


Substance Use Disorders, Mental Health and the Medical Professional

IDENTIFYING AND HELPING



Medical Professionals Health Program





**MEDICAL PROFESSIONALS
HEALTH PROGRAM**
20 PELTON HILL RD.
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Major Points

- Substance Use Disorders are Chronic brain illnesses, not character flaws, bad habits or life-style choices
- Discrimination, stigmatization and shame resulting from out-dated attitudes interfere with early identification and treatment for both
- The Medical Professionals Health Program can help.

Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program

Who is eligible to receive MPHP services?

- Doctors, M.D. / D.O.
- Students
- Dentists, Hygienists
- Physician Assistants
- Pharmacists
- Nurses
- Veterinarians



Objectives of Presentation

- Learn about the Medical Professionals Health Program and its relationship to the Boards of Licensure
- Learn how to assist medical professionals in seeking care

Medical Professionals Health Program:

Understand the Partnership of Licensure Boards and the Medical Professionals Health Program

How does the MPHP help Medical professionals?

The Medical Professionals Health Program assists medical professionals in developing strategies for treatment, helping them return to successful professional careers. **The MPHP does not make diagnoses or provide treatment.** The MPHP clinical staff and committee members act as advocates for their impaired colleagues, providing compassionate, comprehensive and confidential assistance.

Referred and Board Mandated

Referred	Board Mandated
<ul style="list-style-type: none"> • Self-referral or Other (Spouse, Friend, Colleague, Supervisor) • No imminent danger to self or others • No legal violations • Name given to Board Contact, but no case details • Entire Board not Informed 	<ul style="list-style-type: none"> • Board makes referral to MPHP • Board mandated monitoring • Entire Board is aware of case and its progress • Presence of a Consent Agreement or other legal document

- ### Typical Monitoring Agreement for SUD
- Monthly Self Reports
 - AA/Caduceus Self Help Attendance
 - Worksite Monitor Reports
 - Treatment Provider Reports (Therapist, Addictionist, Psychiatrist, Chronic Pain specialist, Primary Care Physician)
 - Medication Reports
 - Call-ins for random urine testing

- ### Medical Professionals Health Program:
- Understand the Partnership of Licensure Boards and the Medical Professionals Health Program
- #### How does the MPHP help Medical professionals?
1. **Acceptance of Referrals** – Sources include self, professional peers, family, employees, employers, boards of licensure, professional associations, patients. When not from the Boards, we can do this confidentially.
 2. **Initial intake interview**, screening and initial agreement development.
 3. **Comprehensive psychological evaluation**, Diagnosis with recommendations for Treatment.
 4. **Determination of treatment needs and/or eligibility** includes a return interview, review of recommendations and treatment options. If there is no determination of a need for monitoring, the case is closed.

- ### Documentation of On-going Abstinence
- MPHP uses a third party data company to administer and track participant monitoring information, including tests—Currently Affinity . Our records are electronic.
 - If a substance use disorder is diagnosed, participants are required to call a phone number or connect on line Monday-Friday excluding certain holidays
 - Participants are then selected randomly to submit a urine specimen at a pre-determined selection site
 - Hair, nail and blood samples are often required
 - Soberlink has been a great favorite with employers

- ### Medical Professionals Health Program:
- Understand the Partnership of Licensure Boards and the Medical Professionals Health Program
- #### How does the MPHP help Medical professionals?
5. **Treatment referral and follow-up**
 6. **Agreement development** after successful completion of initial treatment.
 7. **Case management and monitoring**

- ### Length of Agreements with MPHP
- Severe Substance Use Disorder—5 years
 - Moderate Substance Use Disorder—3-5 years
 - Mild Substance Use Disorder—2-3 years
 - OUI without Substance Use Diagnosis—6 months to 1 year depending on risk factors

2014 snapshot of MPHP

- **Active Status: 124 (12/31/14) 130 (6/24/15)**
- Allopaths: 27
- Dental Professionals: 7
- Nurses: 62
- Osteopaths: 5
- Pharmacists: 14
- Physician Assistants: 3
- Unspecified: 5
- Veterinarians: 1

A High Risk Profession

- A Culture that Promotes and Supports Prescription Medication Use as the Answer to all Problems
- Television shows that Depict Medical Professionals Using Medications Inappropriately
- High Stress Work with Limited Time for Relaxation
- Ready Accessibility to Medications
- The Belief: "I know these Medications and I can Handle Them".
- Attitude that medical professionals don't have illnesses

Statistics of Concern

- 5-15% of the general population struggle with addiction. This is consistent across professions, incomes, and many other demographics
- Mental illness is even more common (at 26% in the general population), with medical professionals at disproportionately high risk for burn-out and suicide
- MPHP monitors less than 1% of each licensed profession in Maine

Risk Factors for Addiction and Behavioral Problems Among Medical Professionals

- Genetics
- Access
- Stress at Work
- Chronic Fatigue
- Self-treatment of pain, sleep patterns, emotional disorders

Behavioral Issues

- Difficult to separate from substance use disorders without a full evaluation
- Co-Occurring illnesses are common
- Established behavioral patterns may be life long methods of dealing with underlying illness
- These illnesses and behaviors untreated are just as likely to cause problems in the workplace
- Early intervention is more likely to result in return to health—formal evaluation is the key

Why is there a Delay in Diagnosis?

