MAKING INFORMED CHOICES:

Guidelines for Selecting Physician Health Services

A Guideline for California
From California Public Protection and Physician Health, Inc.

CONTENTS

INTRODUCTION

Hospital medical staffs, medical groups and others with responsibility for physician health and patient safety frequently must locate appropriate resources for the functions required as part of their professional assistance activities.

The information in this document is intended to help those who need the services to make informed choices among possible providers of services. It does not give a list of service providers from which committee members can choose.

These guidelines are addressed to

- **hospital medical staffs**
- **hospital administrations**
- **those who have professional personnel management responsibilities in group practices**
- **providers, including large medical groups and other HMO plans**
- **university health care plans**
- **specialty societies**
- **county medical societies**
- **peer assistance committees**
- **healthcare insurance providers who pay benefits for physician treatment**
- **malpractice insurers**
- **and others**

The document is not designed for individuals (physicians or family members) who may be seeking personal assistance. Although the information may provide helpful background, it cannot point to specific providers of service that they may need. In most cases, members of committees charged to carry out the elements of professional assistance programs will be able to suggest appropriate services in specific situations. (Refer to the policies governing the actions of your committee.) The California Medical Association Physicians and Dentists Confidential Line – (650) 756-7787 (northern California) or (213) 383-2691 (southern California) – is such a committee.

HOW PHYSICIAN HEALTH COMMITTEES WORK

General information and specific recommendations regarding the role and function of medical staffs and physician health committees are contained in the California Medical Association document *Guidelines for Physician Well-Being Committee Policies and Procedures* (CMA On-Call document #5177) dated 2013. Copies of that document are available to all without charge from the resources section of ***www.CPPPH.org***.

Committees are responsible for a range of services from evaluation, case management, monitoring, assuring fitness for continuing or resuming patient care. Many committees will be seeking providers of the services that they themselves cannot provide. The committee and the medical staff or medical group will be responsible for the due diligence routinely employed in making such a selection.

WHAT PHYSICIAN HEALTH COMMITTEES SHOULD LOOK FOR IN PROVIDERS OF SERVICES

This section discusses what information to gather, questions to ask and criteria to consider as you evaluate information from potential providers of the services needed to carry out the role and responsibilities of hospital medical staffs, physician health committees and professional health programs. It discusses criteria that should apply to the providers of any of the services as well as criteria specific to these different services:

- **intervention**
- **clinical evaluation or assessment**
- **initial treatment**
- **on-going treatment**
- **facilitated groups**
- **case management services**
- **monitoring**
- **drug testing**

In general, for any provider of any element of service:

- ***What is the experience of the provider you are considering?***
  - Look for a history of providing their services for health care personnel, specifically for physicians.
  - Request references from groups that have the same function as yours and with needs similar to your needs, e.g., references from other hospital medical staffs. In the references, look for, or ask for, information about the elements mentioned in this document.

- ***What are the qualifications and the experience of the personnel who come into contact with the physicians?***
  - Ideally, the personnel who render professional services to the physicians should be licensed or certified in their professional category(ies).

- ***What are their fees?***
  - For what services do they charge fees and what are the fees? The Committee should know what fees are charged for each element that is required of a physician so that cost and payment can be factored into the treatment/monitoring plan. (The Committee should know if cost/payment would prevent the physician from complying.)
  - Ideally, there should be allowances for providing services to some who cannot pay the usual fees – allowances such as, for example, a sliding scale of fees and extended payment plans.

- ***Do they share the necessary information (with appropriate releases of information from the patient) with the committee in enough detail to support the necessary case management and monitoring?***
  - Look for, ask about, this issue in the references you receive from other physician health committees.

For specific elements in the range of services:

- **Intervention if the Committee members do not make the intervention themselves**
  - Request CVs and references for the persons who conduct the intervention; the references should come from hospital medical staffs or other groups associated with professional health programs.
  - Look for experience with physicians and professional assistance programs.
  - The intervention approaches they select should be tailored to the situation; avoid resources that provide only one approach.

