NH Healthcare Provider Addiction and Monitoring - The NHPHP Experience

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Disclosure

- I am paid by the NH Professionals Health Program, a 501c3 for 30 hours of work a week that is funded through a Request For Proposal (RFP) by the NH Office of Professional Licensure and Certification (OPLC) for the Boards of **Medicine**, **Dental Examiners**, **Pharmacy**, **Veterinary Medicine** and **Nursing.**
- **NHPHP** receives donations from malpractice insurers and many NH hospitals and medical staffs.
- I have no relevant commercial financial relationships to report.

NHPHP is a diversionary program for impairment

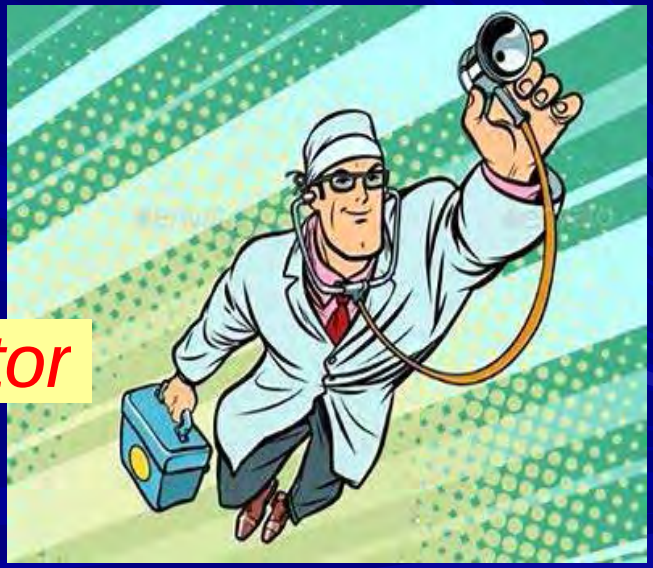
- 501c3, RFP to provide services to licensees suffering from potentially impairing conditions
- Impairment is *the inability to safely perform the job because of:*
  - Substance abuse – alcohol, drugs, meds
  - Diversion
  - Mental Health issue
  - Disruptive or unethical behavior
  - Health Issues – sleep, apnea, arthritis, vision loss, Parkinson's, aging, seizures, stuttering
  - Professional Boundary violations (some)

Myths/Stigma

- Healthcare professionals aren't allowed to be sick.
- They don't have addictions, mental health disorders, or medical issues.
- They are immune to such illness.

The Good Nurse

The Good Doctor



Reality

HCP suffer from mental health conditions at the same rate (or greater) as the general population.

- Chemical Dependence:10% to 15%.
- Depression: 6.7 %
- Bipolar: 2.6%
- Anxiety: 5.7%
- *Insufficient Sleep: 26.3%*

Reality

- HCP suffer from chemical dependence at the same rate as the general population.
- According to ADA, 1.5% of dentists have a drink before going into the office.
- 2% of physicians currently practicing have an active substance abuse problem.

Worley, “Our Fallen Peers: A Mandate for Change,” Academic Psychiatry, 32:1, pp. 8 – 12 (January—February 2008)

- 6% of nurses are estimated to be practicing and suffering from substance use disorder.

Common Traits of Doctors, Pharmacists, Dentists, Vets

- Perfectionism
- Imposter Syndrome – highly self-critical
- Typically lower Emotional Intelligence
- Lack of free time for decades - few hobbies and friends
- Hyper focus and intensity in both work and play
- Workaholic
- A set up for increased depression, anxiety, suicidal ideation and suicide

Addiction

- Addiction is a complex condition, a brain disease characterized by compulsive substance use despite serious, adverse consequences.
- Progressive disease often fatal if untreated.
- Genetic factors – 50% (Nature)
- Other factors: (Nurture) cognitive and affective distortions
  - co-occurring psychiatric disorders
  - exposure to trauma and stress
  - disruption of normal social support
  - distortion for meaning and purpose

Risks of Impaired Practice

- Patient harm
- Loss of license
- Loss of prescribing privileges
- Malpractice suits
- Financial ruin
- Health compromise
- Increased depression, despair and suicide
- Divorce / Loss of family and social connections
- Death – addiction is often fatal if untreated

HCP Sentinel Events for SUD

- DUI - poor judgment vs dependence
- Arrested for domestic disturbance
- Absences, unresponsive to calls/texts/emails
- Missing meds or question of diversion
- Admission for frostbite, depression or detox
- Admission for a failed suicide attempt
- Suicide
- **None** - because providers rarely self-report and work hard not to get caught.

Why do HCPs use……

- To feel better
- To feel “normal”
- To turn off the brain
- To cope with anxiety

- Addiction wasn’t EVER in the plan.

