


**Physician Health Programs:
Applying the chronic disease model
with care, continuity and contingency**

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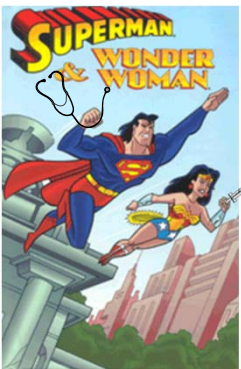
Norlien Foundation Symposium
Oct. 2014




- Learning objectives:**
- Understand addiction and its treatment according to chronic disease management principles;
 - Learn how PHPs support and monitor doctors in recovery;
 - Review research data regarding long-term treatment and monitoring outcomes;
 - Discuss reasons why relapse rates are low and life satisfaction is high in recovering physicians.

Men are from Mars,
Women are from
Venus...

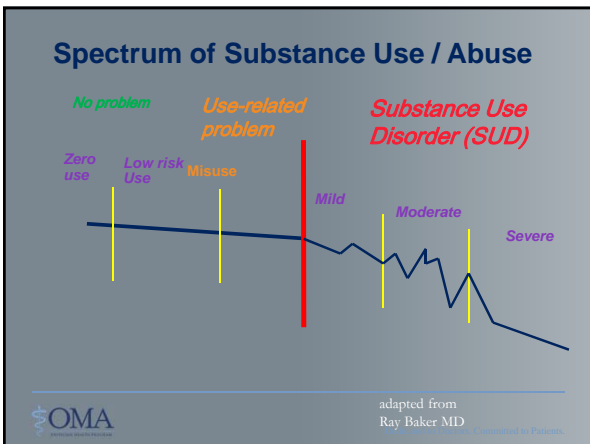
Doctors are from
Krypton



Invincible?

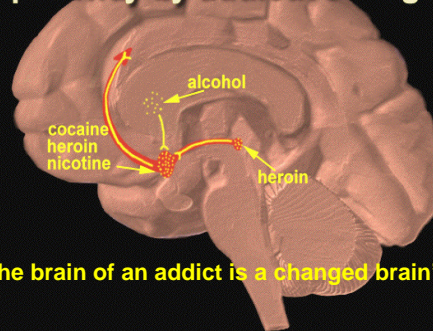
"Mind you, only one doctor out of ten recommends it."



DSM 5 Diagnostic Criteria

- 11 criteria in 4 groupings (2-3=mild, 4-5=moderate, 6+=severe)
- 1. Impaired Control
 - Inability to quit or cut down, using more than intended, time spent, craving
- 2. Social (functional) Impairment
 - School, work, home obligations not met
 - Social and relationship problems
 - Social, occupational, recreational activities abandoned
- 3. Risky Use (using despite)
 - Hazardous situations
 - Physical or mental illness / psychological problems
- 4. Pharmacological (Physiological)
 - Tolerance and withdrawal

Activation of the reward pathway by addictive drugs



Chronic Disease: definition

- **A chronic disease is one lasting 3 months or more** (U.S. National Center for Health Statistics)
- **a disease that is long-lasting or recurrent** (Wikipedia)
 - recurrent diseases relapse repeatedly, with periods of remission in between

Comparison of several diseases with substance dependence

(Brent MacNicol)

Medical Characteristic	Diabetes Mellitus	Hypertension	ADHD	Parkinson's	Substance Dependence
Signs/Symptoms	Y	Y	Y	Y	
Diag test avail?	Y	Y	Y	Y	
Severity/Progression	Y	Y	N	Y	
Treatable?	Y	Y	Y	Y	
Enviro factors?	Y	Y	Y	Y	
Pathophysiology	Y	Y	Y	Y	
Precursor condition?*	Y	Y	Y	Y	
Medications 4 Tx?	Y	Y	Y	Y	
Genetics?	Y	Y	Y	Y	

*denotes a condition preceding the disease such as obesity for type II diabetes mellitus

Modified from Erickson CK, 2010

Principles of Chronic Disease Management (CDM)

adapted from:
Dr. Richard Lewanczuk, Senior Medical Director,
Primary Care, Chronic Disease Management, Alberta Health Services

