



# Physician Health Programs

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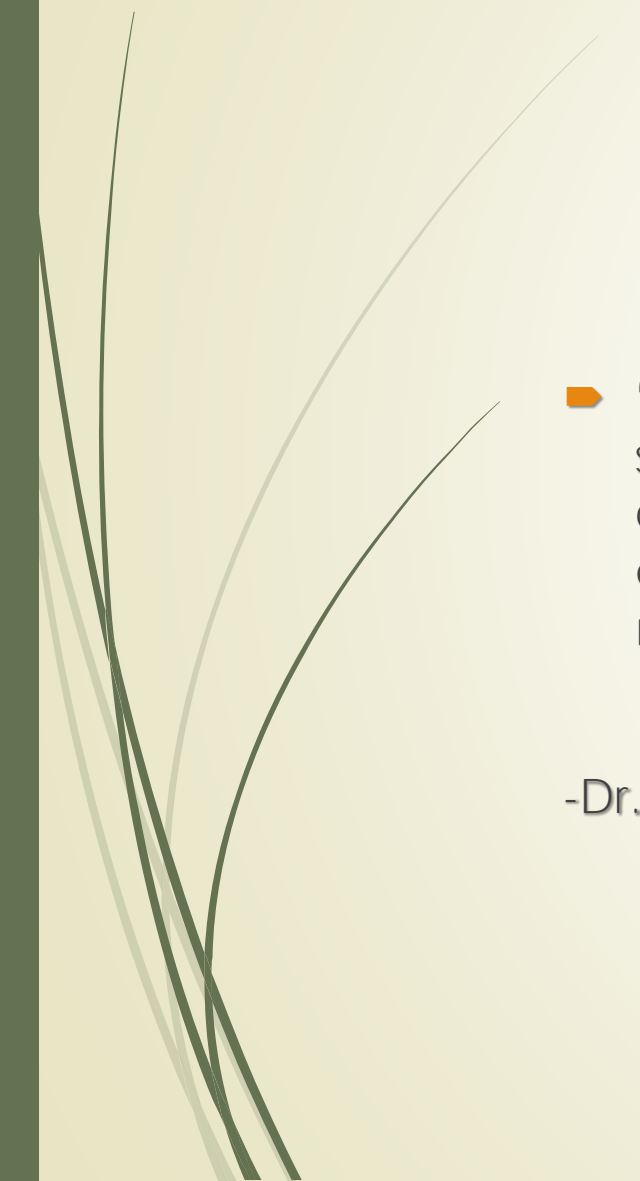
Board Certified in General and Addiction Psychiatry

DEA Diversion Conference 2019



# Disclosures

- ▶ Medical Director, Arizona Professional's Health Program (Greenberg & Sucher, PC)
- ▶ Instructor for Buprenorphine Waiver Course, funded by SAMHSA
- ▶ American Society of Addiction Medicine- member
- ▶ Arizona Society of Addiction Medicine- president
- ▶ Federation of State Physician Health Programs- member

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- ▶ "...All I know is that I was hooked after that night with an amphetamine-soaked joint and was to remain hooked for the next four years. In the thrall of amphetamines, sleep was impossible, food was neglected, and everything was subordinated to the stimulation of the pleasure centers in my brain."

-Dr. Oliver Sacks



# Physician Health Programs (PHP)

- ▶ The purpose of a PHP is to *guide* the rehabilitation of physicians, consistent with the needs of public safety.
- ▶ Of importance is screening/early identification, evaluation, treatment, monitoring, and earned advocacy, when appropriate, of licensees with potentially impairing illness(es).
- ▶ Ideally PHPs should provide services to both voluntary and board mandated referrals.



# Physician Health Programs (PHP)

- ▶ PHP's are true chronic disease management systems.
- ▶ An extended care model helps the individual internalize the chronic nature of their illness (requiring ongoing attention similar to other chronic conditions).
- ▶ Participants know their responsibilities because these are outlined in a monitoring agreement signed by the PHP and the physician participant.
- ▶ Monitoring can, under most circumstances, be cost effective- especially when compared with the costs associated with recidivism.



