

# THE MONITOR



## The New Mexico Monitored Treatment Program

### Newsletter

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Fall 2007

## The Future of Physician/Professional Health Programs

*Jon Thayer*

In July of this year the Medical Board of California decided to discontinue the Physician's Diversion Program after the sunset date of June 30, 2008. This is a huge decision since California is one of the few states that has their physician health program administered through the Medical Board. Their program is a legislated diversion program that allows the medical board to divert physicians with impairment issues away from disciplinary action and into a confidential program of rehabilitation and monitoring. In order to get this legislation passed in the early 1980's there had to be a public protection component. Hence, the California Physician Diversion Program's primary responsibility was to protect the consumers in California by determining when a physician could and could not practice within the auspices of rehabilitation from impairment, and to provide a route of rehabilitation for the physician. The stated reason for the decision to discontinue the Physician Diversion Program in California was because audits had identified operating flaws that affected confidence in the program and public safety. This decision can affect the physician health program in every state.

Every state has a physician health program (PHP) and the California Medical Board may be looking at how other states administer their programs. The common denominator in most all of the programs is that the program provides assessment, treatment recommendations, follow-up and monitoring. What differs is the relationship with the licensing board(s) and the balance between rehabilitation and public safety. Most all of the programs have a relationship with the Medical Board either through a contract, letter of agreement, or the board allows the program to advocate for the physician. There are several different avenues of administration of physician health programs throughout the country. These include:

- Programs administered through the state medical society
- Programs administered through the state medical society but have a formal relationship with the state medical board
- Programs administered through the state medical board
- Programs administered through an independent agency but contracted through the state medical society
- Programs administered through an independent agency and have a formal relationship with the state medical board
- Programs that are solely for physicians, and physician assistants
- Programs that are for physicians and other health professionals

Medical Societies, for the most part, are organizations established to advocate for physician "rights", promote legislation to provide better practice venues, maintain a professional public image of physicians, support education and advancement of better medical practices and make practice safe for both the physician and the community. The medical board role is a consumer organization, established to provide standards of practice, education, licensure, and an avenue to discipline practitioners who violate those standards. Most physician health programs work within the auspices of both organizations, providing a route to rehabilitation for the licensee and providing a mechanism to protect the public.

Since these programs began, many in the mid 1980's, there have been periodic questions about whether a licensing board who allows a physician to enter a rehabilitation program without public knowledge is fulfilling their role as a consumer protection agency? These questions come from concerns that the public has a right to know when a practitioner has had an impairment problem that affected his or her ability to practice safely. Most all programs offer a route for a practitioner to enter a program to obtain help and rehabilitation before a problem becomes a safety risk or before there is a case opened with the board. Public safety is then in the hands of the PHP.

However, there have been public concerns about licensing organizations who know that a practitioner has violated standards, and have confidentially allowed that practitioner to enter a PHP. Yes the PHP provides rehabilitation and public safety, but

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Connie Merrell-McDonald LADAC, LPCC, LPAT, CEAP, Clinical Director  
Peggy Smith, BA, Administrative Assistant**

does the public have the right to know that a practitioner who has violated the standards has been referred for rehabilitation? Therefore, many states utilize the route of disciplinary action that requires participation in the PHP. This allows the public to know that the practitioner is involved in a rehabilitation program that is also providing public safety and that if a problem arises, the board can take further action.

The Public Citizen's Health Research Group, a part of a national, non-profit consumer advocacy organization, provides information to the public about actions taken in each state against physicians. States are ranked by the number of disciplinary actions in accordance with the number of practicing physicians in that state. Boards who take more disciplinary action are looked at as doing a better job than those with less disciplinary action. Since impairment issues are a large percentage of complaints received by boards, if those practitioners are steered away from disciplinary action, then the state will be ranked lower and have the appearance of not doing an effective job of protecting the public, even though the public may be better served by allowing the practitioner to obtain rehabilitation and at the same time protecting the public.

Physician Health Programs have demonstrated a tremendous success rate, yet this is often overlooked by the public, regulatory agencies, and consumer groups, because the information does not impact the public as does failures, relapses, malpractice cases etc. It is not unusual for the number one question to a physician health program to be the number of relapses, recidivism, or failures.

Most all physician health programs are vulnerable to being put out of business. The public's understanding and perception of impairment can sway the support of these programs. There has always been a perception that health care providers should be immune to impairment and if there is an impairment issue they should lose their ability to ever practice again. The concept of the disease model is often a point of contention in the public domain. However, when a PHP program is explained to a consumer, that being a route of rehabilitation and public protection, often the response is positive and supportive. What the public wants is the assurance that an impaired practitioner will be identified quickly, and steps will be taken to protect the public. It is up to the PHP's to demonstrate that rehabilitation and return to safe practice is possible. It is up to the licensing agencies to make this information public.

The Federation of State Physician Health Programs (FSPHP) is an organization to provide state physician health programs with support, an avenue for communication, trouble shooting and commonality. This avenue, more than anything, provides the PHPs with knowledge about relationships with boards, public responses, legislative actions etc and how the PHP responds. The Federation of State Medical Boards (FSMB) provides similar services to medical boards. Therefore, there is a communication highway between medical boards that allows information about relationships with their PHP. How the PHP functions, how reports are made, what the focus of the PHP is, etc. This can have a tremendous affect on the PHP and how it operates. No longer is the relationship between the medical board and the PHP isolated. As a result, what has happened in California can become a national issue affecting every state PHP.

So will there be Physician/professional Health Programs in five or ten years? The answer is probably yes. However, they may be different than they are now. There may be more influence and interaction with the licensing agencies, more accountability on the part of the participant and the program and more visible public safety. More and more physician health programs are having to respond to agencies other than boards, such as malpractice insurance companies, medical staff offices/credentialing offices, health insurance companies and legal systems.

