

***Physicians' Health Foundation of
Louisiana
Physicians' Health Program***

**Michael L. Kudla, MD
Medical Director**

**Julie Alleman, M.Ed., LPC, LMFT, LAC
Administrative Director**

**Dawn Stagg, BS
Case Manager**

**4303 Bluebonnet Blvd.
Baton Rouge, LA 70809
225-291-5000/ 888-743-5747**

Objective

- Define what constitutes an “Impaired Physician” and how to make a referral to the Physicians’ Health Program.



What are State Physicians' Health Programs?

Brief History:

- **JAMA, February 5, 1973: “The Sick Physician”**
- **Early Programs: Mid to late 1970's**
 - New Jersey**
 - Florida**
 - Georgia**
 - Tennessee**
- **Current Status:**
 - 46 Programs currently are in the:**
 - “Federation of State Physicians’**
 - Health Programs”**

Goals of PHP

Mission Statement:

To afford physicians every opportunity to be rehabilitated to productive medical practices.

What is an Impaired Physician?

- A physician unable to practice medicine with reasonable skill and safety to patients.
- Impairment could be due to a mental illness or deficiency, substance abuse, or a physical illness.

Mental Illness



- Characterized primarily by mood or affective disorders.
- Examples: Depression, Bipolar Disorder, Schizophrenia, Dementia, etc.

Symptoms:

- Erratic behavior patterns, mood swings, inappropriate affect (laughing when others are crying).
- Low or elevated self-esteem.
- Poor impulse control, hasty, impatient.
- Easily agitated, irritable.
- Psychosomatic, hypochondriasis.
- Paranoia.
- Insomnia, hypersomnia.
- Anxious.
- Depressed, flat affect.

Continued:

- Manic affect.
- Distorted thinking, delusional, hallucinations, disconnected thoughts.
- Isolative, withdrawn.
- Denial, minimizes having problems.
- Suicidal ideation or previous attempt.
- Pattern of extreme risk-taking behavior.
- Misses work frequently or is late frequently.
- Reputation of bizarre or otherwise extreme behavior.
- Passive-aggressive and/or manipulative behavior.

Substance Abuse/Dependence

- Characterized by the use of mood altering substances.
- Examples: Alcohol, cocaine, marijuana, opiates, barbiturates, etc.



Symptoms of Impairment:

- Smell of alcohol on breath or in perspiration.
- Red-faced and/or prominent capillaries over cheeks and nose.
- Bloodshot and/or glassy eyes, excessive use of eye drops to conceal it, wears sunglasses indoors.
- Constricted or dilated pupils.
- Sweating when otherwise comfortable.
- Self-medicating, has medical problems and does not seek help, but rather treats self.
- Memory lapses, can't account for whereabouts.
- Slow, slurred, or pressured speech.
- Avoids close contact or interaction with others, avoids eye contact.
- Lying.

Continued:

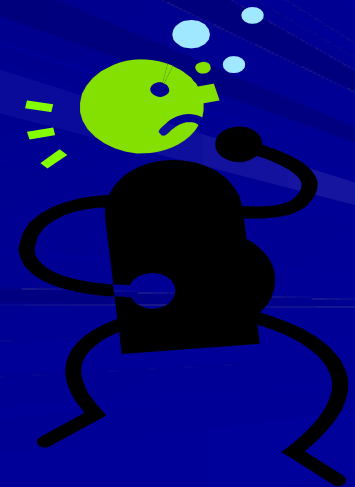
- Erratic behavior patterns, mood swings, inappropriate affect (laughing when others are crying).
- Tremors, hands shake.
- Does not answer when on call or does not return pages.
- Misses work frequently or is late frequently.
- Defensive and/or minimizing regarding alcohol and/or drug consumption, denial.
- Persistent financial, marital, or familial problems.
- History of alcohol or substance abuse in family.
- Excessive use of fragrance and/or breath spray to conceal substance use.
- Possession of alcohol or drugs at work (in desk, purse, locker).