# What is Impairment?

- ▶ Impairment is the inability of a licensee to practice medicine with reasonable skill and safety as result of:
  - ▶ a. mental disorder
  - ▶ b. physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills
  - ▶ c. substance-related disorders including abuse and dependency of drugs and alcohol





# Illness vs. Impairment

- ▶ Physician illness and impairment exist on a continuum with illness typically predating impairment
- ▶ Illness is the existence of a disease
- ▶ Impairment is a functional classification and implies the *inability* of the person affected by disease to perform specific activities



# “Impaired Physician?”

- ▶ “Impaired Physician” is a pejorative misnomer that has had unintended consequences.
- ▶ Most often, these physicians suffer from a “potentially impairing illness.”
- ▶ Not all physicians who are ill will come to the attention of a state board.

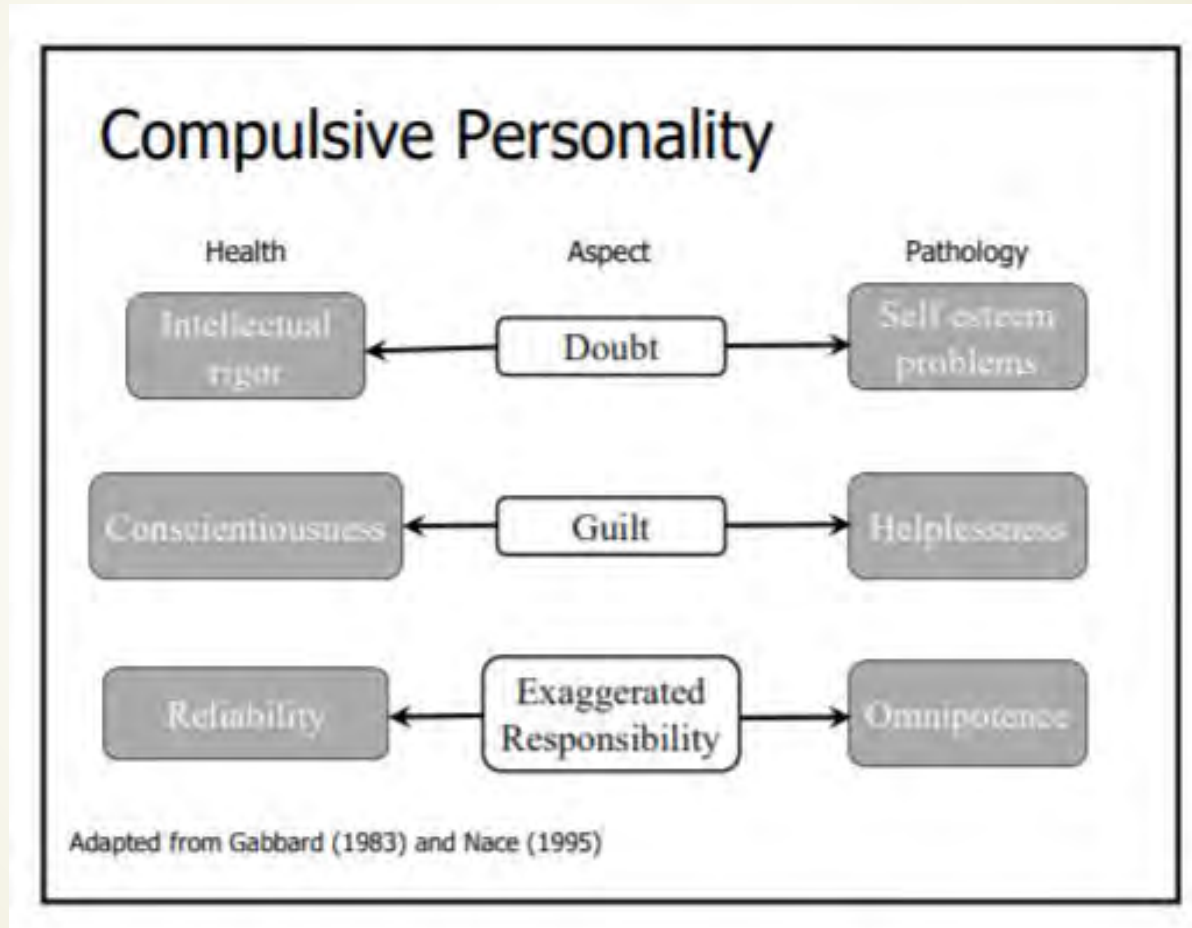




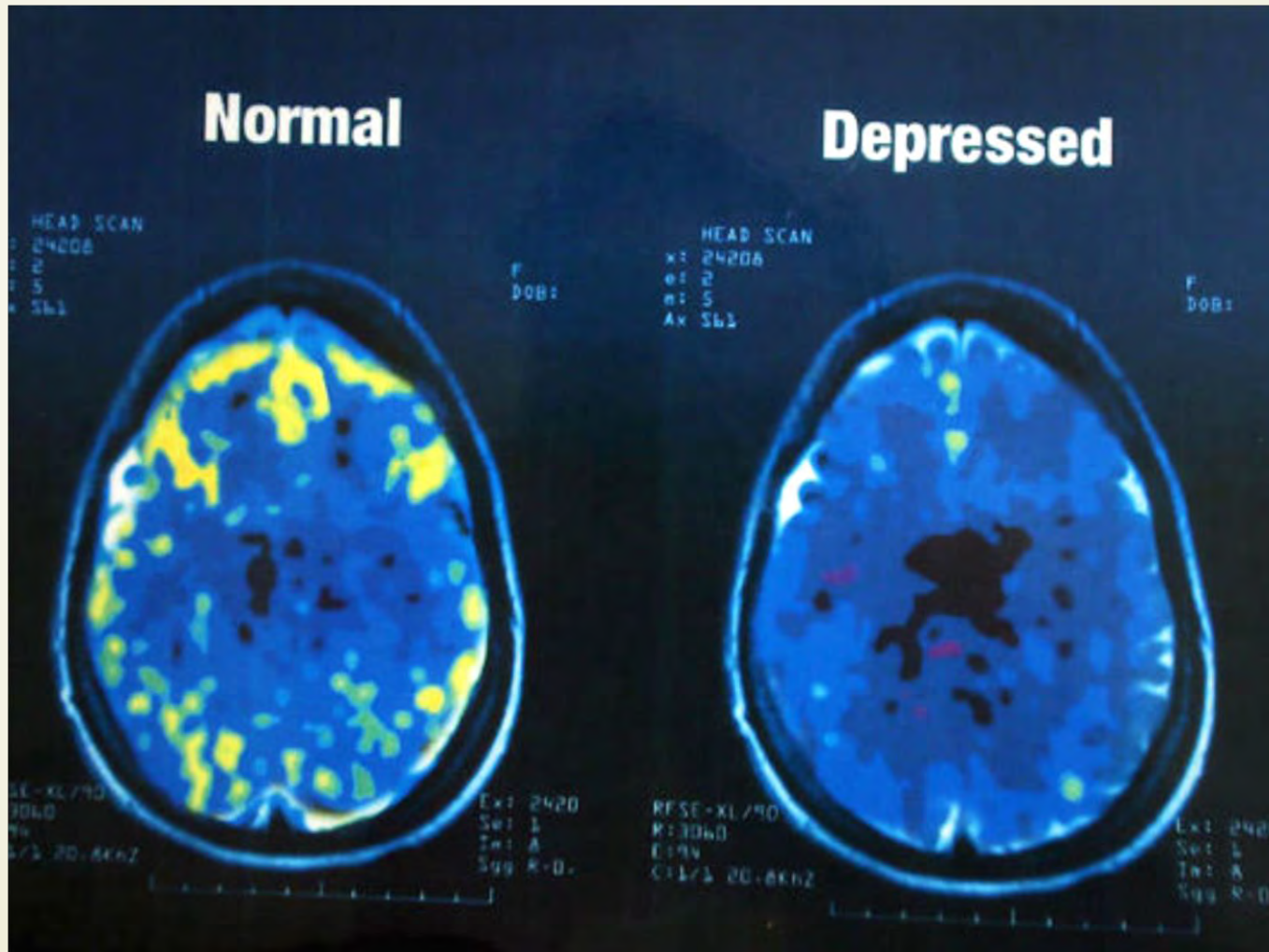
# Mental Illness

- ▶ Physicians suffer from depression, anxiety, adjustment disorder, bipolar disorder and psychosis at the same rates as non-physicians.
- ▶ Personality Disorders: Cluster B (i.e. Narcissistic Personality Disorder and traits) and Cluster C (i.e. Obsessive-Compulsive Personality Disorder and traits) are also commonly seen
- ▶ Schizophrenia is less likely secondary to time of symptom onset and impact on education.

# Mental Illness...



# Mental Illness...





# Mental Illness...

- ▶ Physicians reporting moderate to severe symptoms of depression are more likely to self-prescribe antidepressants than those with mild symptoms.