The action taken by the California Medical Board has been eye opening for the New Mexico Monitored Treatment Program (MTP), functioning as the state PHP for New Mexico. Although MTP is not a diversion program, many of the services MTP provides, much like many other state PHP's, have developed out of the California Diversion Program model. Balancing rehabilitation with public safety is the focus of the program. MTP works closely with the licensing boards who they have contracts with, and provides services for those boards who do not fund MTP. New Mexico Boards have not followed the route of California to divert practitioners away from disciplinary action. MTP takes voluntary referrals who enter the program before the board has taken any formal action or are even known to the board. However, MTP has an avenue to report voluntary participants if there is a public safety risk identified. Those participants who have board disciplinary action are public record, but what is protected is the participant's rehabilitation.

Physician Health Programs must always evolve. As demands arise for changes in the way physicians and other health professionals are allowed to obtain rehabilitation and re-enter the practice arena, the PHP will have to change to continue to exist. The mere fact that California could completely do away with their Physician Health Program is a scary thought. No one believes this will happen, but the fact is that the option is still on the table. That program has 300 or more participants who could find themselves without an ability to practice medicine. Medical boards and other health professional boards are watching this to see how it might affect their state and their PHP.

*Jon Thayer MA, RN, CARN is the Executive Director of the New Mexico Monitored Treatment Program. He has worked in the field of health professional monitoring and rehabilitation since 1986, both in California and New Mexico. He was previously the Director of the Health Professional's Diversion Program in California and was one of the first Diversion Evaluation Committee chairmen for the Nurse Diversion Program in California.*



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or 341-8320 direct  
RANDOM DRUG SCREEN MESSAGE IS RECORDED BY 6 A.M.  
And  
On [www.monitoredtreatment.com](http://www.monitoredtreatment.com) by 6 am**

### **Introducing Peggy Smith**

Peggy Smith started working for MTP full time at the beginning of September 2007 as the Administrative Assistant. She works 90% for the clinical program and 10% for administration. She has a Bachelor of Arts degree in Psychology from the University of Arizona and she is certified in Professional Medical Services Management. She has worked as Medical Staff Coordinator at several different medical institutions and was Executive Assistant at Sierra Tucson. Ms. Smith will be working closely with Connie Merrell, Clinical Director and Dr. Collins, Medical Director. If you haven't already met or talked with Ms. Smith you will. We welcome her to our staff and is a great asset to MTP.

### **New Participant Handbook**

MTP is always trying to find ways to help MTP clients as they progress through the program. Connie Merrell, MTP Clinical Director is heading up the development of an MTP handbook to assist new and present participants in understanding the myriad of program requirements. The handbook due out this winter will break down the various components of the program, how and why they exist and the tools to navigate through the component including forms, and explanations on how to use the forms. This handbook will be especially helpful to new applicants to the program to better understand how the program works but what lies ahead in participation in MTP. Each participant will receive a copy of the hand book when it is completed.

### **ANNOUNCEMENTS & REMINDERS**

- Always call the MTP office prior to coming by for reasons other than scheduled appointments.
- All participants need to call MTP with out of town dates prior to going out of town.
- All payments to MTP are due on the 15th of the month unless prior arrangements have been made. A late fee is applied if payment is not received by the 25th of the month. Credit card payments are welcome.
- Be sure your **MTP number is on your drug screen requisition or it might not get processed.**
- **If you do not receive a billing statement by the 10th of the month call Jon Thayer at 505-271-0800.**

### **CREDIT CARD PAYMENTS**

When making a credit card payment be sure to include the CWS # which is a 3 or 4 digit number on the back of the card.

### **MTP PROVIDES EDUCATION**

MTP staff is available to provide health care organizations with lectures, presentations and training sessions relating to health professionals & substance abuse. Brochures and information packets are available. Contact MTP @ (505) 271-0800 or by e-mail @ [MTP@swcp.com](mailto:MTP@swcp.com)

### **NETWATCH**

- There are many places on the internet and world wide web where information about chemical dependency, recovery, mental health, health and medicine can be found. Some may be of interest while some others may not. Information will be updated as it is made available to us. If you have any website information, please pass it on to us. [mtp@monitoredtreatment.com](mailto:mtp@monitoredtreatment.com) **Updated 10/23/07**
- **MTP:** [www.monitoredtreatment.com](http://www.monitoredtreatment.com)
- **NM Medical Society:** [www.nmms.org/nmms](http://www.nmms.org/nmms)
- **State physician health programs:** [www.fsphp.org](http://www.fsphp.org)
- **NM Board of Nursing:** [www.bon.state.nm.us](http://www.bon.state.nm.us)
- **NM Medical Board:** [www.nmmb.state.nm.us](http://www.nmmb.state.nm.us)
- **Gamblers anonymous:** [www.gamblersanonymous.org](http://www.gamblersanonymous.org)
- **NIDA-What's new:** [www.nida.nih.gov/whatsnew.html](http://www.nida.nih.gov/whatsnew.html)
- **International Nurses Society on Addictions**  
<http://www.intnsa.org>
- **Pam Pohly's Net Guide:** [www.pohly.com](http://www.pohly.com)
- **On line physician's support group** by Jeffrey Roth  
[www.workingsobriety.com](http://www.workingsobriety.com)
- **Joint Commission** [www.jcaho.org](http://www.jcaho.org)
- **NIDA-health professionals page:** [www.drugabuse.gov/medstaff.html](http://www.drugabuse.gov/medstaff.html)

*MTP is not responsible for information on the websites listed here.  
It is just providing the site address for you.*



800-431-0090  
OR  
For Information Call (505) 271-0800

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