



# PHP UPDATE

## NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM

### CREDENTIALING NECESSITY ADDRESSED BY PHP

by Jon Shapiro, MD, DABAM

The Physicians' Health Program activity includes several aspects. We assist in the evaluation, treatment and monitoring of health care professionals with psychiatric and substance use disorders. We educate students and professionals through lectures and continuing medical education activities. Most rewardingly, we have the privilege and joy of advocating for health care professionals in recovery.

The term "impaired" only applies to our clients during the active phase of their illness. Once they have been treated and entered into monitoring they become ready to pursue the rest of their lives. There is a lot of stigma associated with substance use and recovery. Since addiction is a medical illness, one would hope that the medical profession would deal with recovering physicians in a fair and just fashion.

Unfortunately that is not always the case.

Routine credentialing with a hospital or insurance company is likely to have the dreaded question in one of its varied manifestations. Have you ever been diagnosed, treated or monitored for addiction? The question must be answered truthfully as dishonesty is both illegal and contrary to good recovery. The PHP's long tenure of professionalism allows us to advocate for the individual, and in most incidences, to help realize the goal of credentialing.

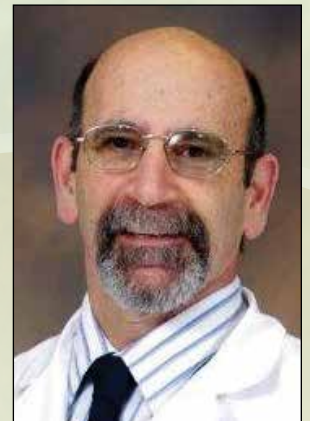
The Pennsylvania Board of Medicine is charged with protecting the public. They are only secondarily concerned about physician rights. Over the years, a good working relationship has developed that allows the PHP to effectively testify and advocate toward license preservation and restoration. While we are not always successful, we are usually able to at least mitigate some of the negative effects of a history of mental illness or addiction.

We testified in a domestic case recently. We testified reluctantly because domestic cases can be messy and seem far afield from our mission to assist with professional development. Our participant informs us that the case went well. He and his attorney report that this is a precedent-setting case. The judge attested that the damage from his addiction was not voluntary because of the recognition of addiction as a disease.

Hopefully this message will spread through the courts.

Medical specialty certification was once an "icing on the cake" add-on bragging right about quality and accomplishment.

*Continued on page 6*

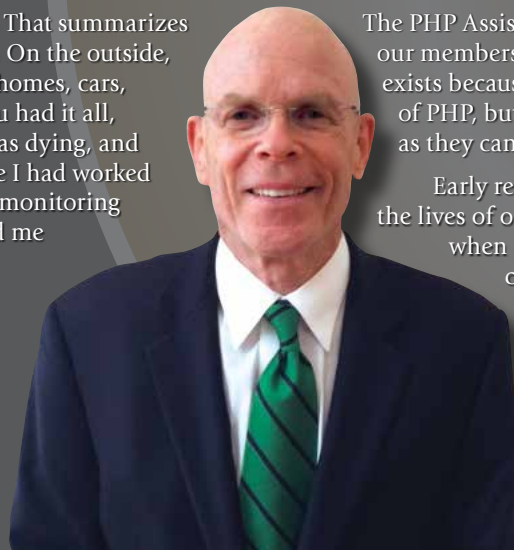


Jon Shapiro, MD, DABAM, Medical Director

### YOU CAN HELP A PHYSICIAN IN NEED

**Bankrupt. Emotionally. Spiritually.** That summarizes my life before my introduction to the PHP. On the outside, I had it all. A beautiful family, dream job, homes, cars, money. As a friend said to me, "Charlie you had it all, you had the whole catastrophe." Inside I was dying, and didn't know how to stop destroying the life I had worked so hard to create. The staff at PHP and the monitoring program in which I still participate, helped me change my life.

I did not want for anything. But I found out after joining PHP, some of our members have lost it all. No job, no money, no family, no support. How do you start over when it's all gone?



The PHP Assistance Fund was created to help the needs of our members when they need it most. It is a special fund. It exists because our members not only gift to the general good of PHP, but they also make the extra contribution as often as they can to sustain this fund.

