Physician Monitoring & Support

- The Post-Diversion Era
- Boldly we go...
- What exactly is it we are supposed to do?
- What elements should be included in a monitoring agreement?
- What can the PWBC expect from a monitoring program?

Learning Objectives

- Understanding the components of Monitoring
  - What it is and what it is not!
- Groups
- Random Testing
- Case Management
- Benefits
Monitoring Element #1 – Health Support Groups!

What Are Professional Support Groups?
- Professionally facilitated
- 8 to 12 peers per group
- 90 minutes in length
- Twice weekly for the first 24 months, then once weekly
- Incredibly supportive, but fearless in addressing denial
- Filled with peers who have been there and can truly offer “Experience, Strength and Hope”
- Monitoring can take place for 1.5 to 3.0 uninterrupted hours per week. Both a professional and peers interact face-to-face and may detect subtle changes in attitude
- Encourage participants to participate in outside recovery activities
- Nuts-and-bolts help with common issues, including: Returning to work, self disclosure, legal concerns, balancing recovery, family & work demands
- Repeatedly named the MOST important part of the participant’s early recovery regimen

Why Use Professional Support Groups?
- Education / Prevention / Treatment / Monitoring
- Provide peer support group network
- Reduce isolation, shame
- Confront denial
- Counteract enabling by family and worksite
- Offer education about addiction, mental illness, etc.
- Provide peer and facilitator norms and standards
- Offer individual focus and feedback in a way not possible in 12-Step setting (cross talk!)
- Support rigorous engagement with recovery activities
- Increase quality of patient care, decrease risk
- Encourage self-care and life-in-balance
- Give opportunity for self-reflection and personal growth
- Allow confrontation of “M.Deity” issues

Groups Offer
- Hope
- Sense of Belonging
- Opportunity to see peers/colleagues express vulnerability
- Place to explore ‘stuck points’
- Model for deeper, more honest interpersonal relationships
- Social skills practice arena
- Exploration of deeper issues, such as: family-of-origin, current family functioning, parenting, divorce, hospital/colleague/patient issues, past traumas, “bad outcomes,” legal problems, dating, engagement in 12-Step activities, work stressors, etc.
What happens without group?
• Lack of Peer Confrontation of resistance leads to increased self-righteousness, unwillingness to follow directions of WBC or others
• Lack of peer support and modeling fails to address the, “Don’t they know who I am!” syndrome...
• Individual therapy cannot address these concerns as effectively as groups
  • One-on-one confrontation easily becomes a power struggle
  • “He knows what he needs to explore” is an ineffective strategy when Denial is the primary defense
• Important personal, professional and family issues remain unexamined, unresolved
• Likelihood of Relapse is significantly higher

Why NOT REFER JUST TO 12 STEP GROUPS?

<table>
<thead>
<tr>
<th>Health Support Groups</th>
<th>12 Step Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Run by Licensed facilitator with experience dealing with addiction &amp; physicians</td>
<td>A. No facilitator – group member run</td>
</tr>
<tr>
<td>A. 1 to 2 times weekly, with the same group members in attendance</td>
<td>A. No Therapy – Support only</td>
</tr>
<tr>
<td>A. Attendance mandatory &amp; confirmed</td>
<td>A. No attendance required</td>
</tr>
<tr>
<td>A. All group members must participate</td>
<td>A. No participation requirements</td>
</tr>
<tr>
<td>A. Sobriety monitored / required</td>
<td>A. No Monitoring – only requirement “a desire to stop drinking”</td>
</tr>
<tr>
<td>A. Long term sobriety always in attendance</td>
<td>A. No “Cross Talk” means no confrontation, feedback</td>
</tr>
<tr>
<td>A. Other MD/DOs able to address professional impairment and denial</td>
<td>A. Most physicians do not disclose their work issues</td>
</tr>
<tr>
<td>A. Anonymity means no reporting or evaluation of participation is possible</td>
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<td>A. Historically, 75% or greater five year success rates</td>
<td>A. Less than 10% success at 1 year</td>
</tr>
<tr>
<td>A. Change &amp; growth professionally monitored for progress</td>
<td>A. No monitoring of progress</td>
</tr>
<tr>
<td>A. Specific Topics / Issues for MD’s</td>
<td>A. Not interested in occupational issues</td>
</tr>
<tr>
<td>A. Privacy vs. openness about recovery (at work, AA, community settings)</td>
<td>A. Shame &amp; guilt prevent physicians from disclosing practice concerns publicly</td>
</tr>
<tr>
<td>A. Training to always be right</td>
<td>A. Training to place work above self – need for balance</td>
</tr>
<tr>
<td>A. Access to Rx’s, Meds @ work</td>
<td>A. Training to place work above self – need for balance</td>
</tr>
<tr>
<td>A. M.D./A.D. – definition of ego</td>
<td>A. Training to place work above self – need for balance</td>
</tr>
<tr>
<td>A. Office / Hospital concerns</td>
<td>A. Training to place work above self – need for balance</td>
</tr>
<tr>
<td>A. Privacy Vs. Openness about recovery (at work, AA, community settings)</td>
<td>A. Training to always know what to do</td>
</tr>
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Why Not Refer Just to 12 Step Groups?

