

# Impaired Professionals

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South Carolina Recovering Professional Program (SCRPP)

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# Disclosures & CME Credit

- Neither the case presenter nor the didactic presenter have conflicts of interest
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# Professionals



# Illness vs. Impairment

- Illness = the existence of a disease
- Impairment = a functional classification that implies the inability of the person affected by the illness to perform specific activities



# Impairment

- “the inability to practice medicine with reasonable skill and safety due to:
  - 1) mental illness
  - 2) physical illnesses, including but not limited to deterioration through the aging process or loss of motor skill or
  - 3) excessive use of abuse of drugs including alcohol”
- Prevalence? ~ 1/3 of physicians over their career

# Types of Impairment

- Mental Illness
- Behavioral Health
- Boundaries
- Professional Misconduct
- Stress and burnout (aka moral injury/moral fatigue)
- Physical Illness
- Neurological Deficits
- Other disorders
- **Substance Use Disorders**





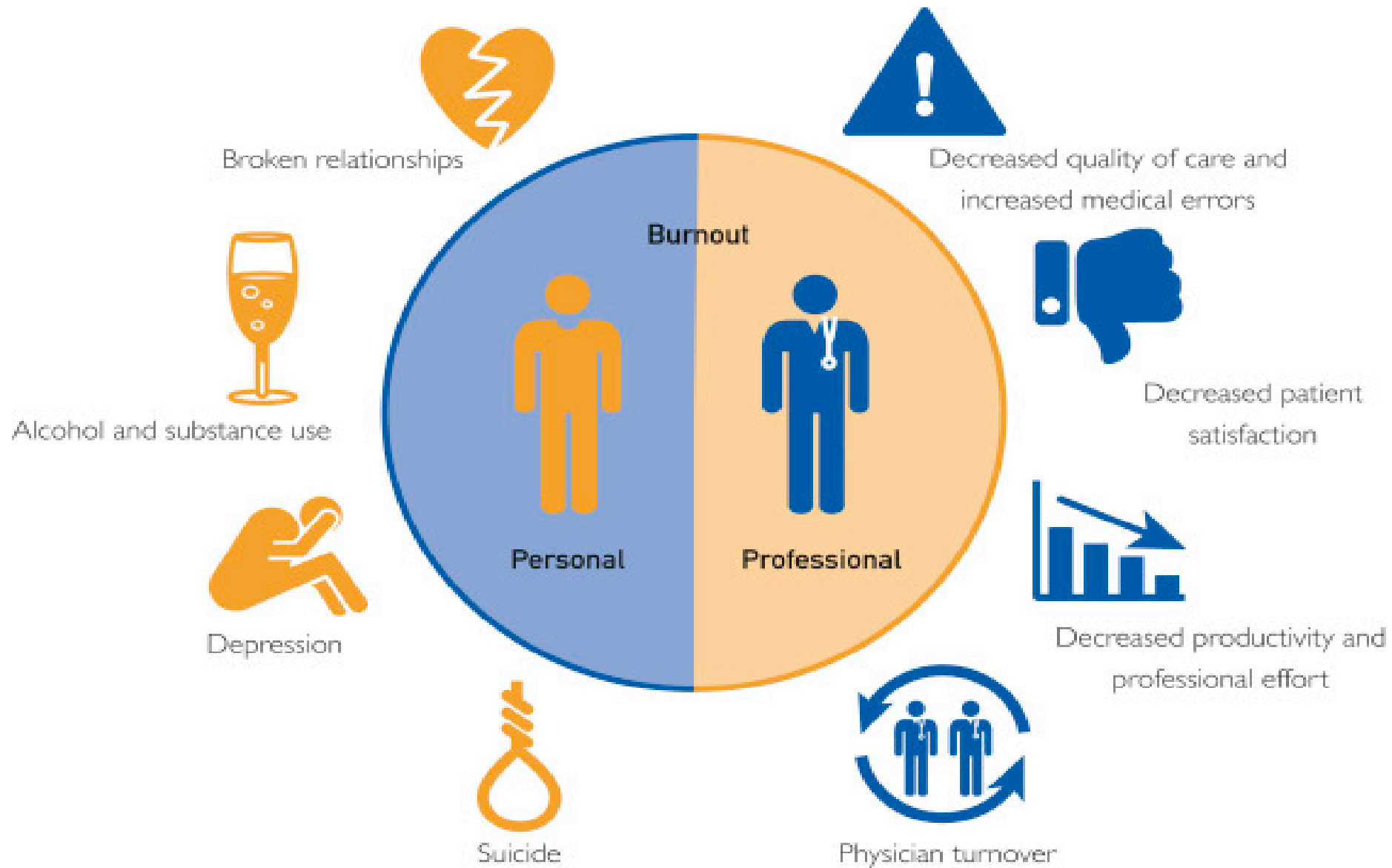
# The Dr. Lorna Breen Health Care Provider Protection Act

