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 \textit{Identify}, Evaluate, And \textit{Treat} Healthcare Professionals Who May Have \textit{DISEASES OF IMPAIRMENT}

• To \textit{Protect The Public Safety}

• To Provide \textit{Expert Monitoring}

• To Document \textit{Recovery}

• \textit{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; 2 PAPNJ; 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
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.
• 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.
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.