- ▶ In a recent study of female physicians representing all 50 states and the District of Columbia, only 6% of physicians with a formal diagnosis or treatment of mental illness had disclosed this to their state licensure board.
- ▶ Fear is number one reason physicians do not seek help for their mental illness (Fear of impact on career- being hospitalized, losing license to practice, losing hospital privileges, insurance certification)

- 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;43:51-7
- George, S., J. Hanson, and J.L. Jackson, Physician, Heal Thyself: a Qualitative Study of Physician Health Behaviors. *Acad Psychiatry*, 2014. *J Clin Psychiatry*, 2008. 69(4): p. 617-20.
- Hassan, T.M., et al., A postal survey of doctors' attitudes to becoming mentally ill. *Clin Med*, 2009. 9(4): p. 327-32.





# Mental Illness and Suicide

- ▶ Up to 85-90% of physicians who commit suicide had been suffering from some type of psychiatric disorder.
- ▶ Many physicians who commit suicide are never formally assessed or treated
- ▶ Many have relied on self-diagnosis and self-treatment

- Schernhammer, E., Taking Their Own Lives: The High Rates of Physician Suicide. *N Engl J Med*, 2005. 352:24
- Carr G. Physician suicide--a problem for our time. *J Miss State Med Assoc.* 2008b;49(10):308-12..

# Mental Illness and Suicide...

- ▶ Risk seems to be a combination of genetic, psychological and social predispositions

Highest risk: the presence of psychiatric illness

- ▶ Elevated risk of suicide begins as early as medical school (200 studies from 43 countries)

27.2% of medical students experience depression

