



Physicians'  
HEALTH  
Program

The Foundation of the Pennsylvania Medical Society

## Physician's Health Program Overview

Raymond C. Truex Jr., MD, FACS, FAANS  
Medical Director

November 11, 2023



The Foundation  
of the Pennsylvania Medical Society

# Our Mission

*Our mission is to promote early identification and facilitate rehabilitation of physicians and other eligible health care professionals and trainees with concerns relating to substance use disorders, mental health disorders, and/or behavioral concerns. Our goal is to coordinate assessment and treatment as well as provide monitoring and advocacy to ensure the safe practice of their profession, and the safety of the public.*



Physicians'  
HEALTH  
Program

The Foundation of the Pennsylvania Medical Society

# Impairment

- Presence of medical, mental health, or substance use disorders or the fact that a physician being treated for them does not necessarily imply impairment
  - Impairment may result from use of psychoactive agents (alcohol or other substances, including prescription medications) or illness.
  - Impairment may also be caused by a medical or mental health condition, the aging process, or profound fatigue that affects the cognitive or motor skills necessary to provide adequate care.

ACP Ethics

# Recognition

- Physicians may avoid seeking help, out of fear:
  - **Loss of confidentiality and privacy**
  - Loss of livelihood
  - Appearance of vulnerability
  - Deny or subordinate their personal needs to practice demands
- Physicians may not recognize the impairment

# Responsibility

- The privilege of medical practice is predicated on the physician's and the profession's commitment to providing safe, competent, and ethical patient care.

# Pennsylvania Medical Practice Act

- Any hospital or health care facility, peer, or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license shall make or cause to be made a report to the board: Provided, that any person or facility who acts in a treatment capacity to an impaired physician in an approved treatment program is exempt from the mandatory reporting requirements of this subsection.

# Responsibility

- Physicians have a duty to seek help when they are unable to provide safe care.
- When identifying and assisting colleagues who might be impaired, physicians should act on collegial concern as well as ethical and legal guidelines that require reporting of behavior that puts patients at risk.

# Responsibility

- A stepwise approach should be taken, starting with a sensitive but forthright discussion with the person if patient harm is unlikely and progressing to a report to licensing boards or clinical supervisors if patient harm is imminent or suspected.
- In uncertain cases, physicians should seek counsel from designated officials or supervisors.



# Referring Physician Colleagues

- Physicians also do not always refer impaired colleagues.
- Almost a third with knowledge of an impaired or incompetent colleague did not report this to a relevant authority
- More than a third did not agree that physicians should report colleagues at all

# Referring Physician Colleagues

- Physicians also do not always refer impaired colleagues.
  - The most common reasons for not reporting were the expectation that someone else would do so or that no action would result.
  - Other reasons:
    - Fear of retribution
    - Belief that it was not their responsibility
    - Worries about excessive punishment

# Uniqueness of Physician Recovery

- Shame/Guilt
  - “I should know better” caregiver mentality
- Minimizing
- Self-Medication
- Access to Drugs
- Intellectualization
- Fear of Professional Ramification

# Uniqueness of Physician Recovery

- Assistance for impaired physicians should focus on the underlying illness or condition.
- The nature and severity of the impairing condition and the **degree of risk posed to patients and others** should inform best practices for assisting an impaired physician.
- **Rehabilitation** should be sought whenever possible so that the physician might safely return to practice.
- Evaluation and treatment should be clinically based according to **standards of care.**

# Physicians' Health Program (PHP)

Services are CONFIDENTIAL and VOLUNTARY

The PHP provides:

- Evaluation
- Referral for Treatment
- Monitoring
- Advocacy

# PHP Programmatic Goals

Early detection

Thorough assessment & evaluation

Abstinence based treatment

Long term monitoring

Documentation (abstinence, compliance)

# Evaluation to Help Diagnose and Treat

Basis of an evaluation:

- Biological
- Psychological
- Social
- Spiritual
- Occupational

# Physician Recovery & Patient Safety

Evaluate

Diagnosis

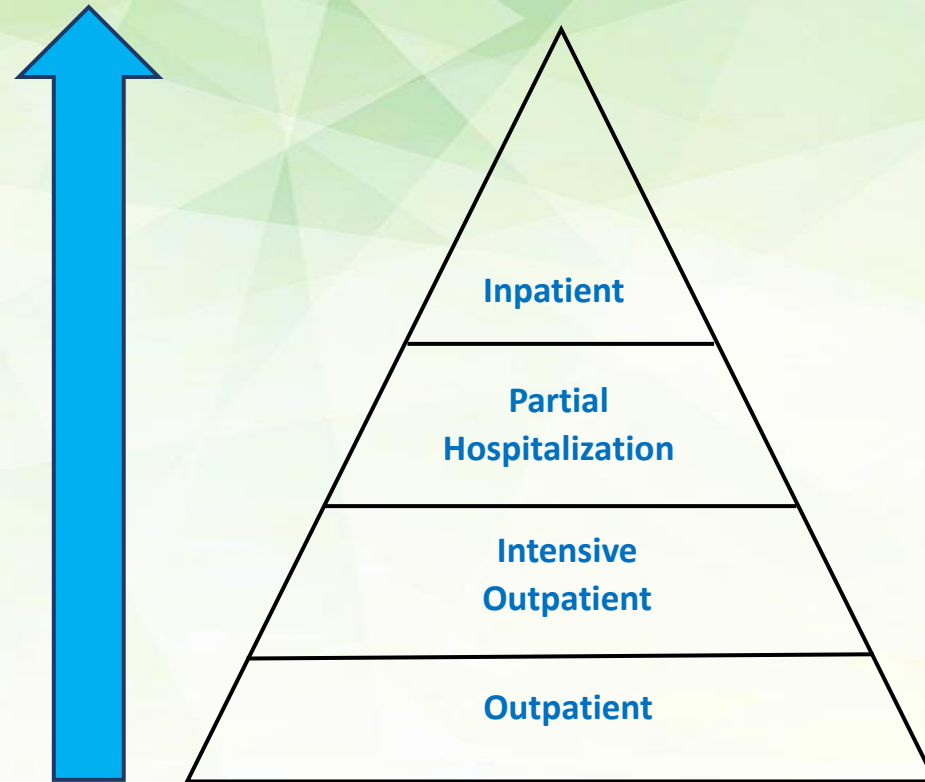
Treat

---

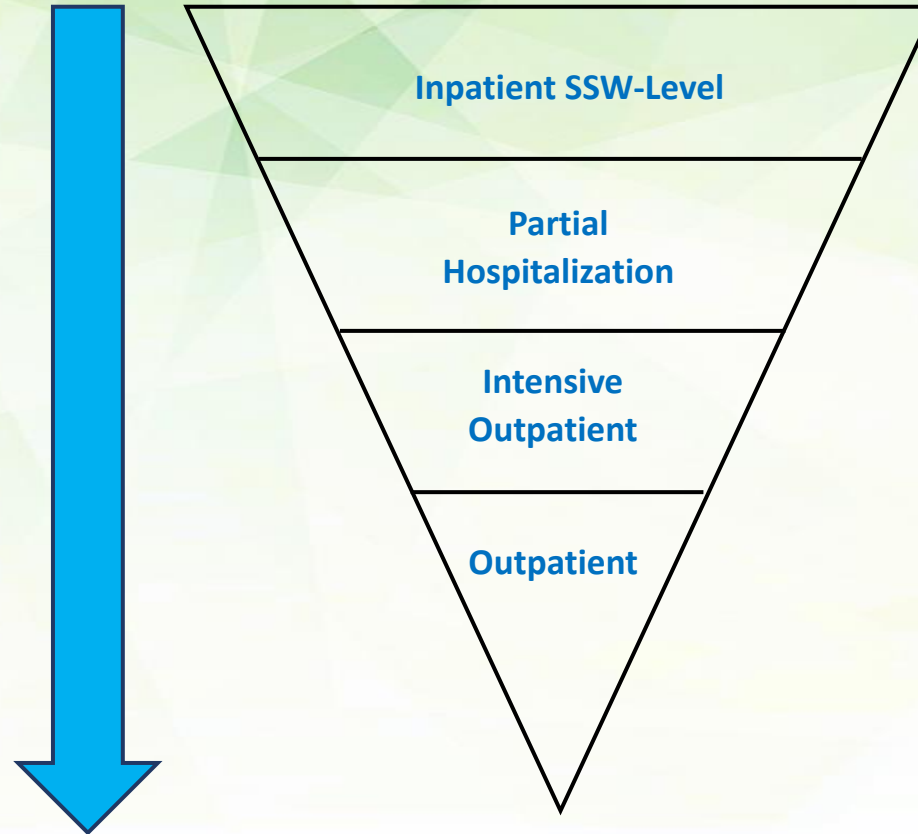
Protect the Public



# Standard for General Public: “Fail First Model”



# Physicians and Medical Professionals: “Success First Model”



# Set the Path:

- Beyond the Typical Psychiatric or Biological/Psychological/Social/Spiritual Assessment
- At the level of Comprehensive, Inpatient/Residential
  - GATHER EVIDENCE
    - Neuropsychological testing
    - Multidisciplinary approach
  - COLLATERAL INFORMATION

# Collateral Information

- Take beyond the self-report
  - Corroboration
  - Challenge
  - Verification
- Workplace, Personal, Legal
- If DUI charge, federal charges, licensure questions, then evidence from the PHMP, PHP, employer, or regulatory bodies should be considered.

# Flow of Information

- Working with approved evaluators ensures the multidimensional approach which takes into account all available evidence, not simply the information that goes into a medical decision.
- Public safety and attention to healthcare professional
- Personality stylings
- High level of communication
- Professionals track

# Treatment Recommendations

- Approved evaluators understand the importance of commenting not only on recovery/sobriety/abstinence
- Equally important is the attention for a physician to function in their profession in a way that is not impaired
- Can they be monitored by a PHP?
- Fitness for Duty

# Agreements

- An agreement is a monitoring and advocacy relationship where the Physicians' Health Program gathers documentation of one's compliance to treatment recommendations.