Early recovery is a turbulent time in our lives as well as the lives of our family members. PHP assists our participants when guidance is most needed. As you make your contribution this year to support PHP, please also consider an extra gift to the PHP Assistance Fund that offers financial help to participants in the program. **One act of kindness can change a life.**

— Charlie Burns, MD

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For more information or to submit articles, please  
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The PHP is a program of



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# EXECUTIVE DIRECTOR MESSAGE

*Heather A. Wilson, MSW, CFRE*

*Executive Director, The Foundation; Deputy Executive Vice President, Pennsylvania Medical Society*

Unless you live on a remote island, I think we all can agree that whatever your political viewpoint to which you personally ascribe, we have collectively witnessed the best and the worst of human behavior over the past few months. The political rhetoric we have seen and heard has caused many of us to take a second look at our family, friends and co-workers as we ask ourselves, "Do they really stand for that viewpoint or value? What will happen if I share my thoughts on the issue?"

Countless superficial workplace discussions have escalated into unfortunate incidents that question an individual's professionalism. The foundational value of respect and cooperation quickly dissipates. While these incidents may be a poor choice of words or a lack of judgement, it is our belief at the Foundation that sometimes these events are singular in nature. Therefore we are introducing a new service through our LifeGuard program that offers a clinically informed triage process for employers to evaluate a physician who has been suspected of unprofessional behavior.

Currently professionalism evaluations are often lengthy in duration and quite costly. While these comprehensive evaluations are necessary in some instances, it is our belief that in many circumstances, the LifeGuard professionalism triage process is a more cost effective and time-efficient method for analysis and remediation. Upon completion of our clinically informed triage process, an individual has heightened their awareness and understanding of why their actions were unprofessional and has identified strategies to prevent future incidents. We realize that a more comprehensive evaluation will be clinically indicated for some individuals. In these cases, the traditional pathway to a comprehensive assessment remains in place.

Recently, I had the opportunity to welcome to the world the newest member of the Wilson family, my granddaughter, Evangeline. As I encountered her birth team, I watched for those moments when people had the opportunity to not be at their professional best due to the pressure and circumstances of 10 deliveries in a single night. I witnessed incredibly competent, compassionate and dedicated individuals pushed to their limit as they navigated limited resources, staffing and the personalities of 10 new families experiencing one of the most monumental moments in their lives. During my experience, we encountered nothing but the highest level of professionalism, but I was thankful for opportunity to look through the LifeGuard programmatic lens and validate that the clinically informed triage approach to professionalism concerns is a step in the right direction to respecting the physician and correctly evaluating the antecedents, behaviors and corrections (when warranted) in a manner that is equal to the presenting moment when professionalism is called into question. My hope for Evangeline is that during her life path she is treated with respect, compassion and fairness. Shouldn't we want the same for everyone?

Be well,

Heather A. Wilson, MSW, CFRE  
Executive Director, The Foundation;  
Deputy Executive Vice President,  
Pennsylvania Medical Society



# WHEN YOU PARTICIPATE, WE ADVOCATE

While monitoring a participant in an agreement, the PHP collects documentation for all requirements of the agreement. This includes reports for ongoing therapy, 12-step meeting attendance, workplace monitoring, peer monitoring and toxicology testing. When calling to check in with the PHP staff, you may think to yourself, "Why does the PHP remind me to have these reports submitted? Is it really that important? How are these reports utilized?" The answer is advocacy.

Between the years 2012-2016 the PHP sent 3,794 advocacy letters on behalf of our participants (this total excludes hundreds of supportive letters sent to the Professional Health Monitoring Program (PHMP).)

The PHP writes several types of letters for our participants. Letters can be prepared for participants who are currently active in an agreement and for those who are inactive with the PHP. For inactive participants, the PHP is only able to advocate for the period of time that someone was actively involved in monitoring. Here is an outline of the most common types of letters and when they are sent:

- **Return to Work Letters:** After finishing treatment, a participant may need a letter from the PHP stating we support their return to work. Most commonly, these are sent right after a participant signs their monitoring agreement.
- **Compliance Statements:** These are short letters confirming participation in the PHP and state whether or not participants are in compliance with their monitoring agreement. These are commonly used when a participant's place of employment or educational institution requests letters be sent on a quarterly basis. In addition, these are used for credentialing, insurance, and if someone is being dually monitored by a PHP in another state.