About 11.1% report suicidal ideation

- ▶ The prevalence of suicide among physicians is genuinely higher than the general population. (Risk 70 percent higher for male and 250 to 400 percent higher for female physicians)

- Dyrbye, L.N., et al., Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med*, 2008. 149(5): p. 334-41.
- Rotenstein LS, Ramos MA, Torre M, Segal JB, Peluso MJ, Guille C, Sen S, Mata DA. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students: A Systematic Review and Meta-Analysis. *JAMA*. 2016;316(21):2214–2236. doi:10.1001/jama.2016.17324
- Hampton T. Experts Address Risk of Physician Suicide. *JAMA*. 2005;294(10):1189–1191. doi:10.1001/jama.294.10.1189





# Vulnerability

- ▶ Self-reliance, high expectations of self, and nondisclosure of personal distress.
- ▶ Personality Factors: Perfectionism, Narcissistic Traits
- ▶ Psychosocial factors: excessive occupational demands with lack of personal support, career dissatisfaction, debilitating/chronic illness and/or pain,
- ▶ Decreased access to care and quality treatment
- ▶ Substance use, especially self-prescribed benzodiazepines
- ▶ Burnout



# Burnout



- ▶ Burnout is a risk factor for substance use disorders, behavioral problems, mental illness, and suicide.
- ▶ Burnout is defined as a syndrome caused by chronic exposure to workplace stressors, resulting in mental and physical exhaustion, disengagement from patients, and a diminished sense of personal accomplishment or meaning in one's work.
- ▶ It is strongly associated with quality of care, medical errors, poor prescribing habits, patient compliance, patient satisfaction, and medical malpractice suits.

