



POMA
Substance Use Disorder
Education Series
LIVE WEBINAR



Session II
"Impaired Physicians: Substance Use in the Workplace" – Ben Park, DO
"Addiction 101" – James Latronica, DO

1

The Impaired Provider

Benjamin Park, D.O., D.ABA, FASA

2

Disclosure

I have no financial conflicts of interest to disclose.

3



← MORE DIFFICULT
LESS DIFFICULT →

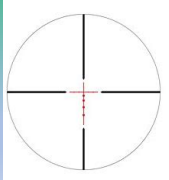
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5

Scope of impairment


- At least 300 million people worldwide abuse an impairing substance
- 7% of healthcare workers
- In the US .29% of population are physicians
 - 1/3 of 1%
- Of the .29% only 7.6% are Osteopaths
 - .022%



6

Scope and severity


- 40% higher suicide rate in male physicians
- 130% higher suicide in female physicians
- Increased medical errors, misdiagnoses



7

Demographics of Drug Abuse

- Ages 16-35 highest abuse group
- Roughly 10% of physicians abuse substances
 - Rx drug abuse 5 times higher
- Alcohol is most commonly abused substance 87%
 - 13% male misuse
 - 22% female misuse
 - General population 6%



8

What is abused

- 87% EtOH
- 20-36% opioids
- 8% stimulants

- 1973 "The sick Physician"



9

Risk Factors



10

- Family hx of drug abuse
- Younger start of drug use
- Mental illness
- Peer drug use
- Depression
- Availability
- Increased stressors
 - Divorce, lawsuit, death
 - Work stress



11

Medical school stressors

- 20% of medical students meet clinical dx of depression
- 70-74% dx of burn out
- 30% exhibited depression symptoms
- 15% seek treatment

- General population 60% get treatment



12



13

Stressors get worse

14

Interns & Residents

- At least 15.8% interns are depressed
- 20-43% residents are depressed
- Depressed residents make 6X medical errors
- #2 COD is suicide
- Long hours is a risk factor for depression
 - <60
 - 80
 - 100+
- Odd hours and broken sleep

15

Exacerbating Factors

- Stressors
- Social isolation
- Conspiracy of silence
- Stoicism
- Perfectionistic

16

Deeper

- 50% multiple substances
- 17% repeat
- Specialties at risk
 - Anesthesia
 - Emergency medicine
 - Psychiatry



17

- Spin doctor – more in our specialties because we self report and self recognize better



18

Anesthesia

- 10% EtOH
- Opioids
- Propofol
- Unspoken truth Volatile Agents



19

Nitrous Oxide

- Laughing gas / "Whippets"
- Brief euphoria
- Coordination / balance issues
- Slurred speech
- Appears intoxicated briefly
- B12 metabolism, coordination, peripheral neuropathy
- Initial exposures insidious


20

Now what

21


Recognition

- Change in work (absent & picking up shifts)
- Change in diet
- Change in appearance
- Inaccessibility and withdrawal
- Mood swings
- Increased time spent working
- Unreliable
- Avoidance of peers and supervisors



22


- Sweating
- Tremors
- Increased patient complaints
- Heavy Alcohol use "off" the clock
- Increased Injuries
- Sexual promiscuity



23

More Signs

- Sleeping between cases / shifts
- Preference for shift work
- Doing more cases
- Hands on approach
- "Odd" behaviors
- Long sleeves
- Change in dress
- Decreased social
- Poor focus



24

We recognize or suspect BUT . . .

25

- Colleagues fail to report
- Afraid of early treatment because may limit career
- Conspiracy of silence
- Avoidance

26

DEA

- Ethical responsibility to report
- Legal responsibility
- Will provide support to those who are reported and those looking to help.



27

Legally

- DEA can levy what they would see fit if negligence of reporting.
- Pennsylvania Statutes Title 63 P.S. Professions and Occupations (State Licensed) § 130g. Impaired professional.

28



ADA

- Protects individuals with a history of alcohol or substance use disorder who are not currently abusing alcohol or using drugs illegally.



ADA
Americans with Disabilities Act

American Diabetes Association

29

FMLA

- Family medical leave act protects employment if need absence from work for addiction treatment
- Help for :
 - Treatment
 - Illness related to DA
 - Caring and support

30

Employee assistance program (EAP)

- Began in the 1940's for alcohol abuse
- May be:
 - In-house
 - Out-sourced
 - Mandatory
 - Optional
- HIPAA

31

Help is out there

<p>PPHP</p> <ul style="list-style-type: none"> • PA specific PHP • Assessment • Monitoring • Treatment plans <ul style="list-style-type: none"> • Voluntary program 3yr 	<p>PHP</p> <ul style="list-style-type: none"> • Nationwide 30+ years experience • Substance abuse help • Mental health and behavioral
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32

Other programs

Ohio

- Well organized
- Numerous locations
- Well defined positions
- One-bite program
 - Accepts other state providers

Florida
New York
Missouri
Illinois

National For profits

33

Approach

Proactive

- Regular monitoring
- Therapy individual ± Group
- NO notification of board when meeting criteria

Hospital Board involvement

- Often placed on leave
- Monitoring and treatment will be suggested and may change
- On record
- Every state slightly different

34

Medical Board

Osteopathic

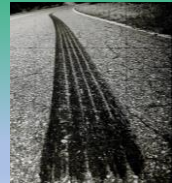
- 6 D.O.s
- 1PA
- 1RT
- 2 public members
- 2 state designee
 - Secretary of health rep.
 - Commissioner

Allopathic

- 6 M.D.s
- 1 PA
- 2 Public members
- 2 state designee
 - Secretary of health rep.
 - Commissioner

35

Rubber and Road



36

- Ask what is going on offer support
- Don't accuse; many providers are in denial esp. initially
 - Some do want help but do not know how to ask
 - Without evidence some providers will lash out, fraught with pitfalls
- Get help from those who have done it before
- Determine evidence of needing help, expectations and consequences
- Gather the right people for intervention (PHP or skilled facilitator)
 - Facilitator
 - Friends / Colleagues
 - Family


37

Stay Patient

- Will not end right away
- Will take time
- Will require help
- Stay **STRONG**

38

Start the hard part



Work is when you confront the problems you might otherwise be tempted to run away from.

Rolf Potts

39

Assistance

- Suicide 1-800-273-8255 or 911
- PHMP – (800) 554-3428 or (717) 783-4857
- SAMHSA – 1-800-662-4357 (HELP)

40

References

- Berge, Keith. Et. Al. "Chemical Dependency and the Physician." MayoC Clin Proc. 2009 Jul; 84(7): 625-631.
- Bright, Robert and Krahn, Lois. "Impaired physicians: How to recognize when to report, and where to refer." Current Psychiatry. Vol. 9(6): 11-20.
- Byrson, E. et. Al. "Addiction and Substance Abuse in Anesthesiology." Anesth. Nov. 2008, Vol. 109, 905-917.
- Dumitrascu, Catalina. Et.al. "Substance Use Among Physicians and Medical Students." MSRJ. 2014. Jan. vol. 3.
- Federation of State Medical Boards, April 2018, "Physician Wellness and Burnout".
- Kalmoe, Molly, Et. Al. "Physician Suicide: A Call to Action." Mo Med. 2019 May-Jun; 116(3): 211-216.
- Yancey, Joseph and McKinnon, Harry. "Reaching out to an Impaired Physician." FMP. Jan. 2010.