Continued:

- Alcohol in car or empty alcohol containers in car on a regular basis.
- Known to frequent bars/clubs on a regular basis.
- Frequently associates with known alcohol or substance users/abusers.
- Low or elevated self-esteem.
- Poor impulse control, hasty, impatient.
- Easily agitated, irritable.

Physical Illness

- Possibly due to an injury.
- Disease symptoms that effect muscles and nerves.
- Examples: Parkinson's Disease, Cerebral Palsy, Multiple Sclerosis, etc.



Signs and Symptoms:

- Appears unable to see when others have no difficulty.
- Weak or restricted grip (hand shake).
- Tremors, hands shake, deterioration of fine motor skills.
- Unsteady gait.
- Frequent loss of balance, diminished equilibrium.
- Cannot raise arms above head, bend and touch toes, etc.
- Muscle, bone, nerve or tendon damage.

Disruptive Behavior



- Characterized by persistent adverse or abrasive social interactions, hostile or threatening remarks or actions, or increased irritability. Often correlated with substance abuse/chemical dependency and/or personality disorders.



Symptoms for All Impairment Types...

- Any of these symptoms alone do not constitute an impairment, but when taken in combination can be a reliable indicator. Patterns of behavior are what is important, not single, isolated events or episodes, unless they are so extraordinary that they endanger the physician or others. Also, it is not uncommon for a physician to simultaneously have more than one impairment type.

Operating Paradigm

- **Identification**
- **Intervention**
- **Assessment**
- **Continuing care (monitoring)**

Identification and Reporting

Anyone can report an impaired physician to the PHP.

Reports typically come from other physicians, hospital staff, patients, and family members.

Anyone who makes a report is kept anonymous.

Intervention and Assessment May Include:

- Evaluation
- Treatment

Contract

- Once evaluation/treatment has been completed, all participants are referred back to the PHP.
- If found to have an impairment, a contract is established outlining what requirements the physician must comply with to remain in the program.

Contract Requirements May Include:

- Refraining from drug and alcohol use
- Random, unannounced drug tests
- Individual therapy
- Marital therapy
- Aftercare
- AA/NA meetings
- Caduceus meetings
- Obtaining CME related to impairment
- Monitoring supervisor
- Medication Management

Contractual Compliance

- In return for compliance, the PHP advocates on behalf of the physician to:
 - The LSBME
 - Physician's employer
 - Insurance provider
 - Etc.

Failure to Follow Monitoring Contract



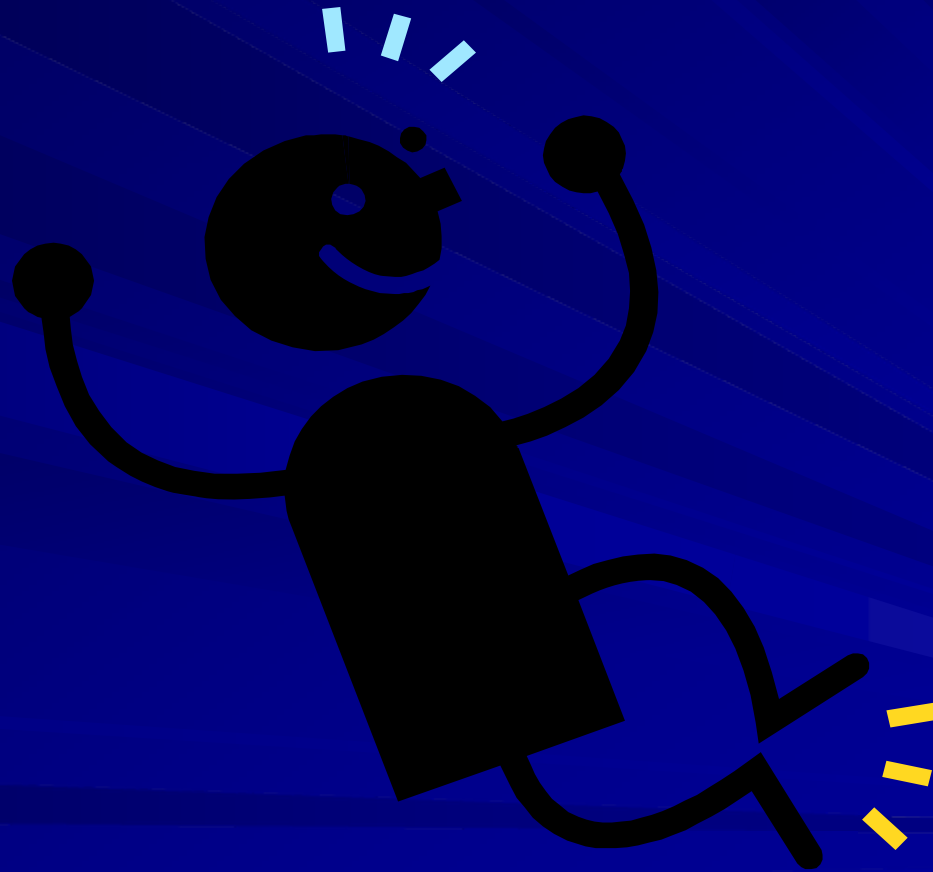
The physician is reported to the Louisiana State Board of Medical Examiners.

