participant prior to disclosure of any information.

As required by law or under our protocols with the Maine Licensing Boards, participants determined to be unsafe to themselves and/or others will be referred to the appropriate Licensing Board or appropriate legal authorities.

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Understanding the Confidential Services of the MPHP

The MPHP is bound by protocol to appropriately report any participant who:

- **has injured a patient;**
- **is in imminent danger of injuring a patient;**
- **has been found or alleged to have committed child abuse or sexual abuse of a patient; or**
- **is in violation of MPHP requirements**

Referred and Board Mandated



Referred

- Self-referral or Other (Spouse, Friend, Colleague, Supervisor)
- No imminent danger to self or others
- No legal violations
- Name given to Board Contact, but no case details
- Entire Board not Informed

Board Mandated

- Board makes referral to MPHP
- Board mandated monitoring
- Entire Board is aware of case and its progress
- Presence of a Consent Agreement or other legal document

Benefits of Participation by Referral



- Usually occurs earlier in the illness
- Board is not directly involved in case management
- If a complaint about a participant is made to the Board, the Board contact and the MPHP can advocate for the participant
- MPHP usually identifies relapse early and can work with treatment providers earlier in the relapse
- The evidence base for this type of monitoring across the country has the best track record for successful recovery from substance use illness

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What did the MPHP Look Like in 2009

Demographics

- **73%** Men and **27%** Women
- **64%** M.D.'s and P.A.'s
- **14%** Dentists & Assistants
- **10%** Pharmacists
- **8%** D. O.'s
- **4%** Nurses

Referral Issues

- 57%** with primary addiction to drugs;
- 40%** with primary presenting addiction to alcohol;
- 3%** behavioral issues

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MPHP Outcomes

5

Medical Professionals
successfully completed
a 5-year monitoring
program in 2009

1445

urine samples were
provided in 2009 by
participants.

Less than 1% of these
samples were positive.

Participant Expenses



MPHP Supports

- Initial consultation
- Case Management
- Letters of Advocacy
- Meetings with Staff

Participant Expenses

- Initial Evaluation
- Any Treatment, in-patient or out-patient
- MPHP Participant fee
- Toxicology tests
- Group meetings

MPHP Revenue Sources



- Licensure Boards
- Professional Associations
- Hospital Staffs
- Hospitals
- Individual contributions
- Fund Raising Events



Substance Use and Abuse:

Recovery Options for
Medical Professionals

Licensing Boards
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Overlapping Missions:

- Patient Safety
- Professional Health
- Advocacy



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Some Tension IS Necessary And
Useful





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Tensions Are Related To:

- Differing Alliances
- Differing Priorities
- Differing “Perceptions”



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Tensions Are Related To: Differing Alliances

Alliances for Medical Boards:

- Attorneys
- Investigators
- MPHP



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Tensions Are Related To: Differing Alliances

Alliances for MPPH:

- Treatment Community
- Advisory Committee
- Medical Boards



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Tensions Are Related To: Differing Priorities

Priorities for Medical Boards:

- Patient Safety
- Public Protection
- Standards of Practice



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Tensions Are Related To: Differing Priorities

Priorities for MPHP:

- Patient Safety
- Disease / Treatment
- Professional Rehabilitation
- Safe Return to Practice



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Tensions Are Related To: Differing Perceptions

Relapse :

Medical Board Sees

- Non-Compliance with Contract
- Grounds for Discipline

MPHP sees:

- Therapeutic Opportunity
- Part of Recovery



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Recovery Options for
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MPHP Goals:

- Serve more professionals earlier;
- Maintain confidentiality with transparency;
- Achieve higher levels of recovery and safe return to work.



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Take Home Message:

- Discipline does not make an Ill professional well;
- MPHP contributes to public safety;
- MPHP preserves valuable resources;
- MPHP can intervene before the Board is involved;
- Working together we can make a big difference

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Substance Use and Abuse:



RECOVERY OPTIONS FOR MEDICAL PROFESSIONALS

Thank you for the opportunity to present to your Association. If you have any questions, please feel free to contact the MPHP at:

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