*Kendra Parry, MS, CADC, CIP, CCSM, Program Director*

- **Summary of Participation:** These are very detailed letters containing the following information: the reason for referral, evaluation/treatment history (including all diagnoses given), date monitoring started, length of the agreement, and all requirements of the monitoring agreement as well as compliance with each aspect. These are sent to other PHPs when a participant moves to another state, attorneys, and state medical licensing boards.
- **Quarterly Letters to the PHMP:** These are for participants who are involved in monitoring with the PHMP. On a quarterly basis, the PHP will send a letter regarding compliance with each area of monitoring. Each year, the PHP sends roughly 500-550 letters to the PHMP!

If you need an advocacy letter but are not sure what type, please call a PHP case manager to discuss what is best for your situation.

For the PHP to send an advocacy letter, a valid release of information signed by the participant must be on file. To download a release of information form, visit the PHP website at [www.paphp.org](http://www.paphp.org) then navigate to the Forms Page.

For active participants, you can find this form in your Affinity login page under Helpdesk, Guides and Documents. It is important that releases are filled out completely and accurately. Sending an inaccurate release of information form will delay delivery of the advocacy letter.

Remember! We need you to help us build an objective record of your recovery by filing timely reports of your activities. Advocacy is the tool that we use to maximize your professional opportunities as a recovering health care professional.



*PHP Medical Director Jon Shapiro, MD, presents to medical students at Philadelphia College of Osteopathic Medicine to increase awareness of addiction and other causes of physician impairment. To schedule a presentation about how to identify physician addiction and learn more about the Foundation's Physicians' Health Program visit our website at [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org).*



*Congratulations to PHP Case Management Assistant Barbara Dillow for meeting her requirements to continue as a Certified Medical Office Assistant. This designation means that she practices utmost ethics and confidentiality when interacting with participants.*

## DOCTORS' DAY IS MARCH 30

In the spirit of Doctors' Day we are asking you to consider a donation in recognition of a special physician in your life. Is there someone who has inspired and motivated you to succeed? Often, many physicians have been helped along in their career by a fellow physician, mentor, friend, colleague or professor.

Your gift to the Foundation is a wonderful way to honor an individual's dedication to the medical profession. You can choose to make your gift a tribute and we will notify the recipient of your generosity.

Donations mean medical students receive funding for education and physicians have access to wellness and clinical competency programs provided by the Foundation. Visit "Donate Now" at [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org) or mark the remittance envelope in this newsletter with "Doctors' Day."



# Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

*Thank you to our hospital sponsors who supported the Physicians' Health Program of The Foundation of the Pennsylvania Medical Society in 2016. We are grateful for your support!*

## AMBASSADOR \$10,000

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Einstein Medical Center Philadelphia – M  
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Excela Health – M  
Forbes Hospital – M & H  
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Hanover Hospital – M & H  
Jefferson Regional Medical Center – M & H  
Moses Taylor Hospital – M  
Ohio Valley General Hospital – M & H  
Pinnacle Health Hospitals – M  
Pocono Medical Center – M & H  
Sacred Heart Hospital – M & H  
Saint Vincent Health System – M  
St. Mary Medical Center – M & H  
The Western Pennsylvania Hospital – M  
UPMC Horizon – M & H  
UPMC McKeesport – M  
UPMC Presbyterian Shadyside – Shadyside  
Campus – M  
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## GUARDIAN \$1,000 TO \$2,499