- **All aspects of evaluation: initial evaluation, on-going evaluation of progress toward treatment goals, return to work (or fitness for duty) evaluations**

  See theCPPPH document "Recommendations for Evaluations of health care professionals." (2013) Copies are available from the "resources" section of **www.CPPPH.org** Notice that the guideline recommends that the organization requesting an evaluation should provide several pieces of specific information, in advance, to the evaluator.
  - Ideally, evaluators should be experienced in conducting and reporting evaluations of physicians and licensed health care professionals. They should be experienced in conducting psychiatric and neuropsychiatric evaluations, assessments for addiction, and/or evaluation of all components of current physical capacities. Different areas of a comprehensive evaluation may be conducted by different evaluators.
  - Ask for references from other groups for whom the provider has conducted evaluations of physicians; ask if the information in the report contained enough detail to assist the committee in its decisions/planning.
  - The evaluator should confirm that he/she is familiar with the guideline's recommendations for the contents of the report of evaluations.
  - The evaluator should be able to complete the evaluation the physician within the time span you specify.
  - The evaluator should be able to report to you within the time span you specify. Usually an initial report, given verbally, may be expected within 24 hours with the written report to follow within the time span you specify.

- **Resources chosen for initial treatment**
  - should have licensed clinical staff.
  - should follow an interdisciplinary approach to treatment.
  - should have recent experience in treating physicians as patients.
  - ideally, should have other physicians in treatment at any one time.
  - should agree to share information with the physician health committee (with appropriate releases of information from the patient) in enough detail to support the decisions to be made by the physician health committee for case management and monitoring.
  - should have the ability to assess for both psychiatric diagnoses and substance use diagnoses.
  - should have the ability to assess cognitive issues with psychometric/neurocognitive testing.
  - when the treatment is for substance use disorders

- the treatment program should be abstinence based; the goal of treatment should be abstinence from alcohol and all drugs not appropriately prescribed for medical/psychiatric diagnoses and made part of the recovery and monitoring plan.
- should incorporate 12 Step principles into the treatment, and/or should include physician recovery-based support groups.
- should have the ability to evaluate the need for pharmacotherapy (e.g., naltrexone, disulfiram) and the ability to provide it.
- ideally, should have staff members certified in addiction medicine or addiction psychiatry.

❏ should follow individualized treatment plans with different levels of intensity of treatment and different lengths of treatment that reflect and respond to the patient's progress toward treatment goals. Avoid treatment programs that provide only one approach.

❏ should provide a plan for on-going care.

❏ should be qualified to provide recommendations for elements to be in a monitoring and/or return to work agreement for physicians and should be qualified to assist in drafting the agreement.

❏ should have the capacity to provide or refer for on-going treatment.

▲ **Resources chosen for on-going treatment**

On-going treatment is a regular part of the treatment and monitoring plan. Initial treatment, which by its nature is time limited, is not considered sufficient. Resources for on-going treatment should meet all the elements listed for initial treatment, plus:

❏ Should have facilities or offices and hours of operation that are reasonably accessible.

▲ **Resources chosen for facilitated groups that are part of on-going treatment and/or monitoring**

❏ Should have groups of physicians and health care professionals.

❏ The persons who facilitate the groups should be experienced in taking a treatment or monitoring role with physicians.

❏ The persons who facilitate the groups should have the expertise and experience to be effective with the person being referred to their group. Facilitators should be licensed, or they should be certified and be working in conjunction with a licensed mental health professional. When the diagnosis includes a mental illness or disorder, the facilitator should be a mental health professional.

❏ Should agree to share information with the physician health committee (with appropriate releases of information from the patient) in enough detail to support the decisions to be made by the physician health committee for case management and monitoring.

▲ **Resources chosen for case management services**

The role of a case manager is to

- Collect and evaluate information from all sources
- Ensure that all elements of the monitoring are carried out

The person chosen to serve as case manager should be licensed and should have experience in working with health care professionals with substance abuse disorders and/or mental illnesses.

- **Resources chosen to carry out the monitoring plan and monitoring agreement with the physician.**

  See the CMA *Guidelines for Physician Well-Being Committees Policies and Procedures* (CMA On-Call document #5177) dated 2013. Attachment C focuses on all elements of monitoring.

  Note that the monitoring agreement should contain elements that address the clinical issues identified in the evaluation and in treatment and noted in the discharge plan. A comprehensive monitoring plan incorporates all the elements appropriate to the person's history and current situation. Plans should contain provisions for on-going treatment, workplace monitors, peer monitors, facilitated groups, drug testing.