- Population stratified by risk
- Case finding, (screening)
- Continuum of care options
- Patient defined goals
- Multidisciplinary approach
- Care co-ordination and system supports
- Range of disease management strategies with education and
- Ongoing, long-term follow-up

Population stratified by risk

Diabetes Mellitus:

- Family history
- Early childhood nutrition
- Community and cultural nutrition standards and practices
- Obesity

Addiction:

- Family history
- Early childhood experience
- Co-morbid psychiatric disorders
- Exposure to substances

Screening and Assessment

Diabetes Mellitus:

- Relevant functional inquiry
- Clinical history
- Physical examination
- Laboratory tests, including FBS, HbA1c

Addiction:

- CAGE inquiry, MAST, etc.
 - Detailed history, collateral information sources
 - Physical examination
 - Laboratory tests, including toxicology
-

Continuum of Care settings

Diabetes Mellitus:

- Family medicine clinics
- Outpatient Diabetes clinics
- Inpatient settings for uncontrolled disease or complications

Addiction:

- Family medicine clinics
 - Outpatient addiction counselling services
 - Intensive outpatient programs
 - Inpatient treatment
-

Continuum of Care Providers

Diabetes Mellitus:

- Family physician
 - Usual care co-ordinator
- Nurse counsellor
- Dietician
- Endocrinologist
- Others as needed
- Ongoing communication

Addiction:

- Family physician
 - Addiction counsellor
 - Addiction specialist
 - Psychiatrist
 - Others as needed
 - Care co-ordinator?
 - Communication?
-

Disease Management Strategies

Diabetes Mellitus:

- Stabilization if necessary
- Education
- Diet and lifestyle counselling
- Pharmacotherapy
- Long-term monitoring
 - Blood sugar
 - Weight
 - Etc.

Addiction:

- Stabilization
 - Education
 - Lifestyle counselling
 - Relapse prevention counselling
 - Pharmacotherapy
 - Long-term monitoring
 - Toxicology
 - Etc.
-

Community Support Services

Diabetes Mellitus:

- Family counselling and support
- More

Addiction:

- Aftercare groups
 - Family counselling and support
 - 12 Step Programs
 - more
-

Outcome Goals

Diabetes Mellitus:

- Patient defined
- Improved blood sugar control
- Improved lifestyle and overall health
- Reduction of disease-related morbidity

Addiction:

- Patient defined (system defined?)
 - Drug / alcohol abstinence
 - Improved lifestyle and overall health
 - Reduction of disease-related morbidity
-

Relapse?

<p>Diabetes Mellitus:</p> <ul style="list-style-type: none"> • YES! <ul style="list-style-type: none"> - Poor glucose control - Target organ pathology possible - Family and occupational consequences • But good control possible with life-long adherence to treatment strategies 	<p>Addiction:</p> <ul style="list-style-type: none"> • YES! <ul style="list-style-type: none"> - Relapse to substance use - End organ pathology possible - Family, social and occupational consequences • But long-term abstinence possible with life-long adherence to recovery strategies
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Cure?

<p>Diabetes Mellitus:</p> <ul style="list-style-type: none"> • NO! • Good control possible • ?Remission 	<p>Addiction:</p> <ul style="list-style-type: none"> • NO! • Good control possible • Remission possible
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CDM Levels of Care (Lewanczuk)

- Case management is reserved for the most challenging situations
- Specialty clinics provide care management to "complex" cases
- Primary Care Physicians Teams and PCNs are supported to provide the best care to the most people

Physician Health Programs

**“If you’ve seen one PHP -
you’ve seen one PHP”**

Over 8000 health professionals
have been served since 1995

“If you build it...they will come.”

Guiding Principles

- Substance Use and Psychiatric Disorders are treatable, chronic diseases.
- Doctors and their families deserve access to good treatment just as others do.
- The PHP must be sufficiently confidential to be acceptable to doctors.
- The PHP and the doctors we serve must be accountable.

