The Ohio Physicians Health Program

David D. Goldberg, D.O.
Medical Director

Happy Hour:
Substance Use and Other Behavioral Issues
OBJECTIVES

- Discuss signs and symptoms associated with Substance Use Disorders (SUD) in healthcare professionals, and describe how to assist colleagues who may have a SUD or other issues impacting their health and well being.
- Raise awareness to the issues of professional and personal stress, burnout, and impairment.
- Review State Medical Board of Ohio’s One Bite Rule and its importance to licensees.
- Review services available through the Ohio Physicians Health Program.

Please complete your survey!
OPHP
MISSION STATEMENT

“To facilitate the health and wellness of healthcare professionals in order to enhance patient care and safety.”

OPHP FUNCTIONS

▪ Assess for significant problems.
▪ Refer for an evaluation at State Medical Board of Ohio approved treatment provider.
▪ Monitor the healthcare professional for five years.
▪ Advocate
OPHP STRUCTURE

- OPHP is a 501(c)3 not-for-profit organization that relies on grants and donations.

- Not affiliated with the State Medical Board of Ohio.

HOW CAN OPHP HELP?

- Education
- Identification
- Intervention
- Referral
- Advocacy
- Re-entry
OPHP Participant Recovery Rate

Graph based on signed agreements beginning January 2004.

“Physician Health Programs Set the Standard for Addiction Treatment.”

ASAM News Volume 24, Number 1, Page 22-23, Spring 2009
IMPAIRED PHYSICIAN

AMA definition:

“One who is unable to practice medicine with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol.”


PHYSICIAN IMPAIRMENT

- Substance Abuse
- Stress, Burnout
- Depression
- Disruptive Behavior
- Senility
Substance Abuse is the most common reason a physician is brought to our attention.

PHYSICIANS WITH CHEMICAL DEPENDENCY

Most Frequent Drugs of Abuse:

1. Alcohol 50%
2. Opioids 36%
3. Stimulants 8%
4. Other substances 6%

50% of physicians reported abuse of multiple substances.

**OPHP PARTICIPANTS WITH CHEMICAL DEPENDENCY**

**Most Frequent Drugs of Abuse:**

1. Alcohol 43.8%
2. Opioids 30.8%
3. Benzodiazepine 7.5%
4. Cocaine 5.5%
5. Marijuana 5.0%
6. Other substances 7.5%

25% of physicians report abuse of multiple substances.

OPHP Clients as of December 31, 2011.

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**PHYSICIANS WITH CHEMICAL DEPENDENCY**

**Generally Speaking**

The first place the effects of substance abuse show up is at **Home**.

The last place the effects of substance abuse show up is at **Work**.
WARNING SIGNS OF ALCOHOL/DRUG ABUSE

In the Home:
- Behavior changes
- Deterioration in appearance and hygiene
- Red eyes
- Isolation
- Hiding alcohol or drugs around the house
- Lying about use / minimizing
- Drinking or sick in the mornings
- Blackouts or memory lapses
- Divorce / separation

WARNING SIGNS OF ALCOHOL/DRUG ABUSE

In the Hospital:
- Making rounds late – inappropriate behavior
- Decrease in quality of performance
- Behavior changes
- Unavailability for emergencies
- Attending emergency patients while under the influence
- Frequently late for surgeries, meetings, appointments
- Deterioration in appearance and dress
Opioid Analgesics are the #1 cause of unintentional drug overdose deaths. The female overdose rate has tripled since 2000.

CDC, July 2010

There has been a 10-fold increase in the medical use of opioids in the past 20 years.

CDC, July 2010
Ohio tallied a record number of accidental drug-overdose deaths in 2010, with Franklin County registering the highest single-county total.

Columbus Dispatch, March 9, 2012

Across Ohio, prescription painkillers remain readily available, either through prescriptions or dealers, with increased supplies seen in Athens and Columbus.

Columbus Dispatch, October 5, 2011
Is it okay for healthcare professionals to drink or use drugs socially (or normally)?
WHAT IS NORMAL DRINKING?