- **Services that conduct drug testing as a component of a monitoring program**
  - Should be laboratories with appropriate certifications and experience in forensic testing.
    - Forensic testing follows standards for matters such as documentation of the chain of custody and defined testing procedures.
  - Should be able to provide reliable test results for more drugs than those commonly tested for in workplace testing; should use what is frequently identified as a health professional panel or medical professional panel.
    - A medical professional panel is used for testing persons who work in the healthcare industry; it includes 11 or 12 drugs that are frequently used by persons in the health care professions and may use cutoff levels more stringent than "standard" workplace levels.
  - Should be able to collect samples on the frequency required by the monitoring agreement.
  - Should have a reliable system for random collection.
  - Should have a reliable method for notifying participants of when a drug test is requested in the random collection schedule.
  - Should have reasonably accessible collection sites, with hours daily and on weekends that can accommodate physician schedules.
  - Should follow recognized collection procedures; for example, should have the capacity to collect urine samples under direct observation.
  - Should keep the collection procedures and the chain of custody of the sample consistent with forensic requirements. (Chain of custody requirements are described in regulation for monitoring conducted for the Department of Transportation. 49 CFR Part 40)
  - Should provide services of a Medical Review Officer (MRO).
  - Should provide secure electronic record keeping and notification system.
  - Should provide reports within the time span you specify. Ideally, negatives will be reported within 48 hours and confirmed positives will be reported within 96 hours (4 days) from the time the specimen is collected.

  Note that methods employed for drug testing can include testing hair, nails, or blood.

PROCEDURES PHYSICIAN HEALTH COMMITTEES SHOULD FOLLOW IN SELECTING AND ENGAGING A PROVIDER OF SERVICES

- **Get a proposal in writing from the provider specifying in some detail the services to be provided and the fees to be charged.**
- **Review the proposal with the full committee and with the medical staff services personnel assigned to the committee.**
- **Assure that the descriptions of the services to be provided and the fees, including to whom they will be charged, are satisfactory.**
- **For those services where the physician's compliance is monitored, assure that the proposal includes satisfactory descriptions of**
  - the policies and procedures the provider follows for determining the physician's compliance with the monitoring agreement.
  - what is reported, how it is reported, how often and to whom it is reported.

REFERENCES

Documents written for Physician Health Committees

- CMA *Guidelines for Physician Well-Being Committees Policies and Procedures* (CMA On-Call document #5177, 2013)
- CPPPH Guideline for Evaluations of Healthcare Professionals 2013. Documents not written for or directed to physician health committees but which nonetheless may be helpful because they contain information related to the role and function of professional assistance programs.
- Federation of State Medical Boards (FSMB) "Policy on Physician Impairment" 2011
- Federation of State Physician Health Programs "Guidelines for Physician Health Programs" December 2005
- Medical Board of California Manual Of Model Disciplinary Orders And Disciplinary Guidelines, 11th Edition, 2011
- Urine Specimen Collection Guidelines for the U.S. Department of Transportation Workplace Drug Testing Programs (49 CFR Part 40)

  These guidelines apply only to employers and individuals who come under the regulatory authority of the U.S. Department of Transportation (DOT) and those individuals who conduct urine specimen collections under DOT regulations. The term "employee" is used throughout this document and has the same meaning as "donor" as used on the Federal Drug Testing Custody and Control Form (CCF)

These guidelines originated in 2009 with the Workgroup on Physician Health Programs – the workgroup that was convened by the California Medical Association (CMA), the California Society of Addiction Medicine (CSAM), California Psychiatric Association (CPA), California Hospital Association (CHA) in 2008 when the Diversion Program for Physicians was closed by the Medical Board of California.

In 2011, the guidelines were revised and updated by the CSAM Clinical Advisory Task Force on Physician Health at the request of California Public Protection and Physician Health, Inc. (CPPPH). The draft was widely distributed to interested organizations and individuals; all comments were reviewed by the Task Force and the CSAM Committee on Physician Wellbeing. Additional changes were made and the document was distributed a second time. Again, comments were reviewed and changes were made. This final version was adopted by the Executive Council of CSAM on May 29, 2012. The guidelines were adopted by the Board of CPPPH on July 16, 2012. They have subsequently been reviewed and endorsed by the California Hospital Association and these specialty societies:

California Academy of Family Practice (CAFP)
California Psychiatric Association (CPA)
Central California Psychiatric Association
Northern California Psychiatric Association (NCPS)
Southern California Psychiatric Society (SCPS)
California Chapter of the Academy of Emergency Physicians (CAL-ACEP)
California Radiological Association (CRA)
California Society of Anesthesiology (CSA)

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