PHP Services:

- Information and advice
- Intervention Services
- Assessment
- Referral for treatment
- Case Management, Monitoring
- Advocacy
- Family Support
- Education and Prevention



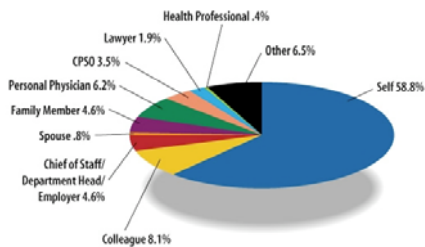
PHPs do not offer treatment themselves



Case Identification

- Education regarding nature of addiction in health professionals
- Self assessment tools
- Education regarding recognition of signs and how to intervene
- Support for colleagues on a case by case basis

Referral Sources



But...

Only about ten per cent of doctors experiencing substance use disorders call the PHP on their own behalf.

Sometimes we must be our brothers' and sisters' keepers.



Intervention

- Coaching for colleagues, family
- PHP participation in selected cases
- documented evidence
- planned and rehearsed
- assessment pre-arranged when possible
- consequences clear
- Positive, motivational, caring and compassionate
- expert assessment and / or treatment is outcome

Important considerations for intervention and treatment

- Patient safety
- Prompt response and resource availability
- Medical stabilization/withdrawal management
- Support, including family support
- Suicide risk
- Work responsibilities covered
- Reporting obligations - accountability

Assessment

- PHP preliminary interview
- Referral for definitive assessment
 - Individual clinician(s) as indicated
 - Intensive, outpatient, integrated services
 - Intensive inpatient (US)
- Clinical focus
 - Diagnosis, treatment recommendations, fitness for practise and monitoring
- Detailed report to PHP
 - Confidential but not privileged
- Summary report to third parties as required

Community based clinical resources

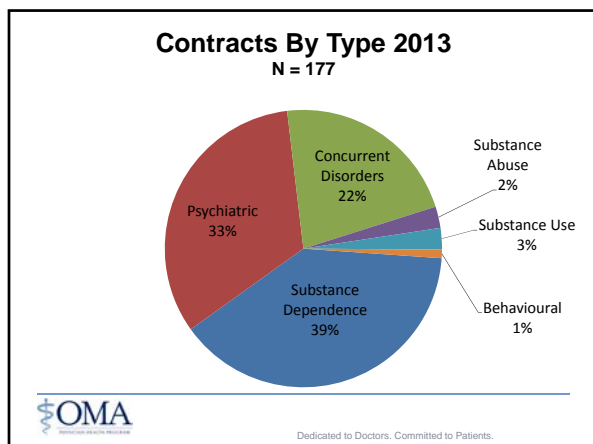
- Comprehensive assessment services
- Addiction treatment services
 - Individual clinicians, outpatient programs, residential treatment
- Psychiatrists
- GP psychotherapists
- Psychologists and other psychotherapists
- Mental health treatment services
- Family doctors
- Addiction and family counselors

Treatment of addiction in doctors:

- Abstinence based
- Often inpatient
- Detox
- Education
- Group support
- Twelve Step facilitation
- Pharmacotherapy (NB. Opioid agonist Rx seldom needed)
- Identification of co-morbid disorders
- Family support
- Long term monitoring / case management

Case Management / Co-ordination

- Clinical case co-ordinator for each participant
- Receive reports from all monitoring components, including workplace
- Random toxicology testing (urine, hair, other)
- Facilitate communication amongst treatment providers
- Resource identification as needed
- Prompt response to relapse or prodrome
- Routine interviews and annual review with participant
- Progress and advocacy reports for third parties
- Identify and respond to family and other concerns



Concurrent problems and disorders:

Substance Use Disorders seldom present in isolation

- Psychiatric disorders
 - Trauma
 - Behavioural dependencies (sex, gambling, etc.)
 - Physical health problems, especially chronic pain syndromes
 - Family problems
- OMA**
Dedicated to Doctors. Committed to Patients.

Family: Addiction is a family disease

- Support
 - Psychoeducation
 - Recovery services in support of physician spouse
 - Referral for personal services
- OMA**
Dedicated to Doctors. Committed to Patients.

