



Recommendations to be reviewed/discussed during workshop
*Conducting & Reporting Substance Abuse Evaluations
of Licensed Professionals*
September 28, 2007
Camino Medical Group 701 E. El Camino Real, Mountain View
For registration information contact CSAM

CSAM recommendations for the contents of evaluation reports and for the qualifications of physicians who conduct addiction medicine evaluations of health care professionals

Preamble

CSAM recognizes that health care personnel constitute a special population vis-à-vis licensing and privileging issues related to personal health and questions of substance abuse. At stake are the protection of the public and the public trust as well as the protection of the health and career of the physician or other health care provider.

Addiction medicine evaluations provide the information on which decisions about health, appropriate treatment and monitoring requirements, licensing and privileging are made. Such evaluations should address all the issues at stake in a coordinated way to meet the needs of the various parties--the person being evaluated, the licensing agency, those guiding treatment, those responsible for licensing and privileging, and perhaps others. Those who conduct such evaluations should have specific qualifications and the evaluation itself should be sufficient to support the necessary decisions.

For these recommendations, the CSAM Committee on the Well-being of Physicians first collected information from three licensing agencies in California showing what information they currently requested in evaluations. Committee members then prepared one document that identifies the core content they recommend as necessary to support decisions made to protect the public, to safeguard the personal and professional health of the person being evaluated, and to give sufficient support for decisions about treatment, monitoring, continuation of or return to practice.

Among the documents the Committee took into consideration were the action of the MBC/CSAM/CMA Liaison Committee to Diversion in 2000 identifying elements that should be included in the report to Diversion of a medical/psychiatric evaluation or an applicant or participant in the MBC Diversion Program and the June 2004 Physician Health Program Guidelines from the Federation of State Physician Health Programs.

These recommendations are based on the consensus of the members of the Committee. The Committee includes physicians who are members and chairpersons of hospital medical staff committees on physician health, members and chairpersons of the (now disbanded) Liaison Committee to the MBC Diversion Program for Physicians, members of the MBC Diversion Evaluation Committees, and members and chairpersons of county and state medical association committees on physician health, and examiners for the FAA.

RECOMMENDATIONS

Contents of the evaluation report

CSAM recommends that when addiction medicine evaluations of health care professionals are conducted for issues related to licensing or privileging or to any aspect of Diversion Programs, the evaluator’s report should include at least these elements.

CSAM recommends that the ten elements listed in Section 1 of the table below should be addressed in the report of a basic substance abuse evaluation of a health care professional. The elements listed in Section 2 should be included in an extended or additional evaluation, or an expansion of the basic evaluation, if indicated.

Section 1 <i>These elements should be included in the report of a basic substance abuse evaluation of a health care professional</i>	Section 2 <i>These elements should be included in the report of an extended or additional evaluation if one is indicated</i>
1) List of all sources of information the evaluator used, including	What interviews with family members, significant others, or others were conducted (with dates for those interviews) for the purpose of -confirming the information with collateral sources -learning the concerns of family members
-How many times did the evaluator meet with the person; the dates of those meetings	
-How much time did the evaluator spend in face-to-face interviews with the person	
-The evaluator’s opinion on whether there are discrepancies between the information provided by the licensing agency or diversion program and the information provided by the person	
2) General medical history, including	
- family history	
- a review of all medications	More detailed history of pain (acute and chronic)
- drug/alcohol history	
- history of other addictive behaviors	
3) General psychiatric history (e.g., under psychiatric care? Taking medications? Ever hospitalized?)	Extended psychiatric exam by a qualified psychiatrist
Note: Unless there is a request for, or an indicated need for, a complete psychiatric evaluation, a general psychiatric history	

