

Protecting
Advocating
Serving

How has medicine addressed impairment?

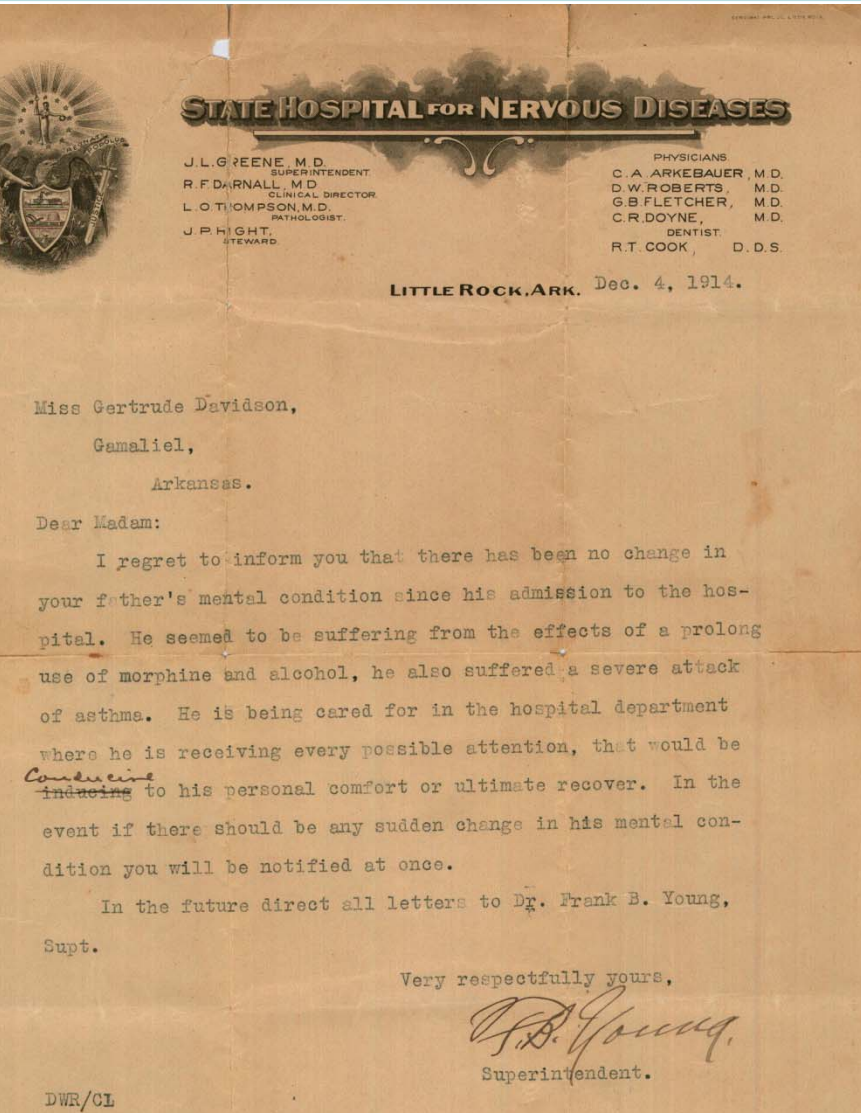
American Association of Dental Boards
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Meetings from the FSMB Board of Directors





“He seemed to be suffering from the effects of a prolong use of morphine and alcohol.”

QUESTION:

How has medicine addressed impairment ?

ANSWER:

Much better today than it has historically

Sample #1: Cases for action by SMBs, 1950-1959

Disciplinary actions	Criminal	Impairment	Misconduct	Professional breaches
<ul style="list-style-type: none"> • e.g., • • 	<ul style="list-style-type: none"> • e.g., abortion • tax violations • failure to acquire citizenship 	<ul style="list-style-type: none"> • e.g., physical • Mental • Drugs & alcohol 	<ul style="list-style-type: none"> • e.g., unprofessional conduct • Moral turpitude • Gross misconduct • Gross immorality 	<ul style="list-style-type: none"> • e.g., deceptive advertising • Fee splitting • Professional association with an unlicensed physician
115 actions	115 actions	66 actions	50 actions	13 actions

Sample #2: Causes for disciplinary actions taken by state boards, 1963-67

Narcotics violations	440	←
Mental incompetence	94	←
Fraud and deceit in practice	74	
Felony conviction	72	
Abortion	71	
Unprofessional conduct	68	
Alcoholism	41	←
Moral turpitude	26	
Other categories	<u>52</u>	
	938	

Slow pace of change

**1958 FSMB President C.J. Glaspel (OH) warned of
‘danger lurking our midst’ with physician impairment**

**1960 FSMB board member John Fiorino (FL) signaled
shifting attitude toward rehabilitative philosophy**

- SMBs should seek out impaired physicians
- Counsel them for treatment as non-punitive effort

**Early 1970s: SMBs working with PHPs in multiple
states**

Still a ways to go...

03-2004

Survey of 3,500 practicing US physicians

Contradictory message...

80% agree that physicians should report impaired or incompetent colleagues

20% acknowledged not reporting such colleagues



Historical takeaway

Impairment issues were treated as a ...

Formal disciplinary matter (infrequently)

OR

Secret kept within the profession (more frequently)

Today state medical boards address impairment...

Through collaborative work with PHPs

- Most SMBs (60%) have formal contracts or arrangements with PHPs
- Some PHPs are formally linked with the board or medical society...most are independent 501c3 entities
- Not uncommon for state boards to fund a portion of PHP budget

Through board-developed or -supported policies, guidelines and/or legislation

Expanding focus of PHPs

Once upon a time...