“45% of US adults do not drink any alcohol at all.” – USDA


Religious Teetotalers:
- Latter Day Saints
- Hinduism
- Buddhism
- Islam
- Seventh Day Adventist
NORMAL DRINKING:

The USDA *Dietary Guidelines* define *moderate* drinking as no more than one drink a day for women and no more than two drinks a day for men.


ONE STANDARD DRINK:

- 8 oz. Beer
- 4 oz. Wine
- 1.5 oz. Liquor (80 proof)
HEAVY DRINKING:

For men, heavy drinking is typically defined as consuming an average of more than 2 drinks per day. For women, heavy drinking is typically defined as consuming an average of more than 1 drink per day.


CASE STUDY 1

▪ 55 yr old Physician in Cleveland charged with DUI
▪ OPHP referred him to a State Medical Board of Ohio approved assessment provider.
▪ Physician admitted to drinking on a daily basis for approximately 2 years, with increased tolerance.
▪ Referred to treatment at State Medical Board of Ohio approved treatment provider.
▪ Completed all recommendations of treatment facility including 5 year contract with OPHP.
▪ Result: Doctor in recovery and no Board Action!
CASE STUDY 2

- Physician in Southern Ohio in private practice felt she had a problem with Alcohol. Being pro-active, self-referred to her community treatment center.
- Completed all recommendations of treatment facility including Intensive Outpatient therapy, and became very active in her AA community.
- Disgruntled former employee reported to SMBO.
- Board investigated and physician readily admitted hx.
- Result after 2+ years in recovery: license suspension, Consent Agreement, and order to 28 day treatment!

"ONE BITE" RULE

State Medical Board of Ohio Approved Treatment Providers

Current list available at SMBO website: www.med.ohio.gov
“ONE BITE” RULE

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
   - select one -

For Question #6: You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning any of the above questions can be directed to the Board office at (614)466-3934.

DISRUPTIVE BEHAVIOR

A style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care.

Federation of State Medical Boards, Policy on Physician Impairment, April 2011
DISRUPTIVE BEHAVIOR

- 80% of disruptive behaviors were reported in surgeons, surgical subspecialties, or medical subspecialties.

- Often the beginnings of disruptive behavior was seen in medical students / residents.

DISRUPTIVE BEHAVIOR

The term is a description, NOT a diagnosis.

Federation of State Medical Boards, Policy on Physician Impairment, April 2011
DISRUPTIVE BEHAVIOR

Underlying problems seen in disruptive physicians:

1. Substance Abuse
2. Psychiatric Disorders
3. Burn Out
STRESS MANAGEMENT

1. Time with family & friends
2. Unconditional support from spouse/partner
3. Exercise
4. Spiritual life
5. Hobbies
6. Acceptance – (no control)

BURNOUT

1. Emotional Exhaustion
2. Depersonalization (cynical, less compassionate)
3. Low sense of professional accomplishment, purpose, and job satisfaction

http://www.physicianspractice.com/work-life-balance/content/article/1462168/1890872
BURNOUT

Physician At Risk For:

1. Substance Use Issues
2. Depression
3. Suicidal Ideation/ Suicidal Plan
4. Malpractice Claims

DEPRESSION

1. 27% – 30% clinical depression rates among interns.
2. 19.5% clinical depression reported among female physicians.
3. www.DoctorsWithDepression.org

Physicians commit suicide at a rate of 28 - 40 per 100,000.

This means that they are more than twice as likely as the general population to kill themselves. (12.3 per 100,000)

Suicide rates for female physicians are approximately four times that of women in the general population.
SUICIDE

- Highest Risk Occupation for suicide is Medical Doctors according to Denmark study.
- Physicians have higher rates of completion to attempts which may result from greater knowledge of lethality of drugs and easy access to means.

Agerbo et al., Psych Med, 2007
Nordentoft M, Laegeforenings Forlag Kobenhavn 2007, pp. 22

What should you do if you are experiencing stress, burnout, or depression, or are abusing drugs or alcohol?

Call the Ohio Physicians Health Program
614.841.9690
CONFIDENTIAL RESOURCE
What should you do if you think a colleague is abusing drugs or alcohol?

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CONFIDENTIAL RESOURCE

Please complete your survey!