MICHEL A. SUCHER, MD FASAM FACEP

Dr. Sucher was educated at Wayne State University where he received a Bachelor of Science Degree in 1968 and a Medical Degree in 1972. Dr. Sucher’s internship was at Sinai Hospital of Detroit in Detroit, Michigan and he underwent residency training at Indiana University Medical Center in Indianapolis, Indiana. From 1974 through 1994, Dr. Sucher practiced emergency medicine and served as emergency department director at both Scottsdale Healthcare Hospital facilities. He served as President of the Medical Staff of Scottsdale Healthcare Osborn during 1994.

He practices addiction medicine and serves as the medical director of the monitored aftercare programs for the Arizona Medical Board and the Arizona State Board of Dental Examiners. He is also President of the California Physicians Health Program. Additionally, he serves a consultant in addiction medicine to most other healthcare regulatory agencies and boards in Arizona.

He recently served as the Acting Medical Director of the Division of Behavioral Health at the Department of Health Services, State of Arizona. He currently serves as the medical director for Community Bridges, which is a community substance abuse and mental health treatment program in the greater Phoenix area and throughout the state of Arizona. He also serves as the medical director for Community Medical Services, which is the largest opiate treatment program in Arizona and Montana.

Dr. Sucher is a member of the medical staffs of the three Scottsdale Healthcare Hospitals and Banner Behavior Health Hospital all in Scottsdale, Arizona. He is the medical director of physician health for Scottsdale Healthcare and the consultant for physician health for the Banner Health system. He holds teaching positions throughout the greater Phoenix metropolitan area.

Dr. Sucher is a Fellow of the American College of Emergency Physicians and a Fellow of the American Society of Addiction Medicine. He was granted Diplomate Status by the American Board of Addiction Medicine in 2009. He is also certified as a Medical Review Officer by ASAM. Additionally, he is a Past President of the Arizona Society of Addiction Medicine. He is a nationally known speaker on addiction medicine and professional health issues.

From January, 1995 through July, 2001 Dr. Sucher served as Senior Vice President and Chief Medical Officer of Rural/Metro Corporation. He currently serves as the corporate medical review officer and as Chief Medical Officer of the corporation. Rural/Metro Corporation is a $ 500+ Million revenue national ambulance and fire protection company based in Scottsdale, Arizona.
Overview Of The Arizona Medical Board Physician Health Program (PHP)

Presentation to the Medical Board of California
Michel A Sucher MD FASAM
July 30, 2015
PHP Overview

- Purpose
- History of Program
- PHP Oversight and Operations
- MAP Entry Pathways
- MAP Elements and Terms
- Compliance and Non-Compliance Tracks
- PHP Tracks (other than MAP portion)
- PHP Accomplishments
- MAP and PHP Statistics
- MAP and PHP Enhancements and future plans
PHP and MAP Purpose

- Ensures protection of public health and safety through education, intervention, post-treatment monitoring and support and relapse prevention for licensees impaired by alcohol and/or drug abuse. PHP adds impairment by mental health, medical or psychological disorders.

- Authorized by ARS 32-1452, 32-1452.01 and 32-1405
History Of MAP/PHP

- **Pre-1986**
  - Board Operated
  - Informal

- **1986-1992**
  - Operated by Arizona Medical Association
  - Also included other health care boards

- **1992-Present, PHP functions added 2009**
  - Private for profit, independent contractor
  - Close relationship with Medical Board
PHP Oversight and Operations

- Arizona Medical Board and PA Board
  - Executive Director - Pat McSorley
  - MAP/PHP Manager – Elle Steger, Kathleen Muller
  - Contractor (Greenberg & Sucher, PC)
- Medical Directors
  - Michel A. Sucher, MD, FASAM (Contract Manager)
  - David G. Greenberg, MD MPH
- Professional Case Managers
  - Brenda Garrett, LPC
  - Hal Nevitt, LCSW
  - Rural Case Managers

Physician/Psychologist Consultants
Relapse Prevention Group Therapists
PHP Oversight and Operations

- The AZ PHP has been audited by the Auditor General of the State of AZ multiple times over the past 20 years
- The program has passed all audits with full compliance in all areas
- The program remains subject to periodic auditing
Relationship between PHP and Arizona Medical Board

- Close relationship historically
- Work very closely with Executive Director, Deputy Director, PHP Staff and Investigative and Licensing Staff
- We see ourselves as partners with the Medical Board
- We attend all board meetings to be available as a resource
Relationship between PHP and the Arizona Medical Board

- The PHP’s primary mission is public safety protection
- Physician advocacy is our secondary mission
- The PHP routinely works with medical board investigators and assistant attorney generals regarding case findings
MAP/PHP Entry Process