Participation in PHP = impairment

Expansion over time to cover...

Disruptive behavior, stress, etc.

Today...

Many PHPs educational component focuses on wellness

Impact of stress

2011 survey by Colorado Medical Society

– Only ½ of physicians felt they lived a healthy lifestyle

1/3 of physicians do not have a personal primary care physician...opting to self-treat

Tennessee PHP reports shift in average age of its treated physicians...from mid-50s to mid-30s

Impact of receiving notification of malpractice lawsuit or complaint lodged with SMB can trigger significant physical, emotional reaction

MB policy contributions

5

Report of the Ad Hoc Committee on Physician Impairment

1

Policy on Physician Impairment

2

Report of the Special Committee on Reentry to Practice

3

Report of the Special Committee on Reentry for the Ill Physician

available at <http://www.fsmb.org/policy/advocacy-policy/>



Impairment related issues challenging SMBs

Terminology—confusion and consistency issues

- e.g., illness vs. impairment
- e.g., license restriction vs. license limitation

Unintended consequences when boards are forced to take action

- e.g., limitations or restrictions placed on full license may trigger loss of specialty certification, hospital privileges, etc
- e.g., lack of detailed information on disciplinary alerts

Impairment related issues challenging SMBs, cont.

Physician reentry to practice

- e.g., prolonged absence from practice (>2 years) often prompts SMB involvement...need for reentry plan, assessment options, possible remediation, etc.

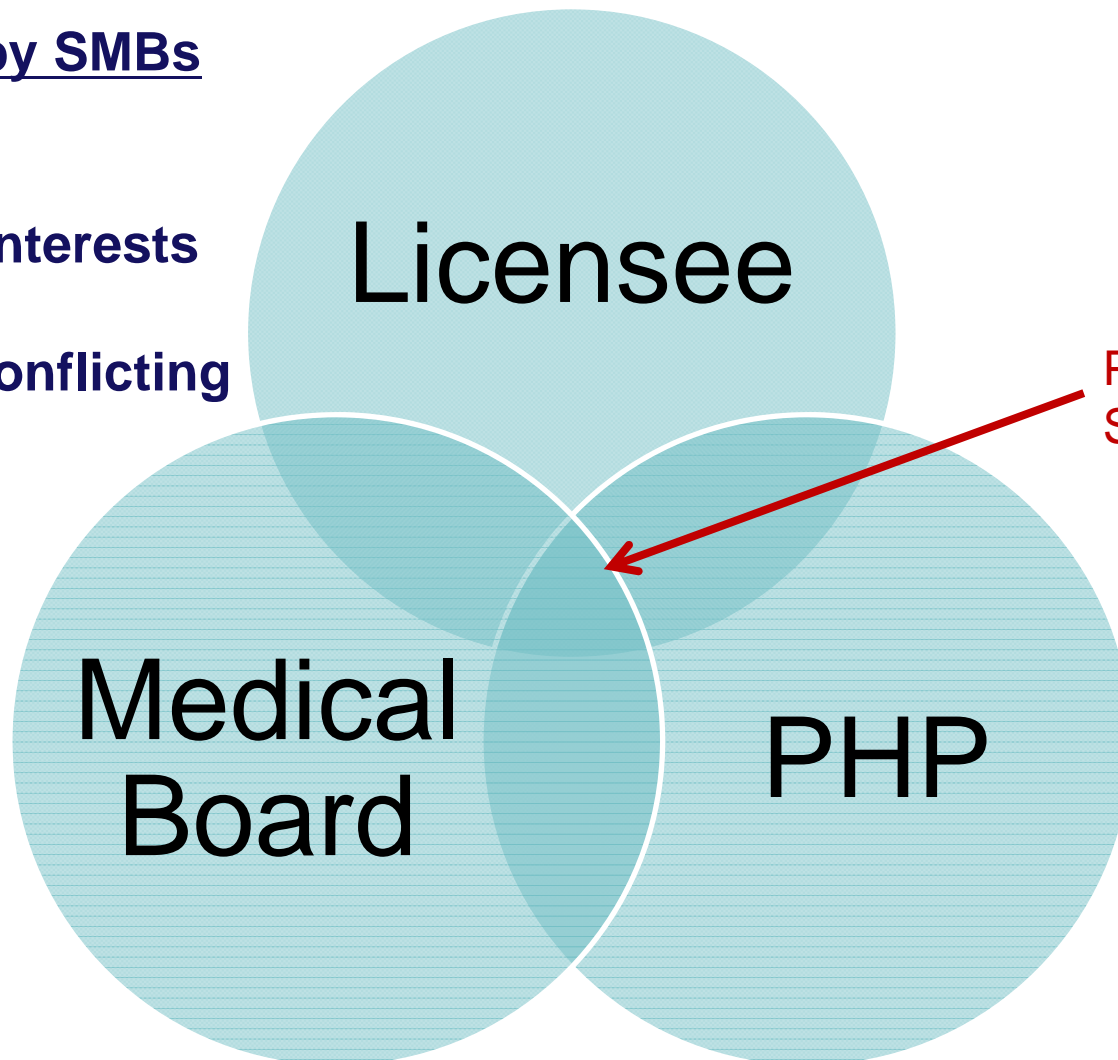
Be clear on your mission

- e.g., California revised its statutory language identifying SMB primary goal as “physician rehabilitation” to one of “public protection”

Financing act by SMBs

Overlapping
stakeholder interests

Sometimes conflicting
interests



Patient
Safety

Protecting Advocating Serving

Questions

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