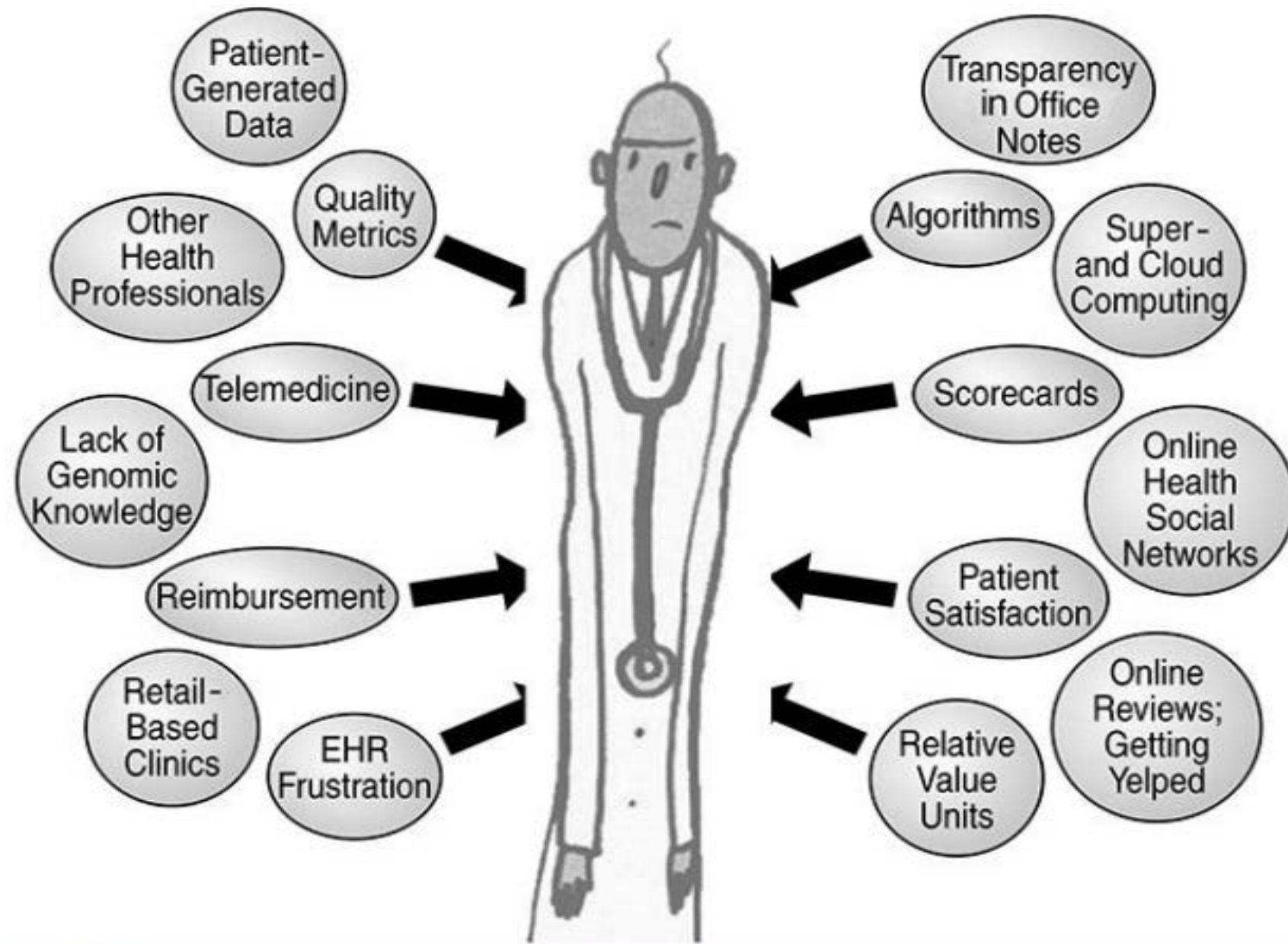
- Unanimously passed the Senate on August 6, 2021
- grants for training health profession students, residents, or health care professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders
- identify and disseminate evidence-informed best practices for reducing and preventing suicide and burnout
- Establishes a national evidence-based education and awareness campaign targeting health care professionals to encourage them to seek support and treatment for mental and behavioral health concerns.
- Establishes grants for employee education, peer-support programming, and mental and behavioral health treatment; health care providers in current or former COVID-19 hotspots will be prioritized.
- Establishes a comprehensive study on health care professional mental and behavioral health and burnout, including the impact of the COVID-19 pandemic on such professionals' health.



