



**PROF FASTONE
GOMA**



USE OF TECHNOLOGY & INNOVATION IN STRENGTHENING GOVERNANCE AND REGULATION

HOW DO WE BECOME SMART REGULATORS

MANAGING IMPAIRMENT OF HEALTH PRACTITIONERS

IMPAIRED PHYSICIAN

- “one unable to fulfil professional or personal responsibilities due to psychiatric illness, alcoholism or drug dependency.”
- *Diagnostic and Statistical Manual of Mental Disorders*, drug dependence is a maladaptive pattern of substance use leading to clinically significant distress or impairment.
- Individuals are considered to be **drug dependent** when three or more of the following behaviours exist within the same 12-month period:
 - Tolerance,
 - Withdrawal
 - The drug is taken in larger quantities or over a longer period than was intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control use.
 - A significant amount of time is spent in obtaining, using, or recovering from use.
 - Important social, occupational, or recreational activities are reduced or stopped because of use.
 - Use continues despite adverse consequences.



PREVALENCE OF PHYSICIAN IMPAIRMENT

- Approximately 10- 15% of physicians will be impaired at some point in their careers.
- Physicians have similar rates of impairment compared with other professionals,
 - ***Factors in their background, personality, and training may contribute and predispose them to drug abuse and mental illness eg strong drive for achievement, exceptional conscientiousness, and an ability to deny personal problems.***
- Healthcare professionals have higher rates of abuse with benzodiazepines and opiates.
- Specialties with higher rates of drug abuse
 - Anaesthesia, emergency medicine, and psychiatry
- Identifying impairment is often difficult because the manifestations are varied and physicians will typically suppress and deny any suggestion of a problem.
- Untreated impairment may result in loss of license, health problems, and even death.
- Once identified and treated, physicians often do better in recovery than others and typically can return to a productive career and a satisfying personal and family life



PSYCHOPATHOLOGY OF IMPAIRED PHYSICIANS

- Physicians referred to a Physician Health Program (PHP) had significantly higher odds of abuse/dependence disorders for cannabinoids and cocaine/crack compared with a matched general population sample that had ever sought treatment for substance use, even though physicians were less likely to report use of those substances.
- Although the rate of alcohol use was similar between the 2 populations, physicians had higher odds of abuse/dependence for opiates, sedatives, and alcohol.



PHP's vision is “a healthy, connected, and resilient **physician community**”.

- **Institutional, local, and state-wide impaired-physician programs** are required for the active treatment and rehabilitation of impaired healthcare professionals.
- These programs ought to be designed to also assist the clinician with re-entry into clinical practice.
- Rarely should punitive action be taken when the healthcare provider undergoes successful treatment and ongoing follow-up management.
- Overall recovery rates for impaired healthcare professionals seem to be higher compared with other groups, particularly with intensive inpatient management and subsequent follow-up care.



SYMPTOMS AND SIGNS OF SUBSTANCE USE DISORDER

- **Work-related symptoms,**
 - Late to appointments; increased absences; unknown whereabouts, Unusual rounding times, either very early or very late, Increase in patient complaints
 - Increased secrecy, Decrease in quality of care; careless medical decisions, Incorrect charting or writing of prescriptions, Decrease in productivity or efficiency
 - Increased conflicts with colleagues, Increased irritability and aggression, Smell of alcohol; overt intoxication; needle marks
 - Erratic job history



SYMPTOMS AND SIGNS OF SUBSTANCE USE DISORDER

Problems at home:

- Withdrawal from family, friends, and community, Legal trouble (ie, driving while under the influence), Increase in accidents
- Increase in medical problems and number of doctor's visits, Increased aggression, agitation, and overt conflict
- Financial difficulties, Deterioration of personal hygiene
- Emotional disturbances such as depression, anxiety, and mood instability



PHP

The Physician Health Program (PHP) supports physicians, residents, medical students, physician assistants and clinical assistants who need to prioritize their personal health, while continuing to provide safe and effective care to patients. Our goal is to keep registrants working or enable them to return to practice as soon as it is safe to do so. The program is safe, confidential, and non-punitive.