- Self Referral
- Complaint
  - Hospital/Medical Staff
  - Colleague/Partner/Employee
  - Patient
  - Family Member/Friend
- Arrest Report
Health Assessments

- Initial health assessment performed by medical director which includes drug testing and review of available collateral information

- May recommend:
  - No action (dismissal)
  - Referral to Abuse Track
  - Referral to Comprehensive Evaluation
  - Referral to Substance Use Disorder Treatment followed by PHP participation
  - Referral for/continuation of Medical/Psychiatric Treatment
AMB Staff Role

- Reviews post Health Assessment recommendations
- Makes final recommendations
- Reviews any patient care issues and any other potential statute violations and makes appropriate recommendations and takes appropriate actions
Comprehensive Evaluations

- 2-7 Day Process at approved evaluation centers
- Evaluation Includes:
  - Medical, Addiction and Psychiatric Evaluations
  - Psychological Evaluation and Psych Testing
  - Drug Testing
  - Collateral information
  - Medical Polygraph and/or Neuropsychiatric evaluation when indicated
- Outcome of Evaluation
  - Diagnosis(es)
  - Treatment Recommendations
  - Safety to Practice Determinations
Evaluation Outcomes

- Diagnosis(es)
  - Substance Abuse (SUD-mild) vs. Dependence (SUD-moderate or severe)
  - Psychiatric, Medical or Behavioral Diagnoses

- Treatment Recommendations
  - Diagnostic Monitoring, Education
  - Specific Treatment recommendations

- Safety to Practice (Fitness for Duty)
MAP Tracks

- Substance Abuse Track
  - Does not reach threshold of dependence
  - Monitoring and Education
  - No Treatment Required
  - Confidential

- Substance Dependence Track
  - Confidential, non disciplinary SRA
  - Public probation MAP Participation
Substance Abuse Track

- Diagnosis does not reach threshold of Substance Dependence
- Involves Two Year confidential agreement for diagnostic random drug/alcohol testing and substance abuse education
- Completion of Abuse Track
  - Successful - problem correctly diagnosed
  - Unsuccessful - diagnosis now Substance Dependence and referred to SUD Treatment and Substance Dependence Track for post treatment monitoring
Confidential MAP Dependence Track Entry

- Identification Through Direct Referral, Self-Report, abuse track failure or as result of comprehensive evaluation
- Diagnosis of Substance Dependence (SUD moderate or severe)
- Post 28+ Day Inpatient Treatment at Approved Treatment Center
- Signed SRA (Stipulated Rehabilitation Agreement)
- Non Disciplinary (No report to FSMB, NPDB and not on AMB website)
Disciplinary Track Entry

- Identification
  - Criminal, Statute Violations Or Patient Care Issues
  - Post Relapse
    - While On SRA
    - While On Probationary Order
    - Prior MAP Participant (by statute)

- Requires Additional Treatment
- Probationary Agreement
- May Also Require Additional Discipline (i.e. decree of censure, letter of reprimand)
Impairment in the Workplace

- If physician/PA is identified by impairment in the hospital, office or other practice setting they are placed on practice restriction until assessment and/or evaluation is completed, diagnosis is made, treatment plan is developed and fitness for duty determination made and recommended to the board
Dependence Track Elements and Terms

- Abstinence From Alcohol and Mood Altering Drugs
- Random Drug and Alcohol Testing
- Weekly Relapse Prevention Group Therapy
- Case Management By Contractor
- Documented Self Help Meeting Attendance
- Board Approved PCP
- Prescribed Only Medications
Dependence Track Elements and Terms

- No Alcohol/Poppy Seeds
- Obtain Requested Psych/Other Evaluations
- Worksite Monitor when indicated
- Obey All Federal, State, Local Laws
- Inform Program of Out-Of-State Travel
- Report Relapse
- Pay All Fees
- 5-Year Term
Non-Compliance With Terms

- Positive Drug Screen
- Missed Drug Screens
- 2 Or More Low Specific Gravity/Untestable Specimens Without Medical Explanation
- Miss Over 9 Groups Per Year (excused only absences)
- Miss Any Self Help Meetings
- No Approved Primary Care Physician
Non-Compliance With Terms

- No Self Medication
- No Medication Log
- Not Notifying Program of Out-of-State Travel
- Failure To Pay Program Fees
- Failure To Provide Required Reports
- Relapse
SRA Dependence Track Completion

- Complies With All MAP Terms
- Completes 5 Years of Monitoring Successfully
- Agreement terminates on five year anniversary
- Credit for time served if initially on an interim agreement
Non-Compliance with Substance Dependence Track requirements

- Non-Relapse
  - Evaluation By Contractor
  - Referral for Probation Recommendation to AMB
  - Other Disciplinary Action Including Stayed Discipline

