Physicians' HEALTH Program
The Foundation of the Pennsylvania Medical Society

PHP UPDATE

SPRING 2018

NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM

MEDICAL DIRECTOR MESSAGE

By Raymond Truex Jr., MD, FAANS, FACS

Eschew Self Prescription

Up front, I have to be honest that I looked up that word. Eschew. It's a synonym for "avoid", "steer clear of". I like the way it sounds. But its meaning is clear and unambiguous. Several times a week, when I review in depth the terms of an advocacy agreement with a new PHP participant, I will advise them to eschew prescribing all drugs for themselves, and for their family. This is one of the things participants must agree to and sign. Intuitively, I understand why a physician who may be addicted to mood-altering drugs should avoid self-prescribing, because he holds the keys to the candy store. And as a surgeon, I understand the admonition against operating on a member of my immediate family; would I have the emotional self-control to successfully deal with a life-threatening complication, such as a major hemorrhage, if the person laying on the operating room table before me was my wife or my child? The need to avoid that scenario is easily understood.

"...Why avoid prescribing for his family? What's wrong with prescribing a Z-Pak for your teenage child with bronchitis?..."

But then I began to consider further what I was requesting of the participant. Why avoid prescribing for his family? What's wrong with prescribing a Z-Pak for your teenage child with bronchitis? What do medical ethics say about this practice?

The very first code of medical ethics drafted by the American Medical Association (AMA) in 1847 recommended against physicians treating family members. Their ethics state that "the natural anxiety and solicitude which he experiences at the sickness of a wife, a child …. tend to obscure his judgement, and produce timidity and irresolution in his practice". [1] This ethical position was reaffirmed by the AMA in 1993 and continues to the present. [2] Further, the American College of Physicians recently stated that physicians should "usually not enter into the dual relationship of physician-family member or physician-friend" [3]. The American Academy of Pediatrics position is similar: "Caring for one's children presents significant ethical issues" [4]. The exception to this rule is during emergency situations during which no other physician is available, and then only for a limited period of time. [5]

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PHP UPDATE

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Physicians' Health Program
The Foundation of the Pennsylvania Medical Society
777 East Park Drive
P.O. Box 8820
Harrisburg, PA 17105-8820
www.paphp.org
717.558.7819
In Pennsylvania: 866.747.2255
Fax: 717.558.7818
Hours:
Monday – Thursday
7:30 am – 5:00 pm
Friday, Emergency Calls Only
717.558.7817

EXECUTIVE DIRECTOR MESSAGE

Heather A. Wilson, MSW, CFRE

Cameras Don't Lie

"The camera doesn't lie" is a phrase that a professor shared with me in college. For all of us, photographs accurately capture a moment of truth. When I formerly worked with a children's program, I would take photos at a distance to show the staff where they were in relation to their young charges. We would talk about what was going on in the picture and discuss opportunities for program improvement.

At the Foundation of the Pennsylvania Medical Society we don't "take the picture" literally, but figuratively, if you had a camera, this is what you would see:

Photographs captured at the point of a Physician's Health Program intake or during a LifeGuard monitoring visit in a medical practice tell a brutal truth. Sometimes the pictures speak to chaos, anger and confusion. Others express humility, opportunity, desire to change and perseverance.

The most heartwarming mental photographs are the ones that celebrate our impact: the medical student who receives their degree with help from our scholarship and loan program; the physician who celebrates 20 years of sobriety and is a stalwart for reaching out to colleagues when they need help; the physician who has improved his/her quality of care delivery and patients are now experiencing better outcomes. These photographs represent the physician journey from medical school through retirement and they crosscut all aspects of a medical career from crisis and uncertainty to truly loving most aspects of the practice of medicine.

"If you close your eyes and take a mental picture of the Foundation and its programs, our hope is that your picture reflects achievement, positive change, clinical excellence and hope.."