Section 1	Section 2
<i>These elements should be included in the report of a basic substance abuse evaluation of a health care professional</i>	<i>These elements should be included in the report of an extended or additional evaluation if one is indicated</i>
performed by a non-psychiatrist is sufficient. If a complete psychiatric evaluation is indicated, it should be made by a qualified psychiatrist.	
4) Findings from a focused physical examination, as indicated	
5) Diagnosis (which may include DSMIV terminology) with the specific information supporting that diagnosis	Assessment of the person's insight into his/her problems; does the person accept the diagnosis
	Assessment of the person's readiness for change, or amenability to treatment
	Description of the evaluator's sense of what will be relapse risk factors for this person
	Description of the evaluator's sense of what will be positive support factors or systems for this person
6) Summary and concluding formulation	
7) Recommendations	If treatment is indicated, include -What are the treatment goals -What kind(s) of treatment are indicated -Treatment for alcoholism/dependence -Medication -Psychotherapy/counseling -Other -For each kind of treatment, what level of intensity is indicated at this time -What measures will tell the diversion program or licensing agency personnel whether the person is making progress toward the goals of treatment
-Is treatment indicated?	
-The evaluator's determination of whether psychological testing is indicated	
8) Response to each question posed by the requesting organization	
9) Is continuing monitoring or further assessment or evaluation indicated to address the initiating concern? If so, specify what monitoring elements and give a recommended schedule.	What monitoring elements are needed to gather the information that will allow the diversion program or licensing agency personnel to decide if the person is making progress toward the goals of treatment
10) Are other steps indicated? If yes, specify	What monitoring elements are needed to allow the diversion program or the licensing agency to decide if the person is safe to return to or continue work

Information to be provided in advance to the evaluator

CSAM recommends that the organization requesting an evaluation should provide the following information, in advance, to the evaluator. (The information provided should be made a part of the evaluator's report, by inclusion or attachment.)

- 1) List of the person's current duties, roles and functions
- 2) The circumstances leading to the request for the evaluation
 - a) Is there a particular drug identified in the concern
 - b) Is there a particular behavior identified in the concern
 - c) Is the person currently under investigation
 - d) Is the person currently charged with an offense
- 3) Prior circumstances/history/observed behavior/expressed concerns
- 4) Recent or current treatment
- 5) What will the report's information and recommendations be used for?
What is the reason for requesting the evaluation?
- 6) Are there specifics that the requesting program wants to have included or described in the report?
 - a) a diagnosis
 - b) the person's view of his/her diagnosis: does the person accept the diagnosis
 - c) the person's readiness for change
 - d) if others, list them
- 7) If there are questions on which the program wants *recommendations*, specify the questions.

Qualifications of physicians who conduct evaluations

CSAM recommends the following qualifications for physicians who conduct addiction medicine evaluations of health care professionals when the evaluations are conducted for issues related to licensing, privileging or any aspect of Diversion Programs.

Qualified physician evaluators meet seven criteria. The seventh is the demonstrated ability to provide reports on time, with sufficient and appropriate information to support peer review action. Whether a physician meets this criterion can be determined only by the licensing agency or diversion program which requests the evaluations and only after a physician has submitted the at least one evaluation report.

- 1) Certification by ASAM in Addiction Medicine or Certification by ABPN in Addiction Psychiatry
NOTE: Some physicians who are not certified in Addiction Medicine or Addiction Psychiatry may be considered qualified if they meet all the other criteria and are deemed qualified by (or "grandfathered" by) the agency or program requesting the evaluation.
- 2) A minimum of 14 hours of Category 1 continuing medical education in

addiction medicine or addiction psychiatry every two years

- 3) Experience—This criterion may be met in any one of the following ways:
 - a) at least two years' experience in peer review activities in an organized health care setting, or
 - b) in a hospital medical staff, a diversion program or other organized health care setting, experience of having done at least two substance abuse assessments of health care professionals and submitted the reports, including recommendations for treatment and monitoring, or
 - c) participation in a workshop (minimum of 6 hours) focused on the clinical and administrative essentials of how to conduct and report substance abuse evaluations in health care professionals
- 4) No conflict of interest that would prevent unbiased recommendations
- 5) A current, unrestricted medical license in good standing; no current accusation pending and no complaints "closed with merit"
- 6) Not a current participant in the Diversion Program; if a successful graduate of the Diversion Program, the physician must have completed the Diversion Program by at least one year or the same number of years as is required by the MBC for selection of expert reviewers or DEC members.
- 7) Ability to provide reports on time, with sufficient and appropriate information to support peer review action. The reports should contain at least the elements recommended by CSAM.

Note: This criterion can be judged only by the licensing agency or diversion program which requests the evaluations and only after a physician has submitted the at least one evaluation report.

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