Applying occupational health principles

- Medicine is a safety-sensitive profession
- Workplace education and accommodations are often required
- Participate in return to work planning with the participant and the workplace
- Fitness to work measured by performance on a range of work tasks from low to higher risk.
- Scrutiny and accountability in the workplace is necessary
- Monitor long-term for health and recovery

Outcomes

“It appears that the care and management of addicted physicians, as coordinated through these PHPs, may be qualitatively and quantitatively different from the care available to the lay public.”

DuPont, McLellan et al J Substance Abuse Treatment 37 (2009)

“Blueprint” Study

McLellan et al., BMJ, Nov. 2008

- 16 American PHPs retrospective longitudinal study
- 904 consecutive MDs with SUDs, 647 monitored
- **81% never relapsed over five years**
- 79% licenced and working after five years
- 11% revoked
- 3.5% retired
- 3.5% died
- 3% status unknown

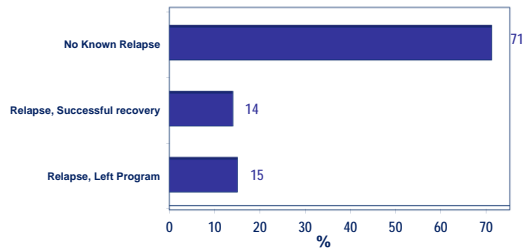
PHP Washington State

(Domino, et. al. JAMA, Mar 23, 2005)

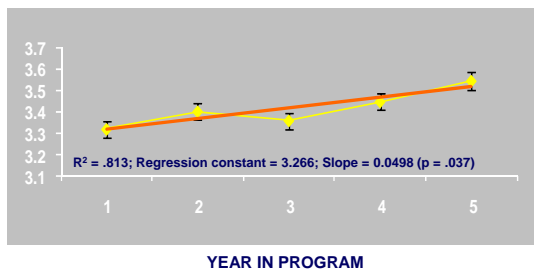
- Relapse rate: 25% (74 of 292 cases between 1991-2001)
- Increased relapse risk if:
 - Concurrent psychiatric disorder
 - Family history of substance use disorder
 - Previous relapse
 - Combinations of these adds to cumulative risk

OMA PHP Relapses - 5 Year Program
First 100 monitored participants

Brewster, Kaufmann et al; BMJ Nov 2008



LIFE SATISFACTION* BY PROGRAM YEAR



* Mean of 14-items: 4-Very satisfied; 3-Satisfied; 2-Dissatisfied; 1-Very dissatisfied

Why is the PHP approach so successful?

Three reasons:

- Monitoring
 - Monitoring
 - Monitoring
- ...according to CDM principles



Motivation

- Marriage and family, including child custody
- Personal health
- Driving
- "To do it right"
- Maintain professional status / registration
- Work



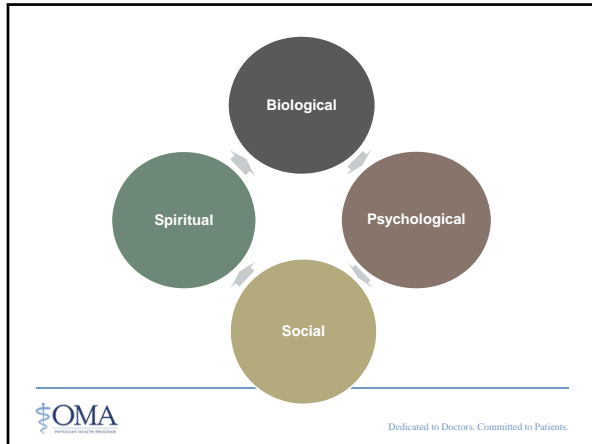
Dedicated to Doctors. Committed to Patients.

Contingencies

- Family consequences
- Loss of driving licence
- Loss of professional licensure
- Discontinuation of work
 - Relapse
 - Functional impairment
 - Non-compliance
 - Pre-mature termination of monitoring



Dedicated to Doctors. Committed to Patients.



How can the CDM approach to addiction treatment be used in general populations?

Physician Health Program

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