

Monitoring – An Overview

Prepared by CPPPH for
Regional Workshop
San Diego
September 20, 2014

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Objectives

After participating in this session, you should be able to structure monitoring agreements

- That are in line with the “community standard” as represented by state and national guidelines;
- That are, and remain, appropriate to the clinical situation of the patient; and,
- That contribute to the long term therapeutic benefit of the patient.

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Definition of Monitoring

The process of gathering, compiling and evaluating different kinds of information over time for the purpose of documenting a person’s compliance with certain goals.

California Medical Association Guidelines for Physician Well-Being
Committees: Policies and Procedures On-Call Document #1240

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Purpose of Monitoring

- To create structure around a person to assist him/her in adhering to goals until he/she has regained the capacity to provide that structure and insurance him/herself
- To document the person’s status: to provide a paper trail that allows others to see and judge for themselves



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Types of Monitoring

- ⊙ Monitoring is an element in the management of any situation, whether the issue/condition/problem is
 - ⊙ -- substance use / addiction
 - ⊙ -- disruptive behavior
 - ⊙ -- mental health
 - ⊙ -- physical health
 - ⊙ -- other

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Monitoring Agreement


- ⊙ In a monitoring agreement, the physician agrees to comply with requirements for:
 - Evaluation as requested
 - Completion of initial treatment
 - On-going treatment/counseling
 - Facilitated monitoring groups
 - Drug testing
 - Regular face to face contact with a knowledgeable and approved observer
 - Reports made to the coordinator of monitoring

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But....monitoring is

- Costly
- Burdensome
- Frustrating
- Demanding of everyone's full attention, participation and cooperation
- Hard to fit into your life when you have other responsibilities

And ... it goes on for a long time.




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For How Long?

FSPHP Guidelines

- 5 years minimum to support recovery from addictive illness
- 1-2 years minimum for substance abuse (not substance dependence) if no additional concerns are raised during the monitoring period
- 1-2 years for diagnostic purposes when there has been a significant incident involving drugs/alcohol




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FSPHP Guidelines (cont.)

- 1-5 years to support recovery from mental illness
- Physicians in a PHP to support recovery from mental illness should be monitored for a period of time commensurate with the mental illness as determined by the treatment providers, typically 1-5 years

- Federation of State Physician Health Programs, Inc. Physician Health Program Guidelines 2005
- Policy on Physician Impairment adopted by the House of Delegates of the Federation of State Medical Boards of the United States, Inc., April 2011.



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Why 5 Years?

What are these numbers based on?

- George Vaillant: "After abstinence had been maintained for 5 years, relapse was rare."
- A long-term follow-up of male alcohol abuse. Arch Gen Psychiatry 1996 Mar;53(3)243-9.
- Vaillant GE (1977) *Adaptation to Life: How the Best and the Brightest Came of Age*. Little, Brown and Company, Boston


- Experience
- Evidence

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Experience: Washington Info

The Washington State PHP conducted a study measuring relapses during the period 1993-1997. There were 140 participants. The results show the rate of relapse according to the number of years in the program.

• One	= 35% relapse rate
• Two	= 16%
• Three	= 14%
• Four	= 15%
• Five	= 3%
• Six	= 1%
• Seven	= 8%
• Eight	= 2%
• Nine	= 5%
• Ten	= 1%




• The first time the rate moves to single digits is at the fifth year in the program.
 • 80% of the relapses occurred during the first four years.

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Experience: The Cohort Study

Cohort Study


- Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States.



2008 McLellan AT, Skipper GS, Campbell M, DuPont RL. BMJ 2008;337:a2038 doi:10.1136/bmj.a.2038

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Experience



Observations from the Cohort Study

- Addicted physicians treated within the PHP framework have the highest long-term recovery rates recorded in the treatment outcome literature: between 70% and 96%

DuPont RL, McLellan AT, White WL, et al. Setting the standard for recovery: Physicians Health Programs. *J Subst Abuse Treat.* 2009;36:159-171

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Experience

- The PHPs have formalized sustained continuity of care and focused much of their professional resources on sustaining therapeutic contact over 5 years or longer.
- Abstinence is seldom sufficient for PHP care. Rather, the physicians are supported and encouraged to significantly improve the quality of their lifestyles, both in their personal lives and in their practice of medicine

DuPont RL, McLellan AT, White WL, et al. Setting the standard for recovery: Physicians Health Programs. *J Subst Abuse Treat.* 2009;36:159-171

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Experience


- “Four decades of evolution in the way states handle addicted physicians have set a new standard for treatment of SUDs as chronic illnesses. In this new paradigm, close and prolonged monitoring ... linked to swift and certain, but moderate, consequences ...”

