Introduction to the Georgia Professionals Health Program

Scope of the Problem

- Addiction alone impacts 10–15% of the general population. This is slightly higher in health care professions (Domino, 2005).
- Addicted (and to a lesser extent, depressed) Georgia physicians are hiding out, avoiding definitive care out of a fear of reprisal.
- Georgia is one of the last 3 states in the U.S. to legislate a Physicians Health Program.

Treat, Terminate or Sanction?

- The number one drug of abuse for healthcare professionals is alcohol.
- The number two drug of abuse are the opioid drugs, obtained at or through the workplace.
- Healthcare professionals have access to very debilitating drugs (e.g. fentanyl and propofol)
- Addiction to prescription medications is an “occupational problem,” not a moral one.

Who We Are

- In 2010, SB252 amended Article 1, Chapter 34, Title 43 to authorize the formation of a PHP in Georgia. Our organization won the bid for the PHP.
- The Georgia Professionals Health Program is a 501(c)(3), non-profit organization whose charter is to improve the health of Georgia Physicians and Physician Assistants and, in doing so, increase the health of all Georgians.
- We opened our doors in August, 2012.
Introduction to the Georgia Professionals Health Program

Who We Are

- Our primary focus is on the mental health of licensees of the Georgia Medical Board (Physicians, PAs and Respiratory Therapists), with a special interest in addiction-related disorders.
- Our Board has over 80 years of experience in managing addiction and other mental health disorders among Professionals. Our Executive and Medical Directors have been involved in the field for 21 and 30 years, respectively.

What We Do – Participants

- Coordinate the initial referral/triage - Evaluation or treatment, if indicated. Agreement not to Practice is signed, if indicated. The PHP participates in most evaluation outbriefings.
- Case management of the initial treatment of ill participants – work directly with the treatment center throughout the course of treatment to receive treatment updates.
- Prior to discharge from treatment, participant will meet with Dr. Earley and Georgia PHP team create a monitoring plan and have the participant sign their contract.

Georgia PHP Monitoring Contracts

Commonly a five year contract, crafted to the individual and based upon these basic components:

<table>
<thead>
<tr>
<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td>Random Drug testing</td>
</tr>
<tr>
<td>Frequent self-help meeting attendance</td>
</tr>
<tr>
<td>Identify home group, sponsor in self-help program</td>
</tr>
<tr>
<td>Minimum of 3 Caduceus meetings per month for the entire length of contract</td>
</tr>
<tr>
<td>Weekly Small Group Therapy for 2 years</td>
</tr>
<tr>
<td>Attending Physician: Addictionologist/Psychiatrist</td>
</tr>
<tr>
<td>Primary Care Physician</td>
</tr>
<tr>
<td>Short Term Medication Policy</td>
</tr>
<tr>
<td>Travel Policy</td>
</tr>
</tbody>
</table>

Stakeholders in Physician Health

What We Do – Treatment Providers

- Educate evaluation centers, treatment centers and outpatient providers about the special needs and the complexity of caring for health care professionals.
- Vet evaluation centers, treatment centers and outpatient providers – credentialing process every 2 years.
- Educate providers at a provider conference every 2 years.
- Work with providers on a case–by-case basis about their client’s licensure, legal, and credentialing issues.

- Maintain an intensive, tapering monitoring process.
- Apply a sophisticated contingency management system to managing the chronic disease of addiction.
- Develop support networks across the state for physicians and their families.
- Confidential services: As long as the physician does not pose a current risk to public safety, they will not lose their license if they are able to comply with needed treatment.
What We Do – Medical Board

- Attend monthly GCMB meetings. Case discussion (maintaining confidentiality on almost all cases).
- Advocacy before the Medical Board, if needed and warranted by participant’s condition and behaviors.
- Provide education and consultation to the Georgia Medical Board limited to our content expertise:
  - How PHPs work
  - The management of mental health issues among health care professionals
  - How we implement effective monitoring
  - Physician health issues across the United States

What We Do – Medical Community

- Education to professional organizations, hospitals, wellness committees, medical schools and other interested parties.
- Availability of our hot line (855–MYGAPHP) and web site (www.gaphp.org). Our crisis management is available 24/7.
- Coordinate with hospital wellness committees, medical staff services and credentialing bodies about participant health and fitness for duty.
- Send Advocacy letters and other needed correspondence.
- Provide consultation about physician and P.A. wellness and medical staff concerns.

Participants in Monitoring

![Participants in Monitoring graph](image)

Participants by Specialty

![Participants by Specialty graph](image)

Over/Under Represented

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>-40.0%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>0.0%</td>
</tr>
<tr>
<td>OB/Gyn</td>
<td>0.0%</td>
</tr>
<tr>
<td>Radiology</td>
<td>20.0%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>20.0%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>20.0%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>40.0%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>60.0%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

PHP Research

Paper #1

  - A sample of 504 Physicians consecutively admitted to 16 state Professionals' Health Programs (PHPs) was studied for 5 years or longer to characterize the outcomes of this episode of care and to explore the elements of these programs that could improve the care of other addicted populations.

  - The study consisted of two phases: the first characterized the PHPs and their system of care management, while the second described the outcomes of the study sample as revealed in the PHP records. The programs were abstinence-based, requiring Physicians to abstain from any use of alcohol or other drugs of abuse as assessed by frequent random tests typically lasting for 5 years. Tests rapidly identified any return to substance use, leading to swift and significant consequences.
Remarkably, 78% of participants had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring. At post-treatment follow-up, 72% of the Physicians were continuing to practice medicine. The unique PHP care management included close linkages to the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous and the use of residential and outpatient treatment programs that were selected for their excellence.


- Results: 155 of 802 Physicians (19.3%) with known outcomes failed the program, usually early during treatment. Of the 647 (80.7%) who completed treatment and resumed practice under supervision and monitoring, alcohol or drug misuse was detected by urine testing in 126 (19%) over five years; 33 (26%) of these had a repeat positive test result.
- At five year follow-up, 631 (78.7%) Physicians were licensed and working, 87 (10.8%) had their licenses revoked, 28 (3.5%) had retired, 30 (3.7%) had died, and 26 (3.2%) had unknown status.

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