Many of the mental moments we capture at the Foundation are bordered by gratitude. Gratitude for those who philanthropically support our programs, each gift matters. Gratitude for the Pennsylvania Medical Society and Foundation Boards of Trustees who both achieved 100% participation in giving for 2017. Gratitude for the Foundation staff's dedication to the medical students, physicians and other medical professionals served by our programs. If you close your eyes and take a mental picture of the Foundation and its programs, our hope is that your picture reflects achievement, positive change, clinical excellence and hope. In our pictures, you have a prominent role in ensuring the Foundation's continued impact, after all, "the camera doesn't lie."

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Be well,

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

OUR MISSION
The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.

Eschew Self Prescription

Continued from page 1

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

Requests to treat family and friends are pervasive, and physicians often feel pressured and conflicted when asked to do so. A 1991 survey reported that 99% of physicians had received requests from friends or family for medical advice, diagnosis, or treatment, and 83% had prescribed medications for relatives. [6] Usually, these requests are for minor illness or injury, and antibiotics, contraceptives, and analgesics are the most commonly prescribed classes of drugs in these circumstances. But occasionally physicians will go farther out on the limb to prescribe sedatives, antidepressants, and narcotic analgesics. [7-9] In another study, 15% of hospital physicians reported serving as an attending for a loved one, and 9% had performed elective surgery on a relative. [6] It is not surprising to me that physicians, an intelligent but self-willed and independent group, will not infrequently choose to go against the grain of ethical recommendations. Or more generously, perhaps they are simply unaware of the ethical guidelines – I don't recall any training about these issues in medical school (albeit a long time ago).

Here are some of the pitfalls of caring for family and friends: failure to ask sensitive but important questions, failure to do a complete physical examination, failure to keep adequate records of medical care, failure to provide alternative plans of treatment, failure to obtain medical consent, providing care outside the scope of clinical expertise, failure to communicate with the physician of record, and failure to obtain informed consent in the case of a minor [5]. Also, difficult situations may arise in case of a complication which occurs as the result of a physician treating a friend or family member, including remorse on the part of the physician, and anger on the part of the family member or friend, leading to medical malpractice action or reporting of the physician to his state's Medical Board. [5] Finally, Medicare prohibits payment for services ordered or performed by a provider for a family member [6].

After reviewing all of these factors, I feel that I am on solid ethical and practical ground when I ask our participants to eschew prescribing for their family. This requirement will not only reinforce the avoidance of drugs that can trigger a relapse, but will also help the participants to circumvent stressful situations which may arise when they unadvisedly act as a treatment provider for their family and friends. Recovery is hard enough without the added pressure.

1 **Code of Medical Ethics of the American Medical Association.** Chicago: American Medical Association Press, 1847
2 **The AMA Code of Medical Ethics' Opinion on physicians treating family members.** Virtual Mentor 2012; 14:396-397
3 **Americal College of Physicians Ethics Manual, 6th Edition.** Ann Intern Med 2012; 156:73-104
4 **Committee on Bioethics.** Policy statement – pediatrician-family-patient relationships: managing the boundaries. Pediatrics 2009; 124:1685-1688
5 **No Appointment Necessary? Ethical Challenges in Treating Friends and Family.** Gold, K., et al. NEJM 2014; 371:1254-1258
6 **When physicians treat members of their own families: practices in a community hospital.** LaPluma, J., et al. NEJM 1991; 325:1290-1294
7 **Self-prescribed and other informal care provided by physicians: scope, correlations, and implications.** Gendel, M., et al. J Med Ethics 2012; 38:294-298
8 **Personal use of medical care and drugs among Swiss primary care physicians.** Schneider, M., et al. Swiss Med Weekly 2007; 137:121-126
9 **Physician patterns in the provision of health care to their own employees.** Sansone, R., et al. Arch Fam Med 1995; 4:686-689
10 **Medicare benefit policy manual: Chapter 15.** Baltimore: Center of Medicare and Medicaid Services, 2013

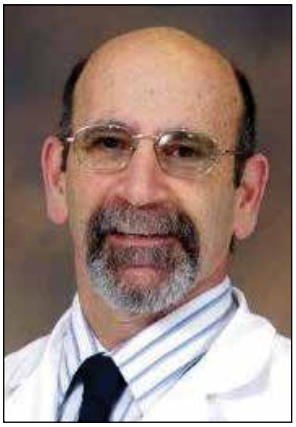
NATIONAL DOCTORS' DAY — MARCH 30

In the spirit of Doctors' Day, we ask you to consider making a donation in recognition of an extraordinary 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 or colleague.