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Allegheny Valley Hospital – M  
Aria Health – M  
Blue Mountain Health System – M  
Brandywine Hospital – M  
Butler Health System – M  
Charles Cole Memorial Hospital – M & H  
Chestnut Hill Hospital – M  
Children's Hospital of Pittsburgh – M  
Conemaugh Memorial Medical Center – H  
Delaware County Memorial Hospital – M & H  
Eagleview Hospital – H  
Einstein Medical Center Montgomery – M  
Grove City Medical Center – M & H  
Hahnemann University Hospital – M  
HealthSouth Rehabilitation Hospital of  
Mechanicsburg – M  
Heart of Lancaster Regional Medical  
Center – M & H  
Heritage Valley Health System – Beaver – M  
Heritage Valley Health System – Sewickley – M  
Jeanes Hospital – M & H  
Lancaster Regional Medical Center – M  
Lower Bucks Hospital – M & H  
Magee–Womens Hospital of UPMC – M  
Meadville Medical Center – M & H  
Mercy Catholic Medical Center – M  
Monongahela Valley Hospital – M & H  
Penn Highlands DuBois – M & H  
Penn Highlands Elk – M & H  
Philhaven – M & H  
Phoenixville Hospital – M & H  
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Soldiers and Sailors Memorial  
Hospital – M & H  
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St. Clair Memorial Hospital – M  
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Quakertown – M

Suburban Community Hospital – East  
Norriton – M & H  
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Temple University Hospital – M  
Uniontown Hospital – M & H  
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Memorial Hospital – York – H  
Millcreek Community Hospital – M & H  
Muncy Valley Hospital – M & H  
Penn Highlands Clearfield – M & H  
St. Joseph Medical Center – M  
Sunbury Community Hospital – M  
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Windber Medical Center – M

## PARTNER \$100 TO \$499

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Penn Highlands Brookville – M & H  
Titusville Area Hospital – M & H  
Wernersville State Hospital – M

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H = Hospital Administration Donation

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The Foundation  
of the Pennsylvania Medical Society

Education. Wellness. Excellence. Always.

# THANK YOU TO ALL DONORS

who helped us raise nearly \$62,000 in support of the Physicians' Health Program Endowment Fund & the 30th anniversary of the PHP. Your support will make sure the PHP will always be available to fellow health care providers.

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*Transforming Lives*

# MESSAGE FROM OUR CHAIR

Virginia E. Hall, MD, FACOG, FACP, began serving as chair of the Foundation's Board of Trustees on Jan. 1.

## Physicians deserve professional treatment too

The *Washington Post* (Jan. 7, 2017) published an article about why doctors are leery to seek mental health care for themselves. This was preceded last year by a *Consumer Reports* (April 2016) article decrying "addicted doctors" practicing patient care. It is time for the medical profession to fairly air these issues and possible solutions.

First and foremost, all need to remember physicians and other health care professionals are human beings - not just human doings. MD does not mean M Deity (the DO is spared this pejoration) nor does a medical degree confer perfect health - physical, mental or spiritual.

The "doctor patient" (just like his or her patients) needs confidentiality when seeking care. While hospital systems should have employee assistance programs (EAP), lack or perceived lack of confidentiality is often cited as a reason for nonparticipation.

The Physicians' Health Program (PHP) of The Foundation of the Pennsylvania Medical Society has been available to all the physicians in need for more than 30 years. The State Board of Medicine and programs like the PHP keep patients and physicians safe. The PHP deals with psychiatric and addictive processes that could affect patients and physician careers. LifeGuard, another arm of the Foundation, deals with re-entry of aging physicians for assessment of the art and science of medical practice.

All of these assessments are designed to protect patients and physicians. Just like the non-physician patient desires confidentiality, so does the physician. The Health Insurance Portability and Accountability Act (HIPAA) applies to physician patients, too.

Addictive disease is a chronic relapsing illness for which counseling and selected medications have been proven effective. When physicians enter a specialized case management service or monitoring program such as the PHP, their prospects for recovery are much higher than those for people in the general public. According to *The Principles of Addiction Medicine*, fourth edition, by Richard K. Ries et al. Chapter 40 written by Paul Early, MD, FASAM, on "PHPs and addiction among physicians" (p. 543) states: "McLellan et al.

evaluated the outcomes among 904 addicted physicians treated in 16 PHPs and found 78 percent were continually abstinent throughout the 5-7 year period of evaluation; more than 90 percent of those physicians were still practicing medicine." This was a 2008 study called five year outcomes in a cohort study of physicians treated for a substance use disorder in the U.S.

