

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, the Arizona State Board of Dental Examiners and the State Bar of Arizona. 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.

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.

He is also a member of the medical staff of Mission Hospital in Mission Viejo and Laguna Beach, CA. Further he developed the Professional Assessment Service at Mission Pacific Coast Recovery at Mission Hospital Laguna Beach where he serves as a consultant in professional health and practices addiction medicine.

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.

DAVID G. GREENBERG, M.D., MPH

Dr. Greenberg is a third generation Californian who graduated from the U. C. College of Agricultural Sciences at Berkeley in 1975. He completed Medical School at U.C. Davis in 1979 and then enlisted in the U.S. Army where he received training in anesthesiology and chronic pain management at the University of Arizona Health Sciences Center Anesthesia Residency Program. During his time in the service, Dr. Greenberg also performed as a battalion surgeon, brigade surgeon and acting division surgeon. As a field physician in the infantry, he constantly dealt with sensitive issues involving fitness for duty and occupational safety monitoring problems concerning soldiers of all types, to include nuclear assurance programs, as well as those peculiar to the rapidly evolving high technology night fighting rapid deploying light infantry units.

In 1984, Dr. Greenberg entered civilian practice with CIGNA Health Plan of Arizona, a staff model HMO then covering approximately 250,000 patients. There, he served as the medical director for its programs involving physician health, employee assistance, alcohol/drug dependency and chronic pain treatment. In this setting, fitness for duty matters and monitoring programs were addressed on a regular basis both for physicians, non-physicians, and individuals in many different high risk occupations.

In 1987, Dr. Greenberg was certified in Addiction Medicine by the American Society of Addiction Medicine and began work as an investigator for the Arizona State Medical Board. In 1988, he was promoted to Chief Medical Investigator and Assistant Director. Dr. Greenberg played an integral role in designing and implementing the Board's substance abuse investigation, evaluation, and aftercare monitoring programs for physicians and P.A.s. Prior to returning to active duty in the U.S. Army during operations Desert Shield/Desert Storm, Dr. Greenberg supervised the Board's transition of its substance abuse and monitoring programs to the Arizona State Medical Association who performed as its contract providers from 1989 until 1992.

Upon return from military duty, Dr. Greenberg successfully won the open bidding process to run the Arizona State Medical Board's newly redesigned Monitored Aftercare Program. Since the Monitored Aftercare Program's inception, Drs. Greenberg and Sucher continue to be the successful competitive bidders. The Arizona program focuses primarily on the protection of patient safety, as well as to assist physicians and P.A.s in their recovery from substance abuse and related disorders.

From 1994 through mid-2007, Dr. Greenberg served as the Director of Occupational and Overseas Medicine for the Phelps Dodge and Freeport MacMoran Mining Companies. His responsibilities entailed emergency medicine; mine rescue team, preventive medicine, occupational safety programs, workplace accident investigations, as well as large numbers of fitness for duty evaluations performed on workers in multiple different extremely high risk environments. Dr. Greenberg also provided emergency medical and tropical medicine coverage for mineral exploration crews working in multiple hazardous operations to include Madagascar and the Democratic Republic Congo. Also during this period, Dr. Greenberg obtained his MPH degree from the University of Arizona's School of Medicine. His Master's Project was a

comparison of Canadian and American Regulatory Agencies' regarding physician assessment and evaluation programs that centered on issues concerning competency, public safety protection, and public health. He also completed multiple courses in occupational medicine that allowed him to adapt proven principles of occupational medicine to the field of medicine and its physician and midlevel providers. Dr. Greenberg was appointed as an adjunct professor of Mining Engineering for the University of Arizona focusing on occupational safety and health Issues concerning high risk workers in the mining and mineral processing industries. Dr. Greenberg is a respected consultant for private health care entities as well as the U.S. Department of Justice, DEA, and FBI concerning the fields of addiction and pain medicine and fraud related to these fields. Dr. Greenberg is also an expert consultant in the field of detecting, controlling, and reducing diversion and abuse of prescription controlled substances in chronic pain practices. He is qualified as an expert in pain and addiction medicine in the U.S. District Court and state court systems. Dr. Greenberg gives lectures on these topics with his next presentation scheduled for October 19th 2011 for the Office of National Drug Control Policy meeting in Phoenix AZ.