Your gift to the Foundation is a beautiful way to honor his or her 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 our website at www.foundationpamedsoc.org/donate or mark the remittance envelope in this newsletter with "Doctors' Day" to make your contribution. We thank you for your continued support!

MEDICAL DIRECTOR MESSAGE
Long-term monitoring



Jon Shapiro, MD, DABAM

Here at the Physicians' Health Program (PHP), we are vividly aware of the chronic, progressive nature of the disease of addiction. Recently, we had an influx of previous participants return to residential care for substance use disorder treatment. We are collecting statistics from the electronic records and exit interviews with participants to begin the process of researching trends and outcomes.

At the Federation of State Physician Health Programs (FSPHP) gatherings, a recurrent topic of discussion is the appropriate length of monitoring agreements. Is five years a magic number? Are three years of monitoring too short in light of late relapses? Again, a clear, slap-in-the-face reminder of what we all know. Substance use is a chronic, progressive and fatal illness that requires coordinated long-term care.

Relapses occur more frequently in the first few years of monitoring health care professionals, but we have seen a strange phenomenon in Pennsylvania when some of our participants relapse in their last year of monitoring. We know of at least one state's PHP that increases the frequency of urine toxicology in the last year of monitoring. Should we integrate this model of increased screening? As the pain and impact of initial recovery fade, it is natural, yet unfortunate, that our focus begins to fade.

So here we are with a cluster of doctors who relapsed five, six, seven years into recovery. My view is that our participants were not previously undertreated. For a better understanding, it is time to break out our analogy. No physician would stop checking the blood glucose levels or withhold insulin from a diabetic patient simply because they completed years of monitoring.

When our participants finish a five-year period of monitoring, we congratulate them. But they haven't graduated from anything – just entered a new phase of recovery. Following this painful reminder of late relapse, we conclude with a pledge to put more effort into recruiting our participants into our long-term agreements. Addiction is, was, and will always be a chronic illness requiring ongoing care.

TAX-FREE GIVING USING RETIREMENT ASSETS

Lori M. Storm
Manager of Philanthropy & Hospital Relations

Consider making a gift to the Foundation using your retirement plan assets. In recently passed legislation, Congress has once again made charitable giving from retirement assets an attractive option.

If you are aged 70 1/2 or older, and are looking for the most tax-efficient ways to make your charitable gifts, you can:

- Give directly from a traditional or Roth IRA completely free of federal income tax.
- Make tax-free gifts of all or a portion of any IRA withdrawals you make this year up to $100,000.
- Give directly from your IRA without increasing your adjusted gross income and possibly subjecting your Social Security income to a higher level of taxation.
- Offset your Minimum Required Distribution and avoid taxes on the extra income.
- Make a generous gift that might not be possible using other assets.

For more information, consult your financial advisors. We are happy to work with you and answer any questions you may have concerning the charitable aspects of your plans, *Information provided by The Sharpe Group*. Contact Lori Storm, at lstorm@pamedsoc.org or 717-558-7861 to discuss your planned giving options.

PHYSICIANS' HEALTH PROGRAM DIRECTOR MESSAGE

Eligible participants and types of agreements

For over 30 years, the Physicians' Health Program (PHP) has been supporting physicians and other eligible healthcare professionals who have concerns related to substance use, mental health and behavioral concerns. But what qualifies as an "eligible healthcare professional" and what kind of monitoring agreements do we currently offer at the PHP?

Kendra Parry, MS, CADC, CIP, CCSM

To answer the first part of the question, here is a list of eligible healthcare professionals that the PHP currently serves.