- Shanafelt T, Boone S, Tan L, Dyrbye LN, Sotile W, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med.* 2012;172(18):1377–85
- Dyrbye, L. N., Thomas, M. R., Massie, F. S., Power, D. V., Eacker, A., et.al. (2008). Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med,* 149 (5), 334–341



# Burnout...

- ▶ Shanafelt et al compared 2011 and 2014 surveys revealed burnout rates to be higher for all specialties. Nearly a dozen specialties increased greater than 10%, work/life balance satisfaction declined from 48.5 to 40.9%.
- ▶ Burnout was more prevalent when compared to the working population, even when adjusted for age, sex, hours worked, and educational level.
- ▶ A study of burnout among medical students suggested an association between burnout and suicidal ideation.
- ▶ 50% of medical students met criteria for burnout.

- Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600–13
- Dyrbye, L.N., et al., Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med*, 2008. 149(5): p. 334-41.



# Burnout: Maslach Burnout Inventory

- ▶ Maslach Burnout Inventory (MBI) Scale:

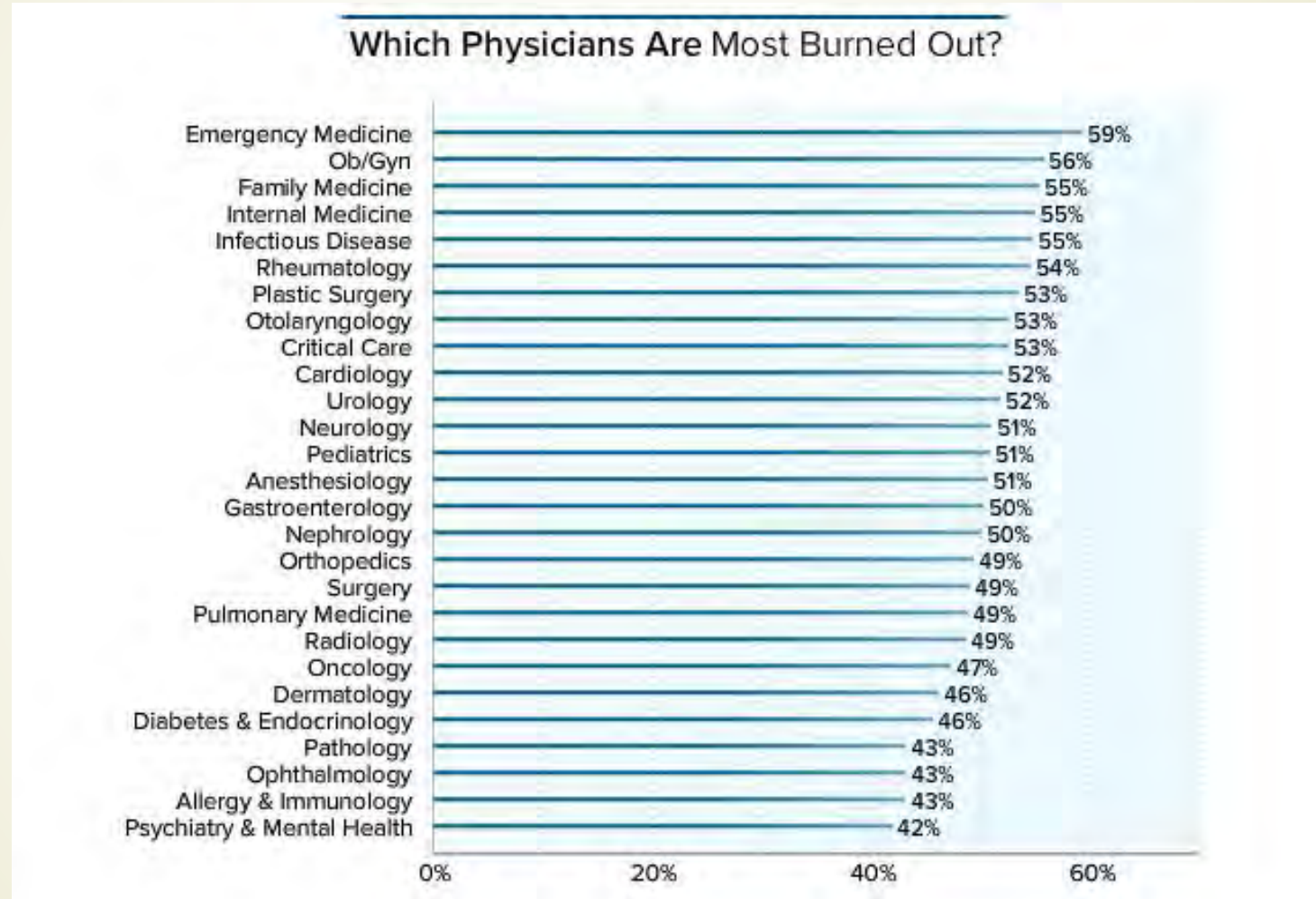
- 1) Emotional exhaustion: Loss of Enthusiasm for work
- 2) Depersonalization: Detachment and Cynicism
- 3) A low sense of personal accomplishment: Low sense of self-worth