**Health Support Groups**

- Professional Peer Support and Understanding of Issues:
  - Denial
  - Minimizing
  - Intellectualizing
  - Terminally Unique
  - Shame, Grief & Loss
- Unique Opportunity for Personal Growth and Professional Involvement
- Confrontation and Support from respected colleagues far more effective
- "Your best thinking got you here..." can be addressed with compassion and empathy

**12 Step Groups**

- Lay Support only

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**Monitoring Element #2**

Random Testing!

- Daily Check-in System via Internet or Telephone
  - Part of accountability and monitoring
- Observed testing of all collections reduces cheating
- Collection sites throughout the United States
- Testing can include urine, hair and blood
  - The 'right' panel for the specific drugs needing to be monitored
- Comprehensive panels can be mixed and matched
  - Saves the participant money, while insuring unreported alcohol/drug abuse does not go undetected

- Proven, tested and reliable vendors
- Medical Review Officer (MRO) services available
- Split Specimen obtained for second lab processing when needed
- Cost Effective

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**Monitoring Element #3**

Case Management

- Set-up & establish Monitoring Agreement elements
- Set-up & monitor agreement and reporting from:
  - Worksite Monitor
  - Treatment Professionals (physicians, psychiatrists, therapists, etc.)
- Set-up & monitor compliance with daily check-ins and random testing protocols
  - Vacation Requests
  - Special Needs – For Cause Testing
- Monitor compliance with Aftercare recommendations and requirements established by PWBC & Monitoring Program
  - 12 Step Meeting verification
  - Regular contact with participant and Group Facilitator
  - Quarterly Reports to PWBC & other "Concerned Entities"
- Daily monitoring of testing results and urgent reporting of positive results and/or missed tests to designated entities
- Documentation of Compliance / Non-Compliance issues
Why shouldn’t the PWBC Provide Support & Monitoring for Impaired Physicians?

Would it be a conflict of interest to provide services to the physician and also serve the best interests of the hospital?

- Can you provide support and enforce discipline for non-compliance if required?
- Can you confront physician’s attitudes and subtle relapse indicators?

Can you offer intensive weekly monitoring, case management, accurate documentation, and the vital group support?

- Do you want the responsibility for managing a random, monitored UA screening system?
- Do you have the time, energy and resources to provide such services?
- Are you comfortable inquiring into the physician’s most private life details, concerns and issues?
- Is the physician comfortable disclosing these details to colleagues at work?

Why should a PWBC Require a Physician to Participate in a Professionally Run Support & Monitoring Program?

- Physicians can be monitored by an experienced and specialized third party, not involved in hospital business
- Emphasis is on Recovery, so that physicians avoid legal actions and keep working
- Takes PWBC out of primary role of managing recovery tasks and responsibility for rigorous and effective monitor – keeps PWBC in supportive role intended
- Participants engaged in Health Support Groups are supported in ongoing development of healthy self-care skills & personal growth – NOT just abstinence
- Statistics on staying sober without outside monitoring and support for even one year are very grim (<15%)
- Primary treatment is important, but current statistics show <10%-15% of those entering inpatient treatment will be sober even 1 year later!
- 12 Step groups are extremely important and useful for long-term recovery, but current statistics show <10% of those attending AA or NA for the first time will remain sober for even 1 year
- Current political claims notwithstanding, since 1980 > 75% of all California Diversion Participants successfully completed the program with 3 to 5 years sobriety!