- Physicians
- Physician Assistants
- Medical Students
- Podiatrists
- Dentists
- Licensed dental professionals (hygienists and expanded function dental assistants)

In 2017, the PHP signed 129 participants to a monitoring agreement. When entering into a monitoring agreement, the PHP uses recommendations from the participant's evaluation/treatment to determine the agreement type and requirements. While in monitoring, the PHP collects documentation related to monitoring requirements so we can support and advocate for our participant's ability to return to work in their chosen profession. The following is a list and description of the types of agreements the PHP offers.

- **Substance Use Agreements–** used for participants who receive a substance use disorder diagnosis
- **Mental Health Agreements–** used for participants who have received a mental health diagnosis for which monitoring is recommended.
- **Behavioral Agreement–** used for participants who have behavioral concerns that impact their work, but no substance use disorder or mental health diagnosis
- **Sobriety Challenge–** often called a Rule-Out Agreement, used when the result of the evaluation cannot confirm or deny the presence of a substance use disorder. It is a one-year agreement which allows for the participant to show their ability to abstain from drugs/alcohol, therefore, ruling out the presence of a substance use disorder
- **Long-Term Agreement–** used after the completion of a substance use disorder agreement and allows for a participant to continue in monitoring which allows for continued documentation of their ongoing recovery
- **Lifetime Agreement–** similar to a Long-Term Agreement, offered to participants who have been in a monitoring agreement for 20 or more years

There are many reasons why the PHP recommends ongoing monitoring in a Long-Term Agreement for our participants. I could explain the benefits, but instead, I reached out to a participant and asked them why they chose ongoing monitoring. Here is what they said,

"There was never a question in my mind about renewing my contract with the PHP. My first thought (first thought wrong) was to renew to protect myself. As time in recovery progressed, I came to know that once an alcoholic, always an alcoholic. Relapse can happen at any time if we are not vigilant in our program of recovery. Remaining with the PHP voluntarily means I am supporting those who supported me when I was in dire need. Regular attendance at Caduceus meetings offers me fellowship, an opportunity for service and hope to those entering the program, both by example and as a program monitor. For the newcomer, I get to see their spiritual growth as well the reminder how quickly we can lose sobriety. I am thankful the Physicians Health Program exists to document my sobriety and I would encourage all participants to continue in the program both for themselves and the support of others."

Currently, the PHP has over 50 participants who are in a Long-Term Agreement. If you are a participant, and nearing the end of your agreement, please call and talk to a PHP staff member to discuss entering into a Long-Term Agreement. We will be here to support you in your recovery efforts as long as you need us.

Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

Thank you *to our hospital sponsors who supported The Foundation of the Pennsylvania Medical Society and Physicians' Health Program in 2017. We are grateful for your generous support!*

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Geisinger Medical Center – M & H
Lehigh Valley Hospital – Cedar Crest, Hazleton, Muhlenberg, Schuylkill – M & H
Penn Medicine at Chester – M
St. Luke's University Health Network-Bethlehem Campus – M & H
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Visionary $5,000 to $9,999

Holy Redeemer Hospital and Medical Center – M & H
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Reading Hospital/Reading Health System – M & H
Thomas Jefferson University Hospital – M & H
UPMC Altoona – M & H
UPMC East – M
WellSpan Gettysburg Hospital – M & H
UPMC Hamot Medical Center – M
UPMC Passavant – M

Leader $2,500 to $4,999

Abington Hospital – Jefferson Health – M & H
Allegheny General Hospital – M
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Jefferson Regional Medical Center – M & H
Lehigh Valley Hospital – Pocono – M & H
Moses Taylor Hospital – M
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Sacred Heart Hospital – M & H
Saint Vincent Health System – M
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The Western Pennsylvania Hospital – M
UPMC Horizon – M & H
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UPMC Pinnacle Hanover – M & H
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UPMC St. Margaret – M
Washington Health System – M & H
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Guardian $1,000 to $2,499