# Suicide

- Death by suicide rates are higher in physicians vs general population
  - Rates for male physicians are higher
  - Rates for female physicians is even higher
- Physician suicide is poorly understood





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## PRACTICE TRANSFORMATION

[Burnout and Well-Being \(14\)](#)

[EHR and Technology \(10\)](#)

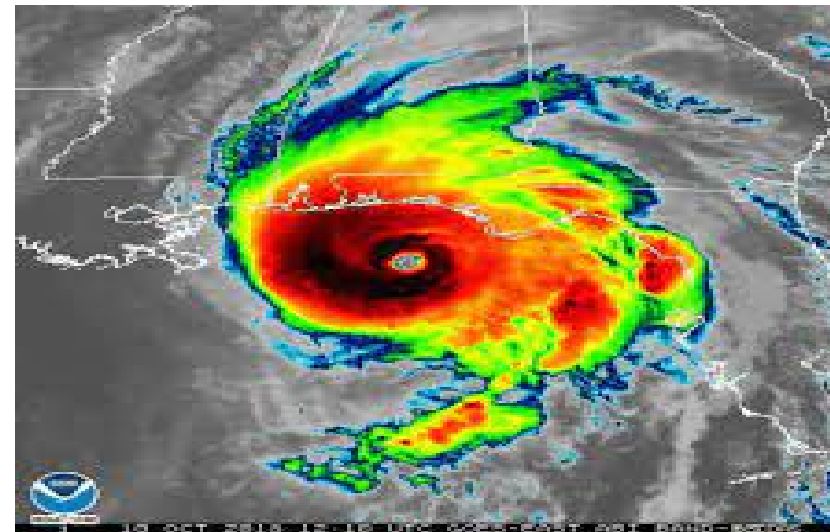
[Organizational Culture \(13\)](#)

[Practice Transformation \(40\)](#)



# SUDs in Health Care Professionals (HCP)

- General Population: 10-15% lifetime prevalence
- HCP Population: Similar/slightly higher lifetime prevalence
- Hard to study for inherent reasons.
- Physician Substance Use Survey (Hughes et al., 1992)
  - N=9,200 physicians
  - Lifetime prevalence of SUD 8%
- Oreskovich et al, 2015
  - N=7,206 physicians
  - 15.3% EtOH