# Burnout: Maslach Burnout Inventory...

| Item   |
|--|
| 1. I feel emotionally drained from my work.  |
| 2. I feel used up at the end of the workday.   |
| 3. I feel fatigued when I get up in the morning and have to face another day on the job. |
| 4. I can easily understand how my recipients feel about things.                          |
| 5. I feel I treat some recipients as if they were impersonal objects.                    |
| 6. Working with people all day is really a strain for me.                                |
| 7. I deal very effectively with the problems of my recipients.                           |
| 8. I feel burned out from my work.   |
| 9. I feel I'm positively influencing other people's lives through my work.               |
| 10. I've become more callous toward people since I took this job.                        |
| 11. I worry that this job is hardening me emotionally.                                   |
| 12. I feel very energetic.   |
| 13. I feel frustrated by my job.   |
| 14. I feel I'm working too hard on my job.   |



# 2017 Medscape Lifestyle Report







# Contributing Factors to Burnout

The “big 4” factors known to contribute to stress and burnout include:

1. Lack of control over work conditions.
2. Time pressure.
3. Chaotic workplaces.
4. Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders.



# Preventing Burnout:

## Personal:

- ▶ Develop awareness
- ▶ Regularly engage in self-care
- ▶ Build resilience
- ▶ Maintain engagement

## Organizational:

- ▶ Accept shared responsibility for burnout
- ▶ Elevate personal wellness to a core professional value
- ▶ Make wellness and satisfaction a quality outcome and incentivize it accordingly
- ▶ Muster the will to address burnout generators and ask for help
- ▶ Create opportunities for peer support and decrease isolation
- ▶ Nurture the brain through meditation and application of mindful practice



# Substance Use Disorders

- ▶ Primary substance of abuse and prevalence of psychiatric diagnoses among physicians with Substance Use Disorders:


Alcohol 50%

Opiates 35% (morphine, meperidine, hydromorphone, and fentanyl)