- The level of importance that is placed on work by those in the health professions is often very high.
- Shame and fear related to stigmatization and uncertainty about job impacts and treatment potential
- As a result, social, financial and interpersonal decay often occur before the addiction or behavioral illness interferes with the job.
- Whether substance use or behavioral issues, employers and colleagues are very reluctant to confront the affected professional fearing the responses
- Medical professionals themselves may not believe they have a problem or if they do, they may blame others or believe they can handle it. Denial is standard.
- Maintaining access to the drug of choice may provide an incentive to stay on the job for those with substance use disorders

Red Flags Identifying Need for Support

- In the Hospital
- In the Office
- In Family
- Community
- Physical



Hospital or Office

- Repeated angry outbursts
- Crying frequently at work
- Sudden change in behavior—much more talkative, much more withdrawn
- Staying much later than others to work on charts or other issues
- Patient complaints
- Frequent trips to the bathroom
- Concerns about diversion

In the Community(Substance Use)

- DUI or OUI arrests
- Reports of Embarrassing or Odd Behavior
- Withdraws from community events
- Frequent Job changes
- Tobacco Use

Physical (Substance Use)

- Smell Alcohol on the Breath
- Hygiene deteriorates
- Excessive Cologne to Mask Odors
- Disheveled Appearance
- Multiple episodes of trauma or accidents
- Pupils Constricted or Dilated
- Slurred speech on Phone
- Frequent visits to physicians, dentists or ER's
- Tremors, bruises or needle tracks

Hospital or Office

- Physically threatening language directed at others
- Physical contact that is threatening or intimidating
- Throwing instruments, charts or other things
- Threats of violence or retribution
- Criticism of other staff members that is shaming, blaming and non-constructive
- Sexual harassment
- Other forms of harassment including, but not limited to persistent inappropriate behavior

Goals of Intervention

- Protect the Public at the Earliest Opportunity
- Protect and Support the Professional
- Protect a Valuable Resource for the Community
- Get the Professional into a Safe Harbor for Evaluation and Treatment

Modes of Intervention

- Provide Information (MPHP brochures)
- Confidential Discussion
- Report Concerns to a Supervisor
- Have a Team Intervention
- Report to the Medical Professionals Health Program
- Report to the Board of Licensure

Why Be in the Program?

- These Programs Have Great Outcome Data—75-85% favorable at 10 years
- Safeguard your own recovery
- Demonstrate to Employers that you are safe to practice
- Demonstrate to courts that you are in recovery (GAL OUI)
- Establish a record for the Boards to get back a suspended license or to avoid suspension and a CA
- Required by a Board as a condition of licensure

How to Intervene

- Get Recommendations from a Professional
- Timing—professional is sober and/or very soon after demonstrated Problem
- Location--Neutral, Quiet, Non-threatening
- Decide on Goals in Advance
- Prepare Documentation of Specific Behavior
- Non-judgmental Attitude
- Anticipate Reactions and Prepare Responses

Benefits of Participation by Referral

- Usually occurs earlier in the illness
- Board is not directly involved in case management
- A Consent Agreement is avoided!
- If a complaint about a participant is made to the Board, the Board contact and the MPHP can advocate for the participant
- MPHP usually identifies relapse early and can work with treatment providers earlier in the relapse
- the best track record for successful recovery

What if he/she refuses help?

- Employer has terrific leverage
- Expectations must be clearly delineated
- Positive Example: As your supervisor I think you need some assistance to become a better member of this team. Or, you haven't been as high functioning as I believe you can be and I know a program that can help (less painful than EA)
- Negative Example: it's the Board, termination or MPHP

MPHP Revenue Sources

- Licensure Boards
- Professional Associations
- Hospital Staffs
- Hospitals
- Individual contributions
- Fund Raising Events

Current Program Challenges /Opportunities

- Find a way to reduce the cost of testing
- Work to reduce stigmatization and discrimination through continuous outreach and education
- Remain current with the latest technical advances
- Complete adoption of new protocols with the Boards

Substance Use and Abuse:

RECOVERY OPTIONS FOR MEDICAL PROFESSIONALS

Thank you for the opportunity to present to you. If you have any questions, please feel free to contact the MPHP at:

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