The advantages of long-term monitoring. Skipper GE. *Addiction Professional* 2011 July-August;9(4):44-48 **Source URL:** <http://www.addictionpro.com/article/advantages-long-term-monitoring>

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Experience

- Anesthesiologists Recovering From Chemical Dependency: Can They Safely Return to the Operating Room? *Mayo Clin Proc.* • July 2009;84(7):576-580 • www.mayoclinicproceedings.com
- Prognosis for the Recovery of Surgeons From Chemical Dependency A 5-Year Outcome Study Amanda Buhl, MPH; Michael R. Oreskovich, MD; Charles W. Meredith, MD; Michael D. Campbell, PhD; Robert L. DuPont, MD Arch Surg. 2011;146(11):1286-1291



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Evidence of Effectiveness



It is not just physicians


- A randomized control study of convicted felons on probation showed substantially better long-term outcomes, when compared to a control group, for those with long-term monitoring with swift, certain and serious consequences

• Hawken, A. & Kleiman, M. (2009). *Managing Drug Involved Probationers With Swift and Certain Sanctions: Evaluating Hawaii's HOPE.* Washington, DC: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

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Evidence of Effectiveness

- Data from the South Dakota 24/7 Sobriety Project – a program for driving while intoxicated (DWI) offenders



- South Dakota Attorney General's Office: 24/7 Sobriety Project. PowerPoint presentation retrieved Aug. 20, 2010 from www.state.sd.us/attorney/DUI247/247ppt.mht.
- Long L. The 24/7 Sobriety project. *Public 6. Lawyer* 2009; 17:2-5.

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Current Monitoring in California

- ◉ Who is responsible for monitoring for physicians in California now?
 - Hospital medical staff committees on physician health
 - Medical groups
 - MBC Probation Unit
 - Others?



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Current Monitoring in California

Who does the monitoring for physicians in California now?

- Hospital medical staff committees on physician health and medical groups
- Providers of monitoring services
 - Pacific Assistance Group
 - Others
- MBC Probation Unit

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Costs

- ◉ Costs of drug testing
- ◉ Costs of treatment
- ◉ Fee to group facilitator, if required
- ◉ Fee to the MBC if on MBC probation, or to the administrator

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Modifications to Monitoring Requirements

- ◉ Do the requirements for monitoring change as time goes on?
- ◉ How does that affect the therapeutic outcome?
- ◉ If there are changes, how do they affect the objectives of monitoring
 - > Structure
 - > Documentation

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Modifications to Monitoring Requirements

- Participation agreements should be fluid, changing over time as needs evolve.
- Requirements can be increased, decreased, added or eliminated.
- Changes can be temporary (for a set period of time) or on a trial basis.

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Increasing Requirements

Changes should be made in response to non-compliance, crisis or concern.


1. Unable to complete required activities, i.e., too busy
 - Reduced work schedule
2. Unable to remain sober
 - Increase lab testing
 - Increase groups
 - Additional assessment
 - Additional treatment – relapse prevention
 - Cease practice

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Increasing Requirements (cont.)


3. New symptoms occur, i.e. possible depression

- Added Assessment
- Increase groups
- Increase lab testing
- Added Therapy
- Added Psychiatric Treatment



4. Unable to demonstrate positive attitude

- Individual Therapy
- Anger Management




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Increasing Requirements (cont.)

5. Personal crisis, i.e., death in family, divorce

- Additional meetings
- Increase groups
- Individual therapy
- Increase lab testing




PRACTICE ADJUSTMENTS (reduce, cease) ARE ALWAYS A CONSIDERATION

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Decreasing Requirements

Changes can be made in response to sustained periods of sobriety/stability accompanied by:

- Improved work experience,
- Improved relationships,
- An established recovery program, and
- Compliance with participation agreement.




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Decreasing (cont.)

Changes should **not** be made because:

- The participant is tired of so many meetings,
- The participant has financial challenges and has trouble affording all of the costs of group, labs, treatment.
- The participant has been in the program for a long time and it's probably the best they can do.



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Decreasing (cont.)

Participation terms that can be decreased (or eliminated, if appropriate) are:


- Group attendance
- Lab testing
- Meeting attendance

Decisions to reduce or eliminate therapy, treatment, anger management, etc. should include the provider.

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Successful Completion

When Am I Done?




Criteria for "graduation" or closing a period of monitoring:

"For participants with substance-related disorders to be able to complete the Diversion Program successfully, they must be abstinent from alcohol and other drugs for at least three years and demonstrate to the DEC that they have had a change of life style that will support sobriety."

MBC Diversion Program Manual – Chapter 9 – Page 2 – 03/00

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Recognizing Recovery



Betty Ford Institute Consensus Conference 2007

“Recovery from substance dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship.”
Citizenship in this definition refers to living with regard and respect for those around you.


Journal of Substance Abuse Treatment Vol 33, No 3, Oct 2007. Special Section: Defining and Measuring “Recovery”

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Recognizing Recovery

SAMHSA’s updated working definition of recovery from mental disorders and substance use disorders:

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”




<http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated>
Downloaded 4-26-12

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When Monitoring is Complete

What follows graduation? Anything?
Nothing?


- Access to ongoing support groups
- Alumni organization
- Self-imposed ongoing lab testing



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Is It Worth It?

- What’s the relationship between monitoring and positive outcome?
- Is long term monitoring worth it?
- What’s the cost-benefit ratio?



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PHP Survey

- Addicted physicians receive an intensity, duration, and quality of care that is rarely available in most standard addiction treatments

• DuPont RL, McLellan AT, Carr G, et al. How are addicted physicians treated? A national survey of physician health programs. J Subst Abuse Treat 2009 Jul; 37:1-7.

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What Do The Studies Show?



- Effective monitoring
- Swift, certain and serious consequences
- Continuously tailored to the clinical situation
- Long enough

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REFERENCES

- References and more information:
 - www.CSAM.org
 - www.CPPPH.org
 - www.FSPHP.org



**All the references mentioned here, plus others,
are available from one of these websites.**