Other drugs 15%

Alcohol and drugs 31%

Substance Use Disorders and psychiatric diagnosis 48%



# Substance Use Disorders

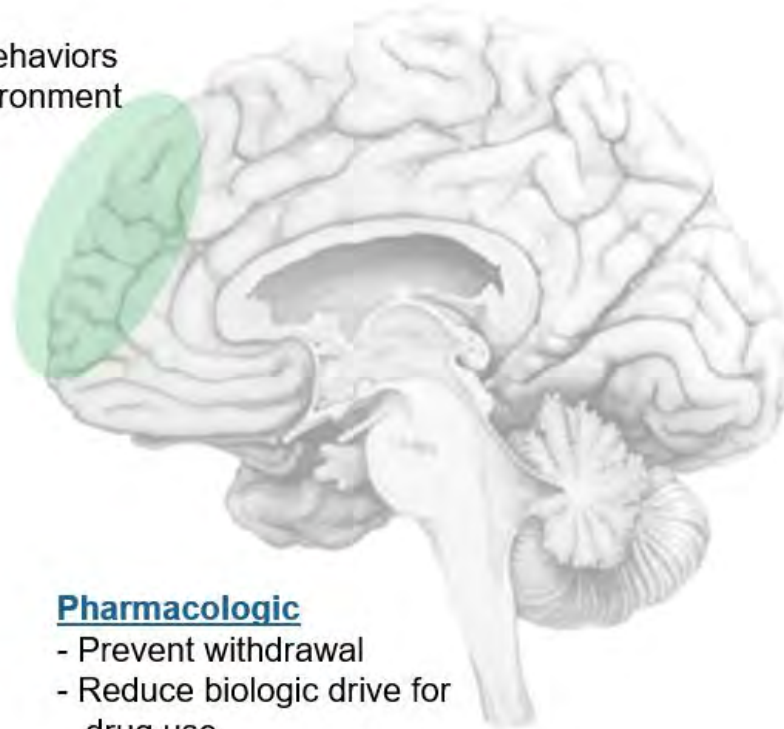
- 1) Taking the substance in larger amounts and for longer than intended to
- 2) Wanting to cut down or quit using the substance but not being able to do it
- 3) Spending a lot of time obtaining the substance
- 4) Craving or a strong desire to use the substance
- 5) Repeatedly unable to carry out major obligations at work, school, or home due to the substance use
- 6) Continued substance use despite persistent or recurring social or interpersonal problems caused or made worse by the substance use
- 7) Stopping or reducing important social, occupational, or recreational activities due to the substance use
- 8) Recurrent use of the substance in physically hazardous situations
- 9) Consistent use of the substance despite acknowledgment of persistent or recurrent physical or psychological difficulties
- 10) \*Tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (Does not apply for diminished effect when used appropriately under medical supervision)
- 11) \*Withdrawal manifesting as either characteristic syndrome of substance withdrawal and/or when the substance(s) are used to avoid withdrawal

2-3 criteria is required for mild, 4-5 is moderate, and 6-7 is severe substance use disorder.

# Substance Use Disorders

## Behavioral

- Learn new behaviors
- Manage environment



## Pharmacologic

- Prevent withdrawal
- Reduce biologic drive for drug use





# Process Addictions

- ▶ A compulsive activity or process of psychological dependence on a behavioral activity.
- ▶ The process consumes the attention of the individual to the exclusion of other aspects of the individual's life, and can be problematic or even impairing in itself.
- ▶ Examples include compulsive gambling, compulsive spending, compulsive video gaming, and compulsive sexual activity.





# Professional Sexual Misconduct

- ▶ Between 1989 and 1996 board disciplinary action for professional sexual misconduct increased over 250%.
- ▶ From 2003 to 2013, 1039 physicians were reported to the National Practitioner Data Bank for professional sexual misconduct.
- ▶ Recognized as physicians with underlying emotional/psychiatric issues including addiction, mid-life crisis, and/or mental illness such as depression, personality disorder, or some combination of these factors.



# Physical and Cognitive Illnesses

- ▶ Include issues such as metabolic disorders, seizures, auditory or visual deterioration, head trauma, cerebrovascular accident (CVA), neuromuscular disease, advanced arthritis, and neurological conditions.
- ▶ The American Medical Association (AMA) reports that the prevalence of dementia alone in individuals 65 and older is between 3 and 11%. Approximately 18% of physicians fall into this age group, (AMA) 2006.
- ▶ Neuropsychological testing may be necessary to assess visual-spatial, reactivity, reasoning, and calculation skills.