# Factors Unique to HCPs

- Pre-existing personality constructs
- Disruption in personal lives due to training (work) demands
- Internal and external pressure of academic (employment) performance
- Training environment: sleep deprivation, long hours, peers as competition
- Marital/familial issues created by training (work)
- Medication access
- Familiarity with medications
- Concept of self-treatment
- Culture of tolerance, culture of “silence”

## **Medical Education: A Neglectful and Abusive Family System; McKegney, Catherine P, Family Medicine, 21:450, 1989.**

Difficulty setting limits • Excessive demands of self (and others) • Deny needs & criticize others for expressing their needs • Deny mistakes to avoid punishment • Learn to appear self-sufficient-perfectionism







AND general risk factors, such as genetic predisposition, mental health or psychological functioning, etc.

Which substances?



# Trajectory

- Problems occur at home in the professional's social and financial dealings long before workplace
- Physicians seek treatment late in the course of a SUD.
  - Mean duration of substance-related problems before receiving treatment was 6-7 years (Brooke et al., 1991)



# Signs of Impairment

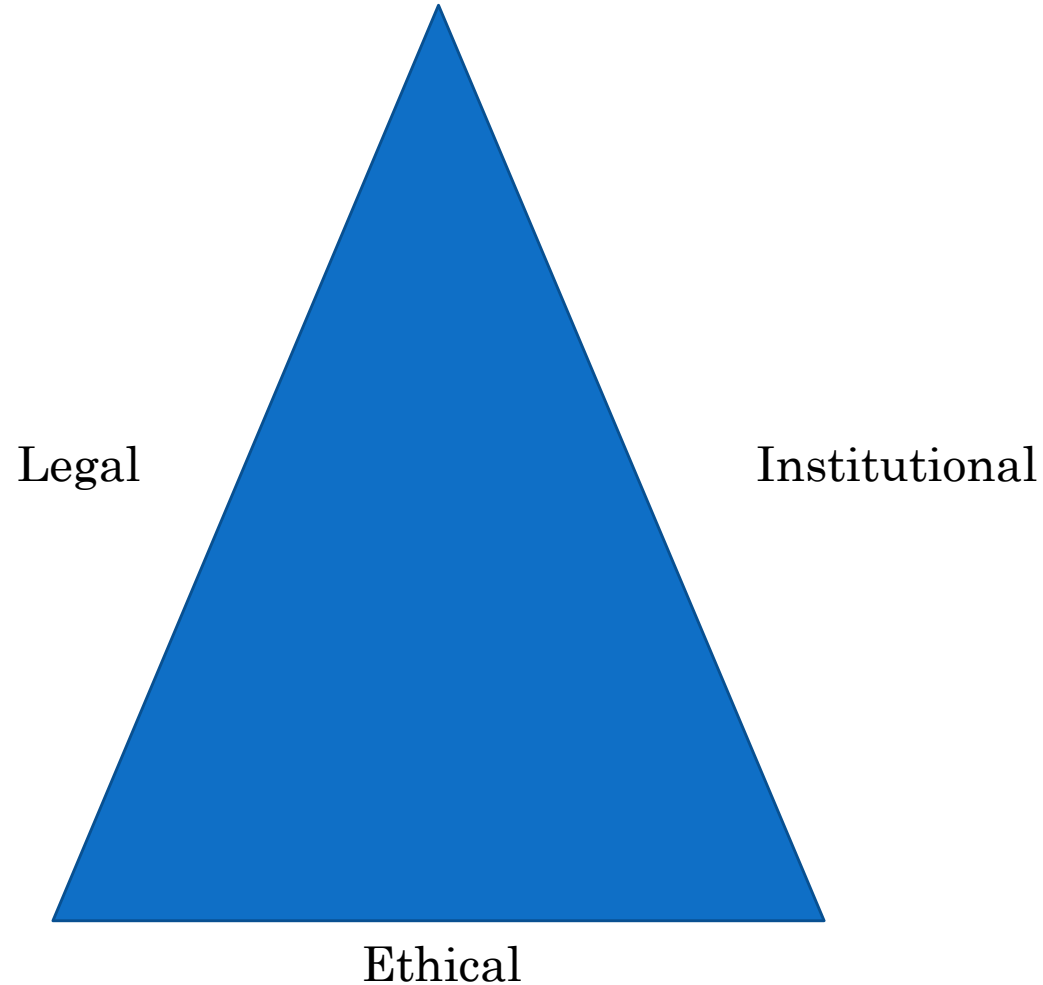
## FSPHP

- Irritability
- Irresponsibility
- Inaccessibility
- Inability
- Isolation
- Incidentals

## NCSBN

- Changes or shifts in job performance
- Absences from unit for extended periods of time
- Frequent trips to the bathroom
- Arriving late or leaving early
- Making an excessive number of mistakes, include medication errors
- Subtle changes in appearance that may escalate over time
- Increasing isolation from colleagues
- Inappropriate verbal or emotional responses
- Diminished alertness, confusion, or memory lapses