Dr. Greenberg has authored publications and in 2005 he received the FSMB's Raymond B. Casterline Award for his article "*Guidelines for Medical Board Investigators Working on Chronic Pain Investigations.*" In 2006 he also authored "*The Distressed Chronic Pain Practitioner*", also published in the FSMB's *Journal of Licensure and Discipline*. Drs. Greenberg and Sucher continue to assess, evaluate, and monitor health care professionals along with workers in other high risk occupational fields for public regulatory agencies as well as in the private sector.



CALIFORNIA PHYSICIANS HEALTH PROGRAM

PRESENTATION TO THE MEDICAL
BOARD OF CALIFORNIA

David G. Greenberg, MD MPH
Michel A. Sucher, MD FASAM
October 27, 2011

AGENDA

- ▣ Who we are-CAPHP and MPRC
- ▣ What we do-CAPHP and MPRC
- ▣ Our Philosophy and Approach to Physician Health Issues
- ▣ Medical Board of California Requests
 - Diagnosis of substance use disorders and other potentially impairing conditions
 - Methodology for determining a physician's fitness for duty and safety to practice medicine
- ▣ Questions



CAPHP LEADERSHIP



- ▣ David G. Greenberg, MD MPH
 - ABAM Certified, MRO Certified
 - 20+ Years Board Diversion and Monitoring Experience
 - Holds Active CA Medical License



- ▣ Michel A. Sucher, MD FASAM
 - ABAM Certified, MRO Certified
 - 20+ Years Board Diversion and Monitoring Experience
 - Holds Active CA Medical License



CAPHP OPERATIONS

- ▣ Offering monitoring programs through treatment center discharge planning in Arizona and California
 - Including public safety employees and managers
 - Family business, employment issues
 - Child custody, relationship issues
- ▣ Offering PHP consulting and management to hospitals, physician practices, etc.
- ▣ JCAHO PHP compliance assistance
- ▣ Provision of education and training services
- ▣ Consulting to law firms, industry and labor unions



CAPHP LOCATIONS

CAPHP's main office is in orange county with a secondary office in San Francisco and the ability to open additional satellite offices throughout California

Program Locations:

- San Diego
- Orange County
- Los Angeles
- Santa Barbara
- Inland Empire
- Santa Cruz/Salinas
- San Francisco bay area
- Fresno
- Sacramento



CALIFORNIA PHYSICIANS HEALTH PROGRAM

- ▣ Associated with statewide network of group facilitators and case managers

- ▣ Continue expanding operations throughout California utilizing:
 - Qualified and Licensed Case Managers
 - Group Facilitators
 - Addictionists/Psychiatrists
 - Psychologists
 - Neurologists
 - Internal Medicine Specialists
 - Other specialties as needed



AZPHP CLIENT LIST

- ▣ Arizona Medical Board
 - Since 1992
 - Operated by contract with Board (competitive bid process)
 - Includes drug testing, group therapy, case management, self help meetings, diversion committee, 24/7 availability

- ▣ Arizona State Board of Dental Examiners
 - Since 1993
 - Operated by contract with Board (competitive bid process)
 - Includes drug testing, group therapy, case management, self help meetings, diversion committee



AZPHP CLIENT LIST

- ▣ Arizona Medical Board
- ▣ Arizona State Board of Dental Examiners
- ▣ Arizona State Board of Nursing
- ▣ Arizona State Board of Osteopathic Examiners in Medicine and Surgery
- ▣ State Bar of Arizona
- ▣ Hospitals and Hospital Systems (Banner, Scottsdale Healthcare, CHW, Iasis, Vanguard, Maricopa Medical Center)
- ▣ Managed Care Companies (Magellan, Cenpatico, etc.)



AZPHP CLIENT LIST

- ▣ Medical Group Practices (Valley Anesthesia, SEA, etc.)
- ▣ Professional Liability Insurers (MICA)
- ▣ Indian Health Service
- ▣ Community Mental Health and Substance Abuse Agencies (CBI, CMS)
- ▣ Rural/Metro Corporation (AZ, CA, nationally)
- ▣ Most Other Healthcare Boards in Arizona Including:
 - Behavioral Health, Chiropractic, Naturopathic
 - Pharmacy, Physical Therapy, Psychology, Veterinary
 - Others



SELECTED CAPHP CLIENT LIST

- ▣ California Emergency Physicians/CEPAmerica
- ▣ Catholic Healthcare West
- ▣ Kaiser Permanent Medical Group
- ▣ Community Hospital of Monterey Peninsula
- ▣ Sutter Health
- ▣ UCLA Medical Center and Harbor UCLA Med Center
- ▣ Mission Hospital Mission