# Professional Assistance Program-NJ Presents: "Healthcare Professional Impairment"

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# Objectives

- Attendees will learn about Healthcare Professional Impairment
- How to Identify and Refer to Treatment
- Attendees will learn how impairing conditions are identified and treated
- How treatment plans are developed
- Attendees will learn the “benefits” of enrollment in the Program

# HISTORICAL DATA

- 1974 … AMA Council On Behavioral Health Published "The Sick Physician"
- Recommended The Development Of Committees And Programs To Address The Issue
- Recommended Legislation To Treat Rather Than to Punish The Sick Physician
- JCAHO MANDATE ... 1/1/01
- JCAHO MANDATE … 2/1/04

# THE PROGRAM

- Established as the PHP-MSNJ in 1982; now ***PAP-NJ*** … 1st Full time Program in US
- "Voluntary" Participants
- Evaluations; Treatment; Monitoring; & Advocacy; "Hospital Authorized Party"
- All Diseases/Disorders of Impairment
- Education and Prevention Programs
- NATIONAL REPUTATION
- **PAP Counseling Services** clients and family
- Buprenorphine Therapy

# PROGRAM MISSION

- To Provide A Means To ***Identify***, Evaluate, And ***Treat*** Healthcare Professionals Who May Have ***DISEASES OF IMPAIRMENT***
- To ***Protect The Public Safety***
- To Provide ***Expert Monitoring***
- To Document ***Recovery***
- ***De-Stigmatize*** Diseases Of Impairment

# DISORDERS OF IMPAIRMENT

- Alcohol Use Disorders
- Drug Use Disorders
- Psychiatric Disorders
- Disruptive Disorders
- Psychosexual Disorders
- Metabolic Disorders
- Physical Disorders
- Aging Difficulties
- Psychological Difficulties
- Litigation and other Stress Management
- Physician “Burn-out”

# REFERRAL SOURCES

- Colleagues
- Office Staff Personnel
- Residency Program Directors
- Professional School Deans
- Hospital JCAHO Committees
- Family Members
- State Licensing Boards (SBME)
- Attorney General's Office
- Out Of State Physician Health Programs'

# Behavioral Indicators of Professional Impairment

- Lies
- Academic dishonesty
- Refuses counseling when recommended
- Touches clients inappropriately
- Inappropriate boundaries
- Displays anger against specific gender, race, sexual orientation
- Misrepresents his or her skill level
- Sexually harasses clients / others
- Deficient interpersonal skills
- Difficulty receiving supervision
- Disruptive or dominating

# Clinical Signs and Symptoms of Co-Worker Impairment

- Strong Odor of alcohol or mouthwash, mints
- Hand tremors in the AM
- Excessive perspiration
- Sleeping or dozing off while at work
- Frequent absenteeism without notice; lateness
- Unexplained disappearances from work
- Confusion and memory loss
- Frequent bathroom breaks
- Volunteering for overtime or being at work unexpectedly
- Heavy drug wastes and or shortages
- Poor record keeping and medication errors

# AGE RELATED IMPAIRMENTS

- **Cognitive Impairment** …metabolic, organic, medication?
- **Cerebral Vascular Accidents** … motor, speech, cognitive
- **Longstanding Metabolic Effects** …hypertension, diabetes
- **Depression** … spousal death, retirement, financial worries
- **Dementia …** all causes
- **Physical Disability**

# THE PROCESS

- Initial Interview - “Face - To - Face”
- Review Of Referral Information
- Alcohol And Drug Use History
- Previous Drug And Alcohol Treatment History
- Psychiatric History
- Past Medical History

# THE PROCESS

- Legal History
- Family History
- Review All Pertinent Data
- Psychiatric Evaluation
- Comprehensive Medical Examination
- Neuropsychological Evaluation
- Random Urine Test

# DIAGNOSIS

- Compilation Of All The Data
- DSM-V Criteria For Substance Use
- DSM-V Criteria For Psychiatric Disorders
- Laboratory Test Results For Metabolic Disorders
- Results Of Psychometric Testing
- Psychosexual Evaluations (p.r.n.)