- Terms of an agreement are directly adopted from treatment recommendations from an evaluator.
- Five-year standard monitoring and advocacy agreement
- Three-year psychiatric monitoring and advocacy agreement
- One-year sobriety challenge agreement

# Monitoring

- Abstinence
- Individual/Group Therapies; Psychiatric Management
- Avoid Self-treatment
- Drug Testing
- Mutual/Peer Support: 12-Step Attendance, Caduceus
- Workplace Monitoring
- PHP Monitoring



# Advocacy

- The PHP advocates on behalf of a participant who is compliant with treatment recommendations and terms of their agreement.
- Workplace, licensing boards, credentialing boards, employee health committees, disciplinary boards, other state PHPs

# Length of Monitoring

- A sample of 904 physicians consecutively admitted to 16 state Physicians' Health Programs (PHPs) was studied for 5 years or longer to characterize outcomes.
- 78% had no positive tests for drugs or alcohol over the five-year period. More than half of the people that had positives only had one.

*Dupont RL, McLellan AT, White WL, Merlo LJ, Gold MS. Setting the standard for recovery: Physicians' Health Programs. Journal of substance abuse treatment. 2009 Mar;36(2):159-71.*

# Goals for Recovery

- Regain whole person
  - Complete abstinence/Return to work
  - Patient safety
- Learn about disease
- Take personal responsibility
- Build and utilize support network

# Questions?

# Thank You

## Contact Info

Raymond C. Truex Jr., MD, FACS, FAANS

Medical Director

[php-foundation@pamedsoc.org](mailto:php-foundation@pamedsoc.org)

(717) 558-7819