- Relapse
  - Sign practice restriction or Inactivate License (agreement not to practice)
  - Additional Treatment
  - Termination From MAP (during treatment)
Reentry to MAP following Relapse

- First Relapse (Second Strike)
  - Agreement not to practice and to complete additional treatment (usually 90 days of residential treatment)
  - Complete Treatment
  - Consent Agreement/Order for Probation for additional Five Years of MAP Participation
Reentry to MAP following Relapse

- Second Relapse (Third Strike) by statute
  - Voluntary surrender of License
  - Revocation of License
  - Referral to Hearing for Revocation of License
- Any of the above result in inability to reapply for licensure for five years and must document competence and safety
MAP Accomplishments

- Significantly Reduced Full Board Time Requirements To Hear MAP Cases
- Compliance Standards In Place With Proven Effectiveness
- Increase In Number of Referrals and Participants
  - Increased Confidentiality
  - Increased Awareness of Program
MAP Statistics

- Participants – Total 116
- Breakdown
  - 83% are MDs
  - 17% are PAs
  - 76% male, 24% female
  - 67% confidential, 33% public
- New Participants-20 to 25 per year
- Successful Completion-18 per year
- Success Rate-85+% (In line with national peer reviewed data)
MAP Statistics

- No known incidences of patient harm caused by our participants in 23+ years

- Most Common Specialties
  - Psychiatry
  - Emergency Medicine
  - Anesthesia

- Most Common Drugs Of Abuse
  - Alcohol
  - Hydrocodone/oxycodone
  - Fentanyl
MAP Statistics

- Dual Diagnosis (Chemical Dependency Plus Other Psychiatric Disorders
  - Approximately 50% Of MAP Participants
  - Common Comorbid Conditions
    - Major Depression
    - Generalized Anxiety Disorder
    - Bipolar Disorder
    - Attention Deficit Hyperactivity Disorder (ADHD)
    - Post Traumatic Stress Disorder (PTSD)
Addresses conditions other than substance use disorders and includes:

- Psychiatric disorders
- Disruptive Behavior
- Sexual misconduct and boundary issues
- Chronic Pain
- Aging, Neurologic Disorders and other potentially impairing Medical conditions
PHP

- Confidential Program to support physicians/PA’s with medical, psychiatric and behavioral issues
- Evaluates individual licensee and requires recommended/required treatment and monitoring of care provided by licensee’s current caregivers
PHP

- May require additional consultations and/or evaluations depending on issues present when comes to PHP attention
- Assures compliance with necessary treatment, safety to practice and protects dignity of physician/PA
PHP Models

- AZ-private contractor by competitive bid
- Board operated
- State Medical Association Model
- Non profit Foundation Model
- Hybrids

Relationship with medical boards varies from very close (like in AZ) to very distant and in some cases, antagonistic
PHP Funding

- Full Subsidy
  - Generally by licensing board; may include medical associations, malpractice carriers, hospitals or voluntary contributions
- Partial Subsidy-same sources as above
- Participant Pays for Services
- Participants pay directly for drug testing, counseling, group in most if not all states
Program Enhancements

- Increased Role Of Contractor
- Establishment of Confidential MAP and PHP Program
- Addition of Substance Abuse Track
- Advancements In Treatment and Monitoring
- Drug Testing Program Enhancements
  - Hair/Nail Testing, Markers For Alcohol Use
  - Time Of Day/Day Of Week Random Testing
Program Enhancements

- Appropriate Utilization Of Comprehensive Evaluations
- Development, Evaluation And Implementation Of New Monitoring Modalities
- Implementation Of Private Monitoring Program For Ineligible Participants (unlicensed physicians in AZ, medical students, etc.) To Document Recovery
- Increasing Recognition Of Quality, Strength and Experience of Arizona’s Monitored Aftercare Program and Physician Health Program Nationally
Greenberg & Sucher, PC

- Private Contractor to AMB since 1992
- Also provides monitoring and consulting services to:
  - Arizona State Board of Dental Examiners
  - Arizona Board of Osteopathic Examiners in Medicine and Surgery
  - Most other healthcare regulatory boards in AZ
  - Most other hospitals and healthcare systems in AZ
  - Many medical group practices
  - All medical schools in Arizona (allopathic and osteopathic), all PA schools in Arizona
Greenberg & Sucher, PC

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- 480-990-3111; FAX 480-990-3114
- Website: www.greenberggandsucher.com
California Physicians Health Program

- Established in 2008 to fill void left by closure of MBC Diversion Program
- Primarily works with Hospital Systems, Medical Groups and Practitioners
- State wide services available including drug testing, case management, relapse prevention groups
- 1441 Compliant
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31872 S. Coast Hwy, 4th Floor; Laguna Beach, CA 92651
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Summary

- Thanks for your time and attention
- Questions?
- Comments?