Professional Support & Monitoring Services offer the physician the best possible chance for successful, long-term recovery!

Goals for Alternative Physician Support & Monitoring Program:

- Confidential
- Individualized
- Need-based
- Time In Recovery – 5 years as a national standard
Minimum Requirements for Alternative Physician Support & Monitoring Program

1. Individualized services based on need and level of risk
2. Services provided by experienced professionals
3. Professionally facilitated weekly Health Support Groups run by licensed individuals, experienced working with physicians
4. Regular telephone, email and on-site contacts (per agreement)
5. Track 12-Step attendance and participation in program of recovery
6. Promote ongoing recovery in 12-Step
   - Home Group
   - Signed Meeting Cards (1–2 years, possibly longer)
   - 12-Step Sponsor with at least 5 years in recovery
   - Have a service commitment
   - Sponsor Others
7. Confidential and convenient chain-of-custody drug/alcohol testing with prompt results and MRO services available

Minimum Requirements for Alternative Physician Support & Monitoring Program

8. Referrals for various levels of treatment and outside professionals –
   - Inpatient, Outpatient Treatment
   - Evaluations & Treatment: Psychiatry, Addiction Medicine, Psychological
   - Individual psychotherapy
   - Practice Consultants
9. System of accurate documentation and timely reporting to requested entities
10. Regular telephone, email, or in-person contact with worksite monitors, outside treatment providers, referring entities (per agreement / releases)
11. Affordable services, paid for by participant each month
12. Safe, collaborative, supportive environment
13. Confidentiality maintained
14. A proven record of dependable service
15. FSPHP Standards understood and addressed

An Impaired Physician? Simply IMPOSSIBLE!

Without a plan, NOBODY wants to notice a colleague who needs help! Fear, Denial, Avoidance and Uncertainty can lead to Institutional Enabling...
Case Study

- **Doctor Bob**
  - Smelled of alcohol – maybe, we think...
  - Patients and colleagues love him!
  - Highly respected...
  - “Just drinking at night to help me unwind and get to sleep”
  - What should we do?

Discussion

- What we can learn from Dr. Bob
- Best practices
- Guidelines & Policies
- Without someplace to go, we end up going no place?
- Take-aways

Summary

- Have a Plan
  - You will encounter potentially impaired physicians whether you plan to or not!
- Set realistic expectations
  - Recovery is a process, not a one-time event
  - This is a potentially relapsing illness – and very patient...
  - It takes a team to monitor a recovering person
- Keep your eye on the goal
  - Alternatives to Board referrals when possible
  - Prevention/Early Detection of Relapse when it occurs
  - Reliable, proven providers and resources
  - Meeting National Standards
  - Dealing with the problem, not sending it underground...
  - The greatest threat to patient safety comes from those NOT being monitored
Resources

- Francine Farrell, LMFT, CADC-II
- www.francinefarrell.com
- Pacific Assistance Group
  - www.pacificassistancegroup.net
- Federation of State Physician Health Programs
  - www.fsphp.org
- National Organization of Alternative Programs (NOAP)
  - www.alternativeprograms.org

Treatment Centers - Resources:
For Comprehensive Evaluations & Treatment

- The Betty Ford Center (Rancho Mirage, CA)
  - Licensed Professional Treatment Program
  - 30 to 90 days - typical stay for physician is 90 days
  - (888) 434-7365

- Hazelden – Springbrook (Newberg, Oregon)
  - Licensed Professional Treatment Program
  - 30 to 90 days - typical stay for physician is 90 days
  - (866) 866-4662

- Talbot Recovery Campus (Atlanta, Georgia)
  - Impaired Professionals Program
  - 30 to 90 days - typical stay for physician is 90 days
  - (800) 742-9317

QUESTIONS?

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