

# TMF: Physicians Health Program Activities Summary



By Roland W. Gray, MD

**T**he Tennessee Medical Foundation, through the Physicians Health Program (PHP) continues to help physicians in their hour of need and fulfill its mission to restore impaired doctors to health and, for most, the practice of medicine.

Since January 1, 2002, the PHP has worked with 1,226 Tennessee physicians identified as being in need of some kind of assistance. Of that number, the majority – 555 – have either an alcohol or drug abuse disorder. Alcohol, hydrocodone and tramadol are the three substances most commonly abused by doctors.

The good news is we continue to have good outcomes among physicians who come into our program with a substance use disorder. Over their lifetime, only a little over three percent are unable to return to their practice, so almost 97 percent are able to get into persistent recovery, get healthy and return to treating patients, and only about 10 percent ever have a relapse. Another good statistic: over 90 percent of doctors with an alcohol or drug problem who come to the PHP get the help they need and complete the standard five-year contract without ever being disciplined by the Board of Medical Examiners. Most of our physicians are reported or self-report early enough that we can keep them on a confidential track.

Behavioral issues are the next biggest problem we address among physicians through the PHP. Since 2002 we have had 346 doctors who have been labeled as disruptive in the workplace. These referrals have increased since July 2008 when the Joint Commission issued guidelines categorizing disruptive behavior as a sentinel event, which means it must now be reported.

For the most part behavioral issues are medical staff issues and we try to get them resolved within the medical staff -- we don't do the assessments or interventions the way we do with alcohol and drug cases. Instead, the PHP is a resource; we tell hospitals what corrective action is available and advise them on the resources for these physicians. Most of these doctors do not have an alcohol or drug problem or major psychiatric condition – the most common thread is their perfectionism. As TMF medical director, it's a personality trait that has always intrigued me. It makes us the good doctors we are but if we're not careful, it can be our undoing later on. An overabundance of self criticism can cause stress and early burnout. For these physicians, when things happen in the hospital or medical setting that are beyond their control, it creates a lot of anxiety and causes them to act out by threatening, cursing, pushing, shouting – basically creating a hostile work environment.

The good news is almost all of them do very well. We don't refer these doctors for long-term treatment; what I've found most effective are some very good three and four-day continuing education courses. These programs work with these misbehavers on how to manage their perfectionism, resolve conflict, deal with an angry patient, how to basically play well with others at work.

Our third most common group are the physicians we monitor for psychiatric issues. Most of these have major depression or bipolar disorder. Unfortunately, we're seeing an increase in the number of suicide survivors; over the last year I have worked with eight doctors who are survivors of very serious suicide attempts. If they will reach out, there's a lot of really excellent treatment and

support available, and the good news is these physicians also do very well long-term.

The fourth most common issue is sexual boundary violations. For the most part these doctors have gotten involved in an intimate relationship with a patient. Just a word of caution: any time a physician gets involved in a sexual relationship with a patient, the physician will always be found at fault, even if the patient initiated the relationship and it was consensual. The courts say in a physician-patient relationship there is an imbalance of power and because of that, patients are unable to make an informed consent about whether to get involved.

We get a number of these referrals and offer resources where they can be assessed on a case-by-case basis. For the most part our Board of Medical Examiner referrals in this area are physicians who have been sanctioned by a board in another state who are now moving to Tennessee, and the BME asks us to assess and monitor these physicians.

Our fifth group is the overprescriber – prescription drug abuse is the number one drug problem in the state. Most of these cases are handled through regulatory agencies like the Tennessee Bureau of Investigation, the Drug Enforcement Administration or the BME, but we do work with some physicians, who self-report and are looking for resources that will reeducate or retrain them in the proper use of these medicines.

As always, if you recognize yourself or a colleague in these descriptions of impaired physicians, please give the TMF a call at 615-467-6411. For more information about the Physicians Health Program, log on to the TMF website at [www.e-tmf.org](http://www.e-tmf.org).

## PHP CLINICAL PROGRAM STATISTICS. 2002-2010.

YEAR	2002	2003	2004	2005	2006	2007	2008	2009	2010 YTD	TOTALS
<b>IDENTIFICATIONS:</b>										
Chemical	41	60	98	98	69	59	61	63	6	555
Behavioral	28	38	49	54	47	37	32	53	8	346
Psychiatric	7		20	18	18	21	14	10	4	112
Sexual Boundary	7	11	17	15	7	8	7	5	2	79
Over-prescribing	4	10	4	5	5	3	5	3	2	41
BME Referrals	14		8	6	9	14	3	1	1	56
Other/Consultations						5	10	15	5	35
Undesignated								2		2
<b>TOTALS:</b>	101	119	196	196	155	147	132	152	28	1226

As of March 23, 2010 the total number of healthcare professionals identified in the past five years to the TMF PHP is 799. All participants currently under contract or involved in aftercare number 268. There are currently 155 participants enrolled in and being monitored by the urine drug screening program, 30 of whom are voluntarily enrolled post contract. We currently have 15 physicians in inpatient treatment. +

*Dr. Gray is medical director of the TMF and oversees the PHP while continuing to educate medical professionals both statewide and abroad about the spectrum of services the Tennessee Physician Health Program provides. He has helped develop a course on professionalism to be accepted as part of the core curriculum in medical schools throughout the state of Tennessee, to include teaching*

*about proper prescribing practices, appropriate professional boundaries, disruptive behavior in the workplace, and all aspects of professionalism. Dr. Gray also serves on the State of Tennessee Commissioner's Task Force on Physician Prescribing Practices.*

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