- **SAFE:** We strive to provide a place where registrants feel safe acknowledging they require support.
- **CONFIDENTIAL:** Any involvement and information shared with the program is kept private.
- **NON-PUNITIVE:** The PHP is non-punitive. The focus is on enabling participants to maintain practice and to support rehabilitation



INTERVENTION AND ROLE OF “PHYSICIAN HEALTH PROGRAMS”

- The goal of an intervention is to break through the addicted physician's denial and arrange for treatment.
- It is a colleague's ethical duty to act immediately to intervene. The best approach is usually to contact a Physicians Health Program (PHP),⁵ rather than the Regulator, and to report the suspected addicted physician.
 - Contacting a PHP can be done anonymously and is usually better than trying to confront the individual
 - Impaired physicians cannot be allowed to continue to put the lives of their patients at risk through negligence, misconduct, or avoidable harm.
 - The PHP arranges for a comprehensive assessment to establish a definitive diagnosis of an SUD or any other significant psychiatric or medical illnesses.
 - The PHP can help arrange for an intervention by facilitating the selection of a team including family members, peers, friends, supervisors, or clergy to confront the physician.



INTERVENTION AND ROLE OF “PHYSICIAN HEALTH PROGRAMS”

- PHPs, usually sponsored by state medical societies, help identify impaired physicians and then to be intimately involved in evaluation, treatment, and monitoring.
- They also serve to protect the public from impaired physicians as well as to help the impaired physician achieve sobriety.
- If an impaired physician voluntarily seeks treatment and monitoring, the PHP can then advocate for the physician before the Regulator.
- If physicians is reported to the Regulator they are then required to have a formal disciplinary relationship with the board and are in greater danger of license suspension and revocation.



REFERRAL TO PHP – SELF- REPORTING

- Dissemination of information about availability of mental health services should be thorough.
 - (You are encouraged to seek help and engage in care to support your health and wellness on a regular basis.)
- Early reporting can be preventative and avoid added complexities that arise in the middle of a crisis.
- Every referral is handled with compassion, discretion, and a focus on the humanity of the individual.
 - *“Our involvement is customized to support you in your unique situation”.*
 - *“PHP helps you prioritize your health to get the support you need to continue practicing safely”.*
- There are several ways to self-report your health concern:
 - Phone: *****/Email: *****/Confidential fax: *****
 - On Annual Renewal
 - When you report a change in your practice or registration status



REFERRAL TO PHP – REFERRALS

Referrals can be made to the PHP by anyone and are commonly received from:

- Colleagues (ALL registrants are required to report)
- Other health professionals or care team
- Patients
- Family members
- Information received from Investigations departments
- Employers or health authorities
- The training institutions



WHAT TO DO IF COLLEAGUE IS UNWELL

- **The Privilege of Self-Regulation** | *The regulatory body of the medical profession is guided by the responsibility to protect the public.*
- To preserve the privilege of self-governing the profession, it is essential that registrants report issues that are causing impairment in practice whether it is about yourself or another colleague
- As physicians, the **Standard of Practice for Duty to Report Self, Colleagues, or Patients** states that you must report any health issue that could cause impairment.
- The PHP aspires to create a safe culture of reporting by practicing the following:
 - Disclosures are handled with maximum discretion and confidentiality; the identity of the reporting registrant is not shared.
 - All disclosures are intended to support and assist the registrant in getting the help they need.
 - You do not need to have hard facts or conduct an investigation of your own before reporting your concern.
 - Disclosures do not result in punitive action for you or the registrant that you report.



HOW CAN THE “PHP” HELP?

- While the program may not provide direct care, it may connect registrants with the appropriate care.
- Providing guidance for setting boundaries within the practice environment to support optimal well-being.
- Providing formal direction to employers/health authorities regarding recommended work hours, call frequency, volume of shifts, etc.
- Formal agreements to support abstinence and recovery.
- Collegial support and encouragement.



