

NCPHP in 2017

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Disclosures

- Joseph P. Jordan PhD has no relevant financial relationships and no conflicts of interest to disclose
- Warren Pendergast MD has no relevant financial relationships and no conflicts of interest to disclose

Learning objectives

- Explanation of NCPHP roles and responsibilities
- What kind of physicians and what specific disorders present at NCPHP
- Review NCPHP quality improvement process
- Review and discuss NCPHP plan to engage psychiatric workforce

NCPHP staff and consultants

- Joseph Jordan, PhD, CEO
- Clark Gaither MD, Medical Director
- Phil Hillsman, MD
- Tony Porrett, MEd, LPC, LCAS
- Cindy Clark, MSW, LCSW, LCAS
- FC - Keenan Glasgow, MS, LCAS; Moli Jones, MEd, LCAS; Sidney Kitchens, CSAC; Bill Ingraham, CSAC
- Bob Testen, MSW, LCSW

NCPHP Roles & Responsibilities

- An anonymous safe haven, ultimately protecting patients
- Assist hospitals, practices/groups, and medical board in addressing the potentially impaired or ill physician
- Encourage self-care
- Advocacy

NCPHP Roles & Responsibilities

N.C.G.S. § 90-21.22. (d) The Program shall report immediately to the Board detailed information [if]:

- 1) The licensee constitutes an imminent danger to patient care by reason of mental illness, physical illness, substance use disorder, professional sexual misconduct, or any other reason.
- 2) The licensee refuses to submit to an assessment as ordered by the Board, has entered into a monitoring contract and fails to comply with the terms of the Program's monitoring contract, or is still unsafe to practice medicine after treatment
- 3) **Repealed by Session Laws 2016-117, s. 2(n), effective October 1, 2016.**
 - Previously: “it reasonably appears there are other grounds for disciplinary action”.
 - Too vague, arbitrary

NCPHP Responsibilities – AMA Code of Medical Ethics

9.3.2 Physician Responsibilities to Impaired Colleagues

Physical or mental health conditions that interfere with a physician's ability to engage safely in professional activities can put patients at risk, compromise professional relationships, and undermine trust in medicine. While protecting patients' well-being must always be the primary consideration, physicians who are impaired are deserving of thoughtful, compassionate care.

To protect patient interests and ensure that their colleagues receive appropriate care and assistance, **individually physicians have an ethical obligation to:**

- (a) Intervene in a timely manner to ensure that impaired colleagues cease practicing and receive appropriate assistance from a physician health program.
- (b) Report impaired colleagues in keeping with ethics guidance and applicable law.
- (c) **Assist recovered colleagues when they resume patient care**

NCPHP Responsibilities – AMA Code of Medical Ethics

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...individually physicians have an ethical obligation to:

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NCMB Position statement

- It is the position of the North Carolina Medical Board that its licensees have a **professional obligation to act** when confronted with an impaired or incompetent colleague or one who has engaged in unethical conduct.
- ...
- **This duty is subordinate to the duty to maintain patient confidences.** In other words, **when the colleague is a patient** or when matters concerning a colleague are brought to the licensee's attention by a patient, the licensee must give appropriate consideration to preserving the patient's confidences in deciding whether to report the colleague.

Types of medical professionals served

- Any physician licensed in the state of North Carolina
- Any PA licensed in the state of North Carolina
- Any physician/PA referred by the NCMB
- Any pharmacist licensed/referred by NCBOP
- Any veterinary professional licensed/referred by NCVMB
- Those seeking to gain/regain their license or seeking the assistance of monitoring to help them in their recovery

What NCPHP can assist with

- Mental Health issues
- Boundary issues
 - (PSM not anonymous)
- Substance Use issues
- Cognitive issues
- Burnout

NCPHP cannot:

- Screen or assess technical skills
- Provide legal advice
- Ensure a good professional outcome
 - (Can assist and facilitate)

However...

- 90% of substance use participants practicing at 5 years

Potential Outcomes of NCPHP Screening Appointment

1. For an error in judgment only, usually no recommendation
 - We screen, often recommend helpful book, attending workshop, or professional help & advocate
2. For some we suggest short period of monitoring
 - Reassures NCMB, hospital, and individual of ability to self-regulate use of alcohol or other drugs
3. On occasion we suggest outpatient assessment
 - Recommendations
 - Diagnosis
4. For small percentage we suggest immediate treatment
 - Followed by monitoring

Evaluations by NCPHP

Category	Number	Percentage
Screened by NCPHP	98	
Referred for outside assessment	8	8% (8/98)
Referred to treatment after outside assessment	1	12.5% (1/8)
Referred directly to treatment by NCPHP	3	3% (3/98)
No recommendation for outside assessment	87	89% (87/98)

Evaluees Not Referred for Further Assessment 2017 (n=87)

<u>Status</u>	
Pending	9
Signed to Monitoring	42
No Monitoring Recommended	32
Refused Monitoring	4

NCPHP anonymity breaks to NCMB

Year	Number	Comment
2017	2	1 person impaired after treatment 1 person relapsed while being monitored
2016	0	
2015	3	
2014	4	
2013	1	

Professional Stories

Three Psychiatrists Walk into a Restaurant...