Abington – Lansdale Hospital – M & H
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
Conemaugh Memorial Medical Center – H
Eagleville Hospital – H
Einstein Medical Center Philadelphia – M
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Hahnemann University Hospital – M
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Jeanes Hospital – M & H
Lower Bucks Hospital – M & H
Magee-Womens Hospital of UPMC Health System– M
Meadville Medical Center – M & H
Monongahela Valley Hospital – M & H
Penn Highlands DuBois – M & H
Phoenixville Hospital – M
Pottstown Hospital Tower Health – M
Roxborough Memorial Hospital – M & H
Sharon Regional Health System – M & H
Soldiers and Sailors Memorial Hospital – M & H
Somerset Hospital – M & H
St. Christopher's Hospital for Children – M
St. Clair Memorial Hospital – M
St. Luke's Hospital & Health Network – Quakertown – M
Suburban Community Hospital – East Norriton – M & H
Temple University Hospital – M & H
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UPMC Pinnacle Lancaster – M
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Children's Hospital of Philadelphia – M
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Lehigh Valley Hospital – Schuykill E. Norwegian Street – M & H
Millcreek Community Hospital – M & H
Muncy Valley Hospital – M & H
Penn Highlands Clearfield – M & H
Penn Highlands Elk – M
Penn State Health St. Joseph – M
The Guthrie Clinic/Robert Packer Hospital – M
Tyrone Hospital – M
UPMC Northwest – Seneca – M
UPMC Pinnacle Lititz – M
UPMC Susquehanna Sunbury – M
Washington Health System Greene – M
Waynesboro Hospital – M

Partner $100 to $499

Clarks Summit State Hospital – M
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Titusville Area Hospital – M
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Medical Record Documentation

in partnership with KSTAR

May 21-22, 2018 Location: Penn Grant Conference Center

The Medical Record Documentation course, a collaborative effort between LifeGuard and KSTAR, is a two-day, in-person program designed for physicians to increase their ability to effectively maintain medical records. Maintaining proper medical records reduces risk to the provider, enhances quality of care and assists in meeting compliance standards.

Participants are expected to be onsite for the two-day course. Presentations will utilize various teaching approaches to include pre- and post-testing, lecture, precepted chart review session and skills practice. For credit, participants must be present and actively participate throughout the course. This course has been approved for 16.25 CME hours*.

WHAT TO EXPECT

After attending this course, participants will be able to:

- Improve the quality of medical record documentation in his/her respective practice;
- Understand licensing and medical board requirements specific to medical record documentation;
- Identify documentation pitfalls and traps;
- Improve the use of "E & M" codes for office visits; and
- Utilize an electronic medical record effectively.

Faculty includes professionals with the following expertise:

- Legal
- Medical Board
- Coding
- Electronic Health Records
- Privacy and Security
- Clinical

Course fee: $1,150/participant. $250 non-refundable (if you cancel before the course). Course is limited to a maximum 20 participants due to the interactive nature of coding exercises and review. **Registration closes May 11, 2018.**

FACULTY PRESENTERS INCLUDE

Robert S. Steele, MD, FAAFP
Medical Director of the KSTAR Program

Steven A. Levy, MD, FACP
Associate Medical Director, LifeGuard Program
Director of Undergraduate Medical Education
Saint Vincent Family Medicine Residency

Misti Hill Carter, JD, PhD
Clinical Assistant Professor, Director of Research,
Rural & Community Health Institute (RCHI)
Clinical Translational Medicine, TAMU College of Medicine

Clifford D. Swift, Ill, JD

Marcia A. Lammando, RN, BSN, MHSA
LifeGuard Program Director
Adjunct Assistant Professor of Primary Care Medicine
Texas A&M University, College of Medicine

Peter Yu, Ph.D., SCJP
Director of Technology & Research Science
Texas A&M Health Science Center