# TREATMENT PLANNING

- Selection Of Level Of Care … ASAM Criteria (ASAM-PPC 2)
- Referral To Appropriate Therapist (Experience with Healthcare Professionals)
- Monthly "Face To Face" Visits
- Random Urine Testing
- Provider Treatment Progress Reports
- Quarterly Reports to referral source

# TREATMENT WORKS

- Full Treatment Experience (Detoxification; Rehabilitation; Maintenance)
- General Population recovers @ 77% @ 1yr

- Physicians Recover @ 92 % @ 1 yr
- Detoxification & Rehab Only @ 33% @ 1yr
- Detoxification Alone @ < 10% @ 1 yr

# Treatment Outcome Comparisons

- Alcoholism … 50-70% abstinent
- Opioid Dependence … 50-80% abstinent
- Cocaine Dependence … 50-60% abstinent
- Nicotine Dependence … 20-40% abstinent
- Diabetes (relapse) … 30-50% stable
- Hypertension (poor control) … 50-60%
- Asthma (multiple ER visits) … 60-80%

**(Gaber, Davidson, 1992; McLellan 2002)**

# IMPAIRMENT REVIEW COMMITTEE

- Established By Regulations 1994
- A Committee Of The SBME
- 5 Voting Members : 2 State Board of Medical Examiners; 2PAPNJ; 1 Commissioner Appointee
- Reviews Each PAP Case By Code Number
- Enrolls Appropriate Cases Into **ARP**

# ALTERNATE RESOLUTION PROGRAM

- Allows For The Monitoring Of Physicians Without Formal Administrative Action
- Allows For Continued Monitoring Of Physicians In Recovery From Diseases Of Impairment
- Provides Opportunities For Physicians To Anonymously Seek Help For Their Illnesses Without Punishment

# ALTERNATE RESOLUTION PROGRAM

- Initial Reports And Follow Up Reports
- Revision Of Treatment Plans As Per Impairment Review Committee
- Discharge Or Release From Program After Five Years
- Allows For "No" Answers On Biennial License Renewal Applications

# IMMEDIATE REPORT OF RELAPSE

# Addiction Treatment Terminology

- **DSM-V & DSM-IV** Diagnosing for Psychiatric and Substance Use Disorders
- "**Dependence / Addiction"** (3 or more criteria)
- "**Abuse**" ( less than 3 criteria)
- "**Use Disorder"** ( no criteria are met for required previous 12 month period)
- ***"Slip"*** indicates short period of use; no patient endangerment; no return to previous level of use
- ***"Relapse"*** indicates a return to previous use pattern; prolonged period of time; risk of patient harm; noncompliant with recommendations
- ***"Use" does not equal "impairment"***

# SUMMARY

- Professional Assistance Program **(PAP)** … 1982 as PHP
- **Treatment Works**
- Impairment Review Committee **(IRC)**
- Alternate Resolution Program **(ARP)**
- **Treatment** And **Advocacy** While **Protecting The Public Safety**
- **" Hospital Authorized Party"** JCAHO
- Buprenorphine Induction Program
- **609-919-1660**

# Post Presentation Examination-1

- Healthcare impairment is caused by:
- A. Availability of prescription pads
- B. Sensitivity to alcohol and drugs
- C. Non-supportive spouses significant others
- D. Genetic and environmental stressors
- Patient responsibility overload

- Correct answer is D.

# Post Presentation Examination-2

- Reporting colleagues is risky because:
- A. Colleagues become liable for suits
- B. Doctor patient relationship supersedes
- C. Reporting requires evidence
- D. Reporting will destroy the colleague
- E. Failure to report is law

- Correct answer is E.

# Post Presentation Examination - 3

- Reports to the PAP results in:
- A. Immediate loss of license
- B. Notification to the licensing board
- C. Suspension from the Medical Staff
- D. Satisfies the duty to report
- E. Referral into residential treatment

- Correct answer is D.

# Post Presentation Examination-4

- Enrollment in the PAP:
- A. Allows the impaired professional to resume practice when cleared
- B. Will assure that the impaired professional will maintain their license
- C. Will give the licensee protection from accusers
- D. Will shield licensee from prosecution

- Correct answer is A.

# Post Presentation Examination-5

- Substance Use Disorders and Psychiatric Diagnoses are:
- A. Chronic and problematic
- B. Chronic and manageable
- C. Chronic and progressive
- D. Chronic and restrictive
- E. Chronic and destructive

- Correct answer is B.