DISPOSAL OF REPORTED CASES

Regardless of whether they are self-reported or referred, depending on the nature of the health concern, a few different outcomes are possible:

1. No formal follow-up required (file closed).
2. Planned follow-up linked to an expected change in condition.
3. Additional conversation with Assistant Registrar, the program director and coordinator.
4. A formal relationship with the “Physician Health Program”



REFERRAL FOR PROFESSIONAL ASSESSMENT

1. Information or documentation of a medical condition that impairs the ability to practice medicine with reasonable skill and safety.
2. Information or documentation of excessive use of alcohol or other potentially impairing drugs, regardless of addictive potential (e.g., antipsychotics, anticholinergics, anticonvulsants, hallucinogens, stimulants)
3. Sufficient indications of current alcohol or other drug use that may include positive toxicology results for substances that are not prescribed by a treating healthcare professional. 15 American Society of Addiction Medicine,
4. Behavioral, affective, cognitive, or other mental problems that raise reasonable concern for public safety.
5. Information or documentation of psychiatric illness or substance use disorder that impairs the ability to practice.



TREATMENT

- **Abstinence** is always the final goal if the physician hopes to return to practicing medicine. No other option is suitable in light of the physician's level of responsibility for the lives of his or her patients. Once evaluated, physicians are given the level of care that matches their need—either an inpatient residential setting or an outpatient program. Given the severity of a majority of SUD cases reported, most physicians require the inpatient residential setting. Treatment of an impaired physician might consist of any or all of the following options:
- *Detoxification/medical stabilization*: This is for patients in active withdrawal or who have concurrent medical issues.
- *Inpatient residential setting*: These programs typically specialize in treating impaired physicians. Maximum confidentiality and privacy are the standards.
- *Rehabilitation*: This occurs in an outpatient setting. Ongoing treatment includes group psychotherapy, individual psychotherapy, 12-step programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), relapse prevention, psychotropic stabilization, and alternative therapies such as yoga, meditation, relaxation training, and exercise



CONTINUE TO PRACTICE DURING TREATMENT?

- Decisions about whether it is safe to practice while receiving MOUD should include the following considerations:
 - The potential for cognitive impairment alone or in combination with other medications
 - The potential for misuse or diversion of the medications
 - The presence of co-occurring illness
 - The relative importance and availability of complementary psychosocial treatments
 - The feasibility of monitoring by a PHP or other physician expert with experience and expertise in the treatment and monitoring of physicians with SUD



FOLLOW-UP

Most PHPs monitor addicted physicians for 5 years, which includes the monitoring of bodily fluids (ie, toxicology screens), ongoing treatment, and their performance when they return to practicing medicine.

- Many programs have demonstrated recovery rates of up to 90 percent, which is likely due to close monitoring and also to highly motivated physicians who have a tremendous amount to lose professionally and personally if they relapse. Although many physicians are grateful for assistance with their SUD, they may feel intense guilt and shame. Others might resist treatment, despite the need, and will feel enraged that their right to practice medicine has been suspended or revoke



RELAPSE & NON-ADHERENCE

- **Relapse:** A process in which an individual who has established disease remission experiences recurrence of signs and symptoms of active addiction, often including resumption of the pathological pursuit of reward and/or relief through the use of substances and other behaviors.
 - Often disengagement from recovery activities.
 - Relapse can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits.
- **Non-Adherence:** Substantive non-adherence is a pattern of non-adherence, dishonesty, or other behavior that compromises the integrity of PHP continuing care monitoring, or an episode of non-adherence which could place patients at risk.



IMPAIRED HEALTH PRACTITIONERS COMMITTEE

- To establish mechanisms and procedures for the early identification of impairment in practitioners
- Develop a system of dealing with health matters pertaining to practitioners registered with the Council, to assess and investigate alleged impairment and to manage impairment in practitioners
- Recommend for the appointment of the investigations committees.....
- Receive complaints regarding alleged impairment
- Recommend for cancellation of practicing license or suspension from practice to the disciplinary committee
- Consider reports from a rehabilitation specialist
- Recommend restoration on the register
- Develop performance assessment guidelines for early detection of impairment
- Consider appeals from practitioners found to be impaired.



IMPAIRMENT OF HEALTH PRACTITIONERS.....

- Take this matter seriously and treat with urgency



THANK YOU FOR LISTENING