# What to do if you are concerned about impairment?

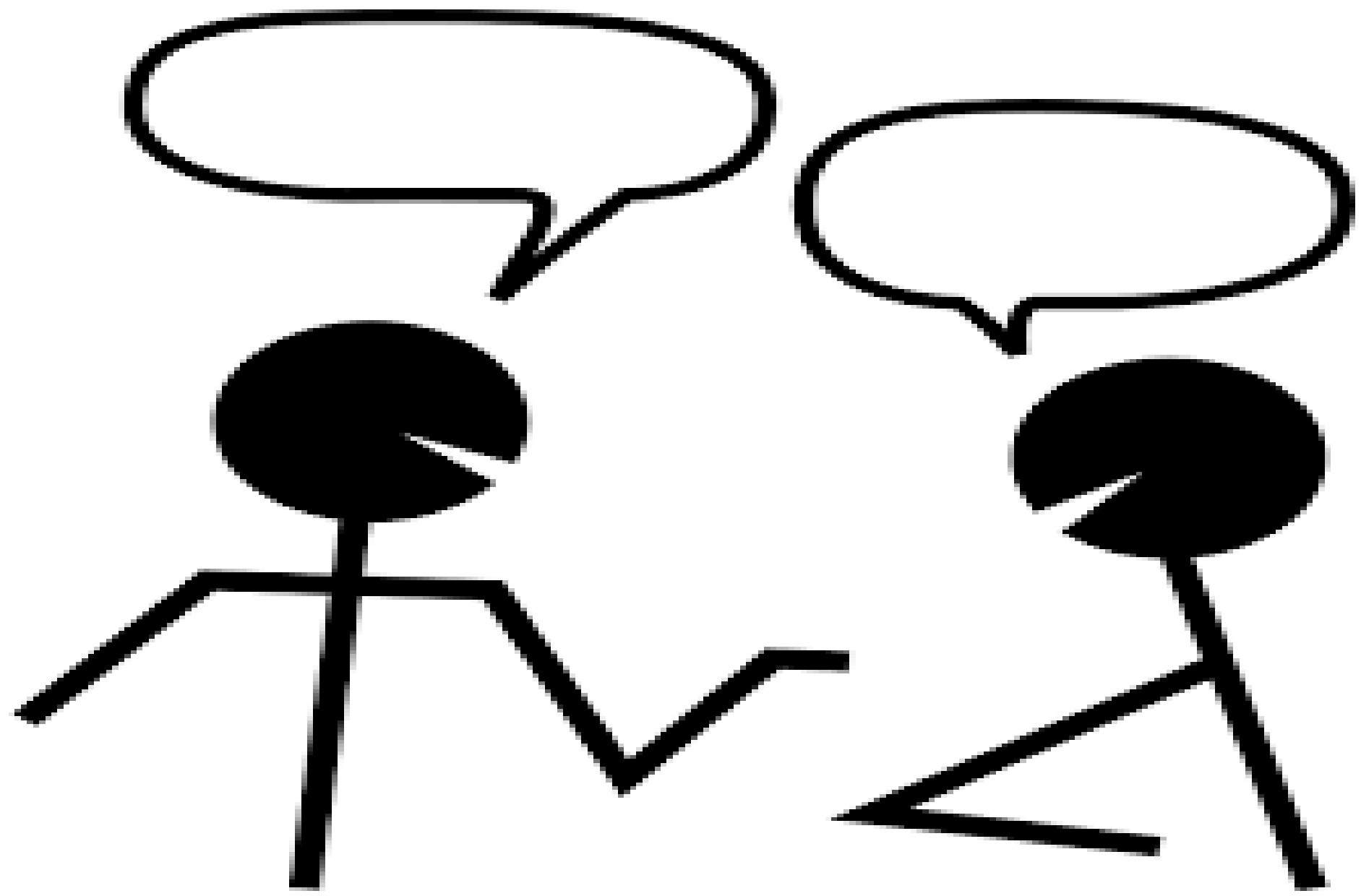


# South Carolina

- Discipline specific
- Ie: SC Social Work Practice Act
  - Nothing specific
  - References National Association of Social Workers Code of Ethics
- **2.09 Impairment of Colleagues**
- (a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.
- (b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

# South Carolina

- Counselors
  - Not addressed in practice act
- Nursing
  - Grounds for discipline of licensees §40-33-110
  - Reporting misconduct; review of findings of board §40-33-111
- Physicians
  - Not addressed in practice act
  - AMA code of ethics
  - Institutional bylaws
- Psychology
  - Not addressed in practice act
  - Resources say reporting is last resort





# Role of Professional Health Programs

- What? Highly structured program, early and aggressive interventions in the face of relapse, high cost of failure (eg loss of license income), and reward for maintaining sobriety is high
- 75-80% success for physicians treated and monitored by PHPs (McClellan et al, 2008)
- Everybody wins:
  - Impaired professional receives help
  - Medical community retains a professional
  - Licensure boards better protect public
  - PHP gain experience
  - Public retains a highly trained practicing healthcare professional providing access to medical care