This rate is much higher than the general population who has addiction diagnosis. Physicians are motivated to remain well and functional. Just like the diabetic or hypertensive individual needs to take medication and counsel to maintain health and prevent complications such as diabetic coma from too high a blood sugar, hypoglycemia (low blood sugar), myocardial infarction (heart attack), or cerebrovascular accident (stroke), the physician with addictive or psychiatric disorder needs confidential therapies. There has long been a separation between physical and mental/spiritual health. It is time to encourage therapy of the whole individual - for we are not just physical beings but also mental and spiritual beings.

Let us understand treatment of psychiatric and addictive disorders confers safety for all but until confidentiality is guaranteed and honored, there will remain reluctance of physicians to seek care for psychiatric and addictive disorders. Please call PHP if you have questions or concerns at 1-800-225-5747 (1-800-CALL-PHP) or 717-558-7819.



Virginia E. Hall, MD, FACOG, FACP

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*The Physicians' Health Program (PHP) of The Foundation of the Pennsylvania Medical Society has been available to all the physicians in need for more than 30 years.*

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## CREDENTIALING NECESSITY ADDRESSED BY PHP

*Continued from page 1*

Now board certification is often a necessity. Certification may be required for insurance participation or hospital credentialing. The boards, in an attempt to maintain their professional standards, have often excluded physicians in recovery.

In a recent case we were able to convince the American Board of Psychiatry and Neurology not to sanction one of our clients. His record had been marred by consequences of his disease, not by incompetence or unprofessional behavior.

The Pennsylvania PHP has been successful in reversing discrimination by helping specialty boards recognize that addiction is a disease to be treated, not to be shunned. We don't by any means act alone. The AMA, the American Society of Addiction Medicine and the Federation of State PHPs have all led the way on a national level. They have written policies to guide medical boards and professional organizations in treating recovering physicians with the respect and rights to which they are entitled.

# Controlled Substance and Opioid Prescribing Educational Program

LifeGuard offers a comprehensive program led by Penn Medicine faculty, that covers prescribing issues for physicians who want to become more comfortable with controlled substances and opioid guidelines.



- Be smart.
- Be safe.
- Be sure.**

A Public Health Advocacy Program from the Pennsylvania Medical Society

**Dates:** May 18-19, 2017, August 24-25, 2017,  
December 7-8, 2017

Other dates available upon request

**Time:** 7:30 am - 5:30 pm

**Location:** Penn Med Clinical Simulation Center  
1800 Lombard St., 2nd Floor  
Philadelphia, PA 19146

**Cost:** \$2,550

The 2-day program includes case-based discussions completed in a small group format, combined with skills training through the use of standardized patients.

25.5 CME credits offered\*

Call **717.909.2590** or visit **LifeGuardprogram.com** for additional information

"The LifeGuard approach is intended to go beyond passive education, identifying not only educational gaps but also practice-based variations, providing the physician with opportunities to recognize individual issues and make substantial improvements to their practice of controlled substance and opioid prescribing with the tools offered by this program."

- **Program Director Marcia A. Lammando, RN, BSN, MHSA**

"We have joined with LifeGuard to offer this comprehensive review of material physicians need to know about the opioid and controlled substance issues. We combine case-based education with real-world training using standardized patients, so that physicians who have taken this course are comfortable moving forward in their practice."

- **Michael Ashburn, MD, MPH, Professor of Anesthesiology and Critical Care Director, Pain Medicine Penn Pain Medicine Center**

**Sessions include an overview of CDC and state guidelines. We will assess personal prescribing habits through chart review. Highlights include:**

- ▲ INTERDISCIPLINARY PAIN CARE: Where do opioids fit in?
- ▲ OPIOID THERAPY: Does it work, and at what cost?
- ▲ TRANSITIONING chronic opioid therapy and ongoing monitoring.
- ▲ TREATMENT FAILURE: What to do when things go wrong.

Read a detailed description of the course syllabus on our website [LifeGuardprogram.com](http://LifeGuardprogram.com).