NHPHP Stakeholders

- Healthcare professionals and colleagues
- Boards of Medicine, Vet Medicine, Dental Examiners, Pharmacy and Nursing
- Employers, health systems, hospitals, medical staffs
- Credentialing organizations
- Insurance companies
- Family, friends, neighbors, patients and the public

Settlement Agreements are Public

- Medical conditions are publicly detailed
- May require mandated reporting - continued publicity
- Reporting requirements of compliance for employer, hospitals and insurers
- Embarrassment
- Shame
- Fear of future law suits due to old history

NHPHP

- Free monitoring for participant
- 501c3 with a Board of Directors representing all the monitored disciplines
- Mandated to assist NH healthcare licensees with Boards of Medicine, Dental Examiners, Pharmacy, Veterinarians and as of 7/1/19 Nursing
- Enforced treatment and monitoring

Initial Meeting

- Is the HCP admitting that they have SUD
- Is further assessment or testing needed?
- Is it time for treatment?
- Discussion about the incident(s) that prompted the referral. NHPHP isn't a Board's investigator!
- Referral vs Resources
- NHPHP has no enforcement power

PHP Assessments of safety sensitive employees

- Need to be independent, ideally multidisciplinary
- Some need to be multi-day
- Ideally include neuro cognitive testing
- Biological testing – urine, hair, nails, blood
  - for all substances
- Have to be tough but also compassionate

- Denial is Survival

DSM V

- Counting criteria issues
  - HCPs minimize
  - HCPs have fantasy thinking of cure
  - HCPs deny
  - HCPs lie
  - Second event – treatment and monitoring!

NHPHP Monitoring Agreement – SUD

- Agreement contents based on individual needs
- Small state, personal connection
- Requirements usually include:
  - Continuous 2 way releases; Quarterly reports
  - Therapy by doctoral level licensed professionals, psych or addiction certified doctor
  - Random drug tests
  - Soberlink
  - Mutual Support groups; IDAA for SUD; coaching
  - Monitor reports
  - NHPHP facilitated and individual meetings
- Length: 5 years, 10 years; while licensed in NH


DON'T
BELIEVE
EVERYTHING
YOU THINK.


LIVE FREE OR DIE
536 656
4
New
HAMPSHIRE
2000

Barriers to effective treatment

- Fear of social stigma
- Too busy / Too important; don’t want to go away
- Trouble finding a good provider who isn’t a colleague
- Concerns about confidentiality
- Championed by another doctor to deny addiction
- Fear recrimination by colleagues, work, or Board
- Disgust with the disease and dislike of their patients with the same conditions
- Lack of faith that treatment works
- Refusal to give up control

NHPHP reporting requirements for all Boards

- Non compliance with NHPHP monitoring agreement
- A provider who endangers the public
- A positive MRO-reviewed drug test
- If NHPHP Medical Director opines that there are serious other concerns supporting impairment.

NHPHP - Return to Practice

- Approved by NHPHP after any time OOW
- 90% of those contracted currently working in field – 1 has license but hasn't found a pharmacy job
- BON 1-3 yrs of suspension then 2 yrs probation
  - Loss of insurance and financial means for treatment
- Ongoing discussions of workplace stressors at facilitated meetings and annual retreats
- Restrictions are specific to each particular case
- Emphasis on good self-care and not "over-working"

NH specific components designed to aid success

- Profession specific facilitated group monthly meetings 1 evening a month
- Optional 4 hour/week “Burnout Prevention Ski Group” that can replace the live evening meeting and open to all NH HCPs
- Monthly in person self-reports
- Yearly 6 hr CME / CEU retreat: recent topics – Leadership, Boundaries, Burnout, Mindfulness, DBT/CBT, Shame, Trauma

FY2019 NHPHP

Licensed in NH	/ Assisted	Contract - NHPHP
Dentists	1370 / 2	2 (0.1%)
Hygiene	1677 / 1	0 – only BODE referrals
MD/DO	7930 / 35	47 (0.59%)
PAs	869 / 2	3 (0.3%)
Vets **	800 / 2	1 (0.1%)
Pharmacy	8631 / 2	7 (0.08%)
Nursing	41,929 / ***	0 – start date is 7/1/19; 7 monitored by BON now (0.019%)

5 year Outcome Study

McLellan et al, Five year outcomes in a cohort study of physicians treated for substance use disorder in the US, BMJ Nov 2008

- 16 PHPs participated including NHPHP
- N = 904 physicians with SUD
- 78 % successful without any relapses
- Those who relapsed had further tx
- At 7.2 years after completion 90% doing well

Merlo et al, Outcomes for physicians with opioid dependence treated without agonist pharmacotherapy in physician health programs, J of Substance Abuse Treatment 2016

- Treatment outcomes for 702 PHP participants monitored 5 years from 16 PHPs
  - Alcohol use only (n = 204)
  - Any opioid use +/- alcohol use (n = 339)
  - Non opioid use +/- alcohol use (n = 159)