# SC RPP

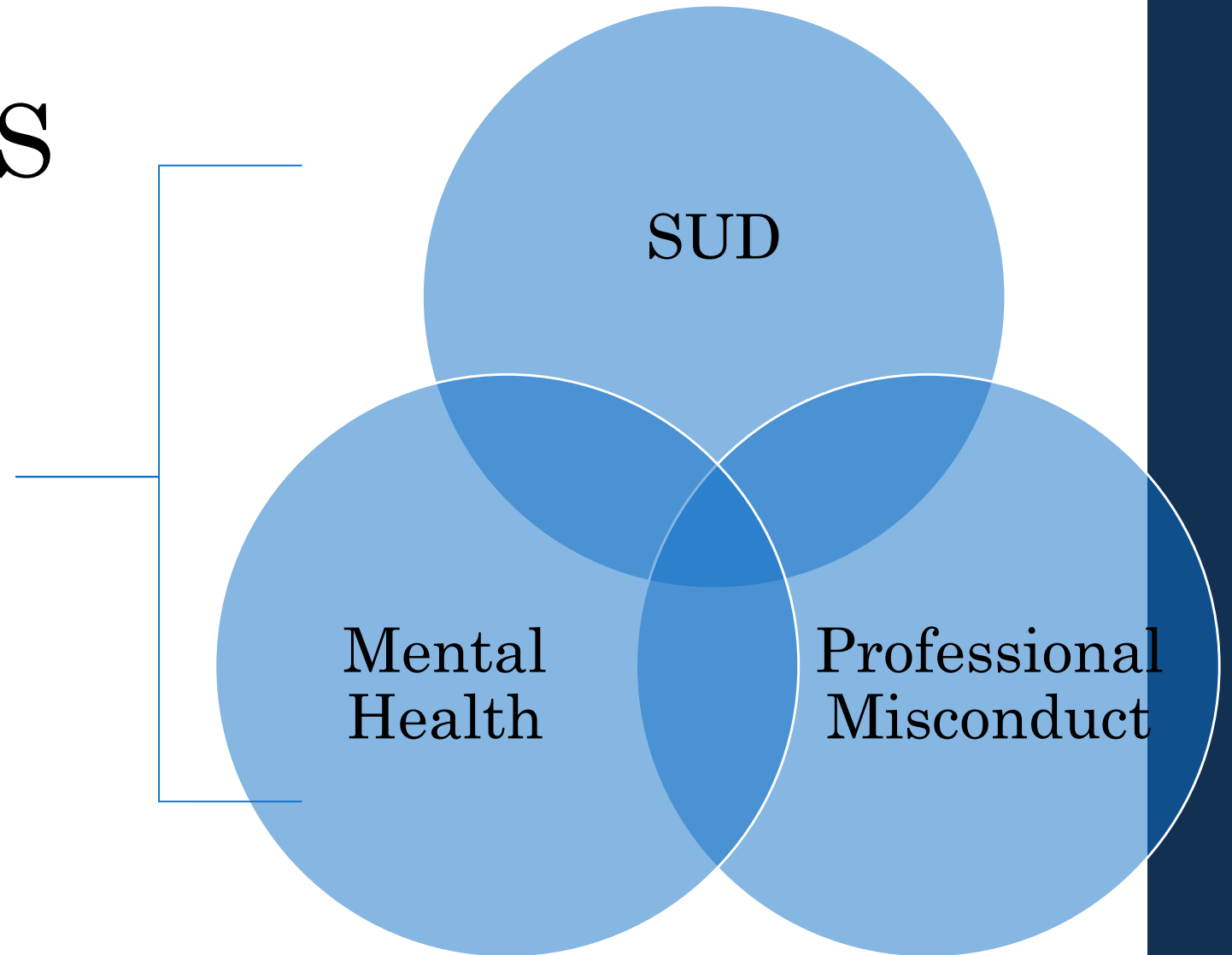
- Established in 2000
- Evaluation, Referral, & Monitoring