The physician's license may then be placed on probation or suspension.

PHP's Relationship With the LSBME

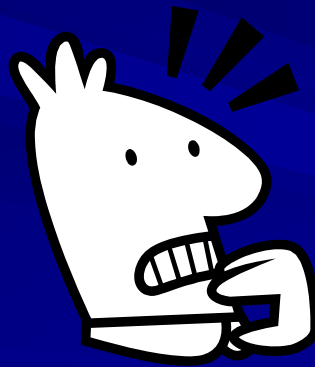
- There is a Memorandum of Understanding which acknowledges the PHP and the parameters in which it must operate.

“First Timers”



Immediate Report to LSBME

- Sexual Boundary Violations
- Diversion of Drugs



Impairment Type (2003)	Number (%)
CD	106 (67.80)
Psychiatric	7 (4.79)
Dual Diagnosis	28 (17.80)
Physical Limitation	0
Diagnostic Monitoring	12 (7.69)
Sexual Boundary Violation	3 (2.05)

The following is how we handle this at LSU

- Charles Hilton, MD
- Assoc Dean for Academic Affairs

How we handle this at LSU

- Please see house officer manual for explicit policies and procedures
 - Suspected impairment and a variety of behavioral issues may be referred to the Campus Assistance Program
 - In many cases these are made as Administrative Referrals and we will insist on Administrative Referrals with Continuation of Employment Contracts

Procedure at LSU

- CAP will often have a dual referral to the Physicians Health program (PHP) as part of the Continuation of Employment Contract.
- It is our explicit desire to successfully remediate any problems that may have necessitated referral to CAP however we find dual referrals are often necessary to raise consciousness of the problem sufficiently

Procedure at LSU

- If you have Administrative Referral to CAP it is very important you comply with their recommendations as compliance is reported and continuation of employment is contingent
- We have a very high success rate of remediating issues allowing residents to continue and complete their training when they comply with this process

The following additional suggestions will help you avoid problems with school , state and federal officials:

- To moonlight all residents must be fully licensed and have their own malpractice insurance
- Working in weight loss and pain management clinics is a major red flag and almost always brings scrutiny by the State Board
- Pre-signing prescriptions for the nurse to fill out later is illegal
- Using “Charity “ prescriptions outside Charity is illegal – they are site specific
- Don't ever sign anything saying you saw a patient if you didn't

Do's and Don'ts continued

- You put the patients name and address on all narcotics prescriptions
- House officers are held accountable just like everyone else for everything they sign – read the fine print
- Follow accepted practice guidelines especially for weight loss and pain management patients
- All house officers should be cognizant of Medicare Fraud and Abuse guidelines
- Absence of knowledge of a law does not create absence of responsibility for complying