Self-Regulation

- Society cedes to the medical profession the privilege of self-regulation based on 3 assumptions:
 - Expertise
 - Altruism
 - Self-scrutiny

Johnson DH. JAMA 2017. doi:10.1001/jama.2017.10127



Stages of Psychosocial Development



Proposed by Erik Erikson

Impairment

The term *impaired* has been defined by the American Medical Association as any physical, mental or behavioral [state] that interferes with the ability to engage safely in professional activities.

However, the term has sometimes been inappropriately applied to physicians who have returned to good health, are substance-free and in a monitoring program, or have successfully completed a knowledge or skill remediation course.

Leape & Fromson. 2006 doi:10.7326/0003-4819-144-2-200601170-00008.



Questions Surround USC and Its Disgraced Ex-Med School Dean

Mescape Marcia Frellick July 24, 2017

Asked about the university's responsibility over the past year, Art Caplan, PhD [said]

"You can't have leaders compromised by drug use setting a horrible example for students and other faculty, jeopardizing donor relationships and alumni relationships, so I think they were slow to move." 🗨️



Dr. Puliafito

However, they weren't necessarily slow to decide to fire him, Dr. Caplan added, given Dr. Puliafito's right to due process. 👍

"But I certainly think the weight of the evidence as it began to accumulate required a suspension while they took a look," he said. "He was in a pivotal, pivotal role." 🗨️

Dr Caplan says the likely next step for Dr. Puliafito will be rehabilitation. "Medicine tends to be kinder to doctors with addiction problems than other professions might be," he said. 👍

He said suspension while Dr. Puliafito undergoes treatment will likely be followed by loss of his medical license. 🗨️

Cartoon by Aaron Bacall
From cartoonstock.com
"I wasn't responding well to the pills but my
doctor finally got my mood stabilized"

The IV Pole

Compulsiveness

- Poll of 100 physicians
- All felt they were “compulsive personalities”
- 80% met 3 of 5 five criteria for DSM-III compulsive PD
- 20% met 4 of 5 criteria

Krakowski, A. J. *Psychotherapy and Psychosomatics* 1982

Gabbard's Compulsive Triad

- Doubt
- Guilt feelings
- Exaggerated sense of responsibility

Gabbard, G. O. "The Role of Compulsiveness in the Normal Physician." *JAMA* 1985

Compulsive Triad - Sequelae

- **Excessive sense of responsibility for things beyond one's control**
- Chronic feelings of "not doing enough "
- Difficulty setting limits
- Hypertrophied guilt feelings interfering with healthy pursuit of pleasure
- Confusion of selfishness with healthy self-interest
- Difficulty relaxing
- Problem allocating time to family
- **Reluctance to take vacation**

Gabbard, G. O. "The Role of Compulsiveness in the Normal Physician." *JAMA* 1985

Picking a Hula Hoop Based on Your Desired Activity



2014 State Audit of NCPHP

- 110 NCPHP files reviewed by 2 experts
- Interviews of 38 individuals
- *"Each file contained sufficient, appropriate evidence to support the referral to a treatment center"*
- Multiple recommendations, including repeat audit

2017 Performance Evaluation Review

Auditors

1. Forensic psychiatrist, prof'l health expert with 32 years in field, former medical director of PHP
2. Social worker, attorney with 5 years as Program Administrator for Lawyers Assistance Program, 27 years clinical experience
3. Attorney, judge with 27 years association with Lawyers Assistance Programs

2017 Performance Evaluation Review

- Process
 - Review of NCPHP documents, e.g., policies, procedures
 - 3 Days of interviews
 - NCMS, NCMB, NCPHP
 - Completion of 2014 audit requirements
 - Recommendations for improved functioning
 - Structural evaluation

2017 Performance Evaluation Review

- Findings include:
 - Consider use of outpatient evaluators if appropriate
 - Multi-day, multi-faceted evaluation
 - Include UDS, hair/nail, PEth testing
 - Answer questions of diagnosis and treatment need
 - Determine fitness for duty

NC Coalition for Physician Resilience and Retention

The NCMB no longer asks licensees to reveal potentially impairing conditions at the time of license renewal.

The Board [NCMB] recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do.

The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program (www.ncphp.org)...

The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine.

Why psychiatrists should work with colleagues and NCPHP

- If we don't, who will?
- Who is more qualified?
- A chance to influence the culture of medicine to improve self-care
- Most get better
- Sharpen your boundaries and transference skills
- Fewer layers between you and the patient
- Biggest need: female clinicians

In summary

- Need people who are willing to be a psychiatrist for their fellow physicians (especially women)
- It is incredibly rewarding to ease the suffering of any human; it is especially rewarding to do so for someone who may have sat next to you in medical school
- Let us know if you are interested in helping NCPHP in our mission of assisting medical professionals.

A good character, however defined, is not life lived according to a rule (there rarely is a rule by which good qualities ought to be combined or hard choices resolved), it is a life lived in balance.

The Moral Sense James Q. Wilson 1997

Cartoon by Ron Therien
From cartoonstock.com
"Would it kill you to ask me how I'm doing?"

Thank you & Questions

www.ncphp.org

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