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# RPP SERVICES

Voluntary  
or  
Board  
Referred



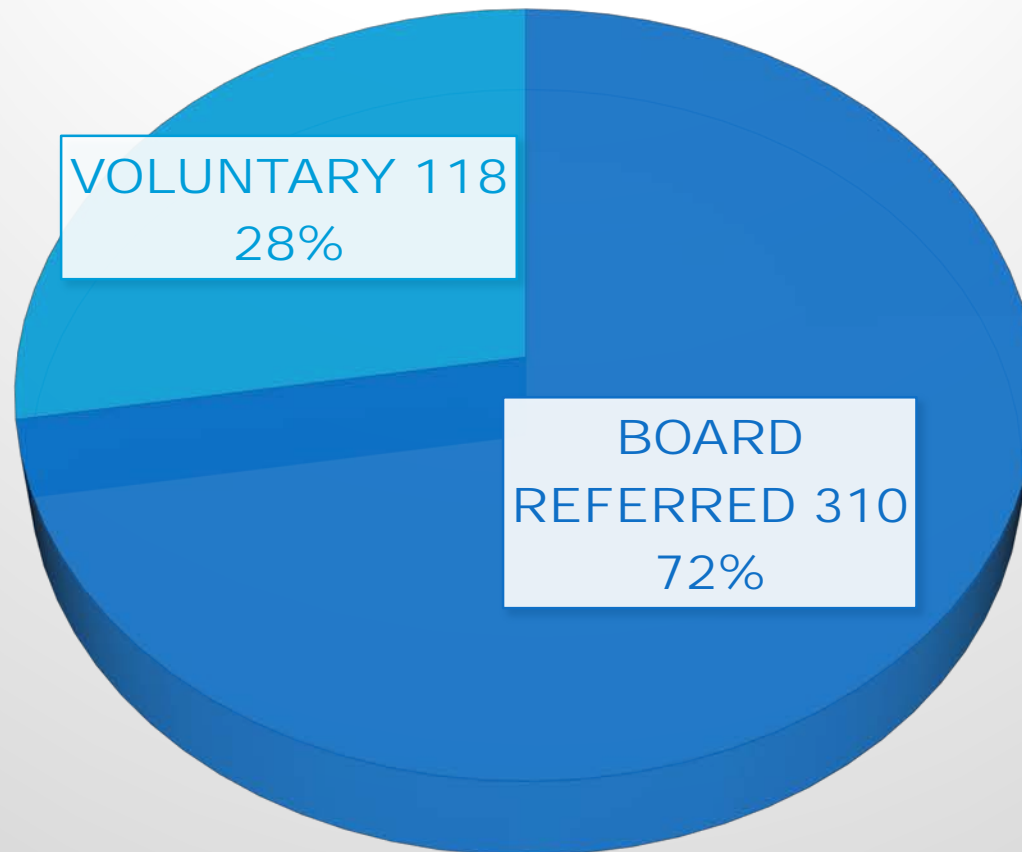
# Voluntary Participants

- Goal: Increase Voluntary Participation
  - ~20-25% of participants are currently voluntary
- Why? 360° improved outcome
- How to engage with RPP voluntarily
  - E. g. Individual initiates, EAP, Human Resources, Medical Executive/Credentialing Committees, etc
- Can remain unknown to their respective Board