Linda Benner, CPC, CPMA, CASCC, COBGC

The LifeGuard® Mission

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777 E. Park Drive
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T 717-909-2590
F 717-558-7818
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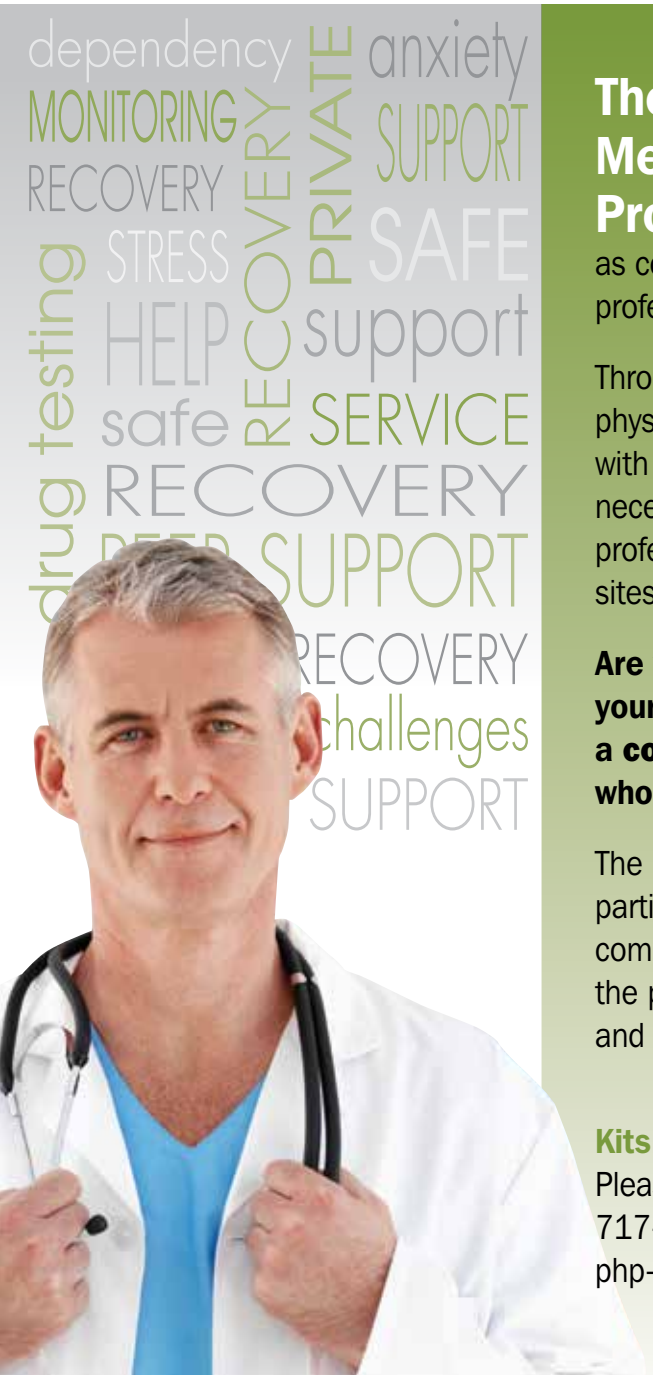

The Foundation of the Pennsylvania Medical Society Physicians' Health Program (PHP) seeks health care centers to serve as collection sites for physicians and other eligible health care professionals in monitoring.

Through our physician-driven mission, we provide services to help physicians and other eligible health care professionals who struggle with addiction, mental health or behavioral challenges obtain the necessary resources allowing them to safely work in their chosen profession. Participants of the PHP need safe, convenient drug testing sites.

Are you a rural practice interested in supporting the work of your physician community? The PHP needs your help to act as a confidential drug testing site for fellow health care providers who are involved in our program. *Confidentiality is crucial.*

The PHP continually strives to increase its capacity to serve its participants through identifying resources in a participant's local community. The generosity of service, time and financial support from the physician community enables the PHP to expand outreach efforts and ensure that those we serve have the support they need.

Kits provided!
Please contact us at
717-558-7819 or
php-foundation@pamedsoc.org

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