# Physician Health Programs (PHPs)

- ▶ PHPs address a wide range of conditions including mental illnesses, substance use disorders, physical and cognitive illnesses, and behavioral problems such as stress, burnout, sexual boundary issues, and disruptive physician cases.
- ▶ Potentially Impairing Illnesses Managed by PHPs:  
Addiction 100%, Psychiatric illness 85%, Behavioral 79%,  
Cognitive/physical illness 62% , Professional Sexual Misconduct >50% , Other 18%
- ▶ PHPs focus on earlier detection of potentially impairing conditions in an effort to support physician health and wellbeing.



# Physician Health Programs (PHPs)...

- ▶ Referrals received by PHPs:

Colleagues (20%), medical boards (21%), medical staff (14%), and other concerned parties (17%).

Physician self-referral accounts for about 26% of new PHP cases when a confidential track exists.



# Physician Health Programs (PHPs)...

- ▶ Perform an initial assessment and/or intervention if necessary
- ▶ Refer to a brief or comprehensive evaluation
- ▶ Refer to treatment and coordinate progress
- ▶ Following treatment, physicians enter into a contingency management contract with their state PHP
- ▶ Goals of the contract are to (1) create a system of accountability that ensures total abstinence and public safety, (2) support the physician into a sound recovery process, and (3) provide documentation of compliance and well-being.





# Example Contract for Substance Use Disorder

- ▶ Abstinence from alcohol and unauthorized mood-altering substances
- ▶ Random toxicology screening, including observed urine collections
- ▶ Psychosocial support groups, such as 12-step meetings, peer support meetings
- ▶ Workplace monitors in place based on case-specific needs
- ▶ Management of Level I-III relapse





# Arizona Professional's Program

- ▶ Participants with a substance use disorder primarily involving:
  - Alcohol: 50%
  - Opiates: ~12%
  - Stimulants: 5%
- ▶ Participants with a substance use disorder of > 1 substance: ~30%
- ▶ Participants with contracts due to mental health condition: 5%



# Arizona Professional's Program

- ▶ Participants on a 2 year track (mild substance use disorder, psych)

-10%

- ▶ Participants on a 5 year track (moderate to severe substance use disorder)

-80%



# Warning Signs:

- ▶ Decreased performance at work
- ▶ Increase in time spent at work
- ▶ Change in diet or appearance
- ▶ Frequent absences
- ▶ High incidence of illness or injury
- ▶ Slurred speech or tremors
- ▶ Difficulty walking
- ▶ Sexual promiscuity
- ▶ Smell of alcohol
- ▶ Heavy drinking at events
- ▶ Law enforcement troubles
- ▶ Excessive sweating
- ▶ Increased anxiety, defensiveness, depression or disruptive behaviors
- ▶ Mood swings
- ▶ Interpersonal work conflict
- ▶ Isolation at work
- ▶ Withdrawal from social settings with colleagues
- ▶ Patient complaints
- ▶ Unusual drug orders
- ▶ Lack of coordination
- ▶ Memory impairment



# Arizona Professional's Program

► Call or email:

Arizona Professional's Health Program

(480) 990-3111

<http://azphp.net/>

Arizona Medical Board

(480) 551-2700

<https://www.azmd.gov>

Contact:

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# Resources:

- ▶ Maslach Burnout Inventory (Maslach, 1997)
- ▶ Physician Well-Being Index (Dyrbye, 2013, 2014)
- ▶ AMA STEPS Forward modules, Mini Z instrument  
<https://www.stepsforward.org>
- ▶ Arizona PHP: [www.greenbergandsucher.com](http://www.greenbergandsucher.com)
- ▶ Schwartz Rounds, The Schwartz Center for Compassionate Healthcare  
<http://www.theschwartzcenter.org/>
- ▶ Stanford, The Center for Compassion and Altruism Research and Education  
<http://ccare.stanford.edu/>