- Questions, etc: 1-877-349-2094

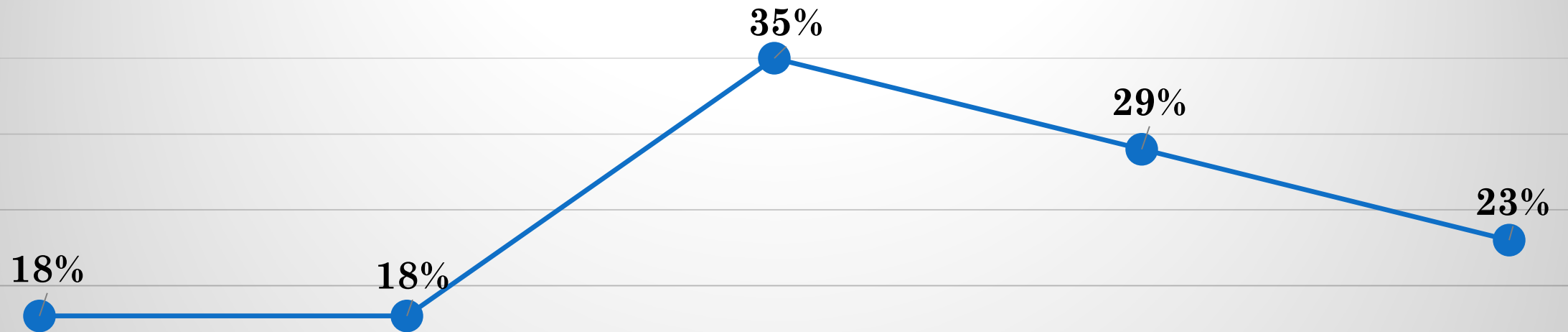


# CURRENT PARTICIPANTS BY PARTICIPATION TYPE

TOTAL 427



# History of Voluntary Intakes in One Year



2ND QUARTER  
2020

3RD QUARTER  
2020

4TH QUARTER  
2020

1ST QUARTER  
2021

2ND QUARTER  
2021

# Questions?



# CMEs and CEUs

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Upcoming ECHO OUD Session		
Date	Topic	Presenter
9/3	Engaging Homeless Patients	Caitlin Kratz, MSW, LISW-CP/S, LAC, AADC