\* Live Presentation: Controlled Substance and Opioid Prescribing Educational Program - The Pennsylvania Medical Society designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pre-course Enduring Materials: The Pennsylvania Medical Society designates these enduring materials for a maximum of 9.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activities.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and The Foundation. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians.





# Physicians' HEALTH Program

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## LIFEGUARD DEVELOPS “CLINICALLY INFORMED TRIAGE”

Marcia A. Lammando, RN, BSN, MHSA

The heightened awareness of behaviors that may negatively impact the culture of safety has led to health care organization's development of internal processes to actively address these workplace concerns. These issues run the gamut of dealing with colleagues whose behaviors and habits, such as repeated outbursts of anger directed at patients and co-workers, bullying, micromanaging and acting entitled, to name a few, disrupt workflow. These behaviors produce a variety of problems. Organizations have increasing obligations to all individuals involved: the physician, staff and patients too.

Coupled with the ever-increasing pressures of medicine and empowerment of the clinical team rightfully demanding a respectful work environment, unprofessional behaviors are simply no longer tolerated. However, in many instances, this is not an easily tackled situation. Once the internal processes within the organization have been exhausted, what are the next steps in dealing with these behaviors? How do organizations turn for help with patterns of disruption?

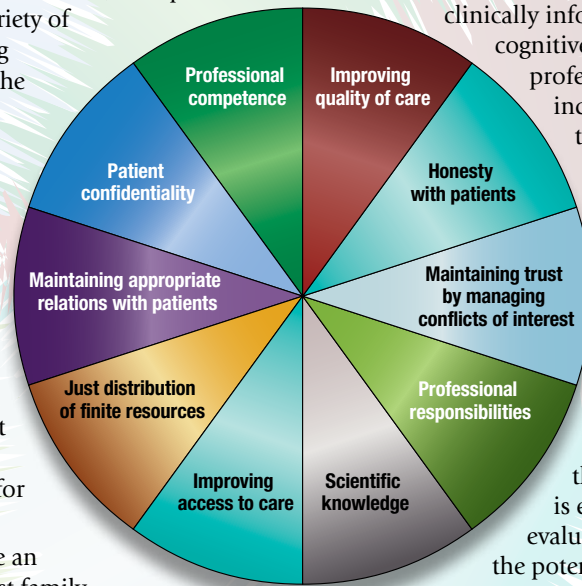
Traditional approaches may include an exhaustive review of the individual's past family and social history. Then a neuropsychological and psychiatric evaluation is performed which includes collection of a significant amount of data related to the specific behaviors and the effect of those behaviors in the workplace. These types of evaluation can be costly, time-consuming and in some situations, result in unwarranted negative labeling of the individual. However, not every situation related to unprofessional behavior may require this approach.

As medicine has had to respond to changes in a more

efficient and rapid fashion, LifeGuard has answered a similar need with the development of a behavioral assessment approach coined as “clinically informed triage.” As the word triage suggests, this assessment process allows for a methodology to quickly analyze and dissect the circumstances leading to and contributing to the unprofessional behavior and provide a directive for change. Suggestions for remediation following clinically informed triage may include education, cognitive behavior therapy, leadership and professional coaching, and monitoring of the individual to ensure success. In some cases the more in-depth traditional assessment is needed.

Clinically informed triage certainly does not disregard the traditional approach to professionalism assessments. In fact, in situations where patterns of disruptive behaviors are identified or concerns related to personality, psychiatric or substance abuse disorders are uncovered through the clinically informed triage process, the traditional approach of assessment is employed to provide a more in-depth evaluation of the individual's behavior and the potential underlying triggers that lead to the behavioral issues.

LifeGuard has developed this innovative approach to answer the need for cost-effective and time-efficient professionalism assessments. LifeGuard's approach provides a proactive assessment in those situations when attempting to rapidly analyze a professionalism concern; returning, when appropriate, the individual to the work place with a newly acquired understanding of their behaviors, how those behaviors affect co-workers and patients, and tools to deal with triggers and stressors to eliminate unprofessional responses.



Please contact LifeGuard for more information about our professionalism assessment and “clinically informed triage” at 717-909-2590 or at [info@lifeguardprogram.com](mailto:info@lifeguardprogram.com).