  - No agonist pharmacotherapy was used

Results

- 75-80% of all 3 groups never tested positive
- 14.5 % had one positive urine test
- 7.6% had 1+ positive urine tests

- Treatment outcomes similar for all 3 groups

Brooks et al, Physician Health Programs and malpractice claims: reducing risk through monitoring, Occupational Medicine 4/2013

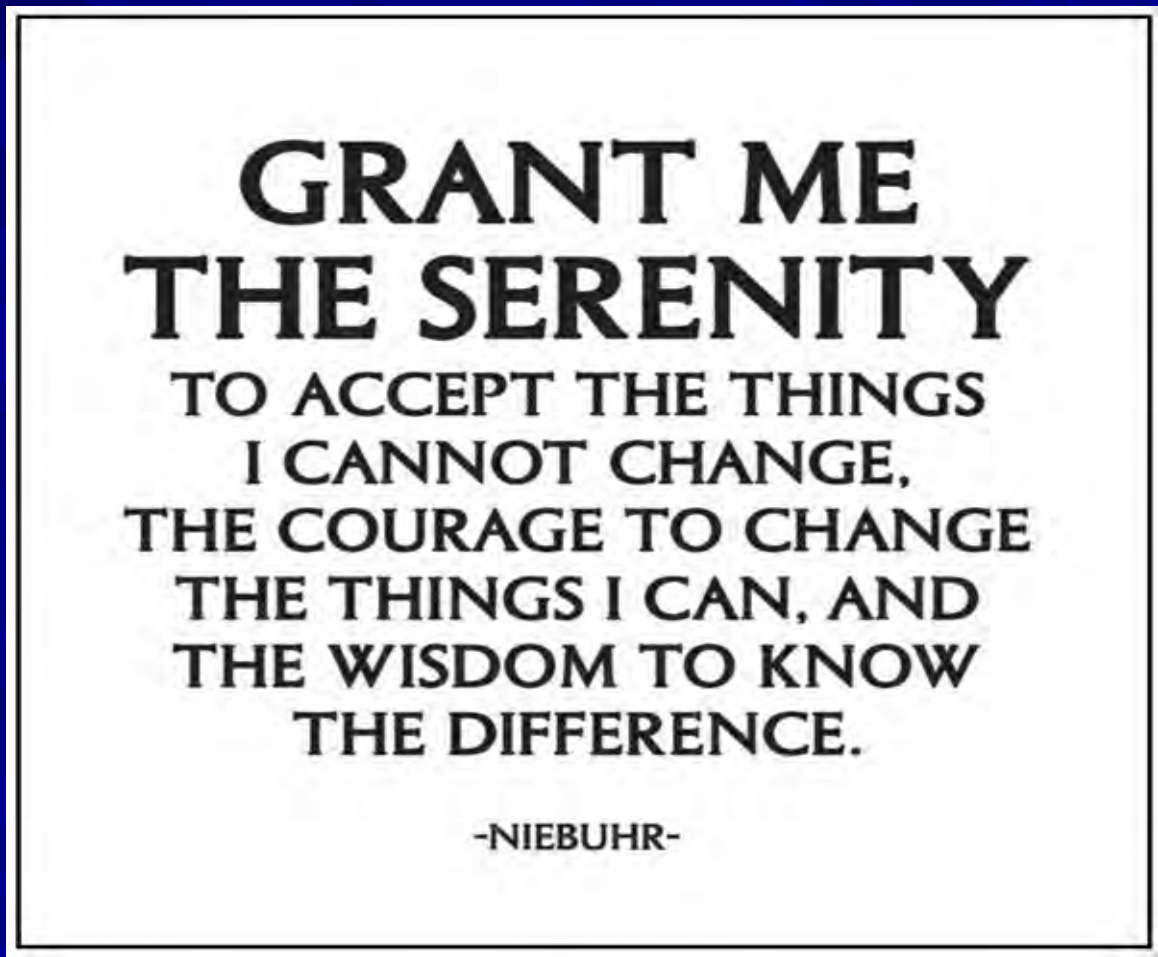
- Colorado's PHP experience
- Prior to monitoring PHP participants 111% worse that peer cohort or for every $1 spent, group required $2.12 more than peers
- After monitoring 20% better; for every $1 spent, the CPHP group required $0.20 less than peers

Why such good results? Possible explanations

- Health conditions were treated effectively
- Participants learned skills that they were able to utilize effectively.
- Experience with PHP may have resulted in the use of professional supports or earlier proactive consultations or both.
- Adverse consequences motivated participants to practice more conservatively.

Prevention LESSONS

- Avoid getting too
- HUNGRY
- ANGRY
- LONELY
- TIRED



HCP treatment

- TREAT ADDICTION, SAVE LIVES

- Returns need healthcare professionals to work
- Results in great outcomes
- Lowers malpractice risks and costs
- It is the right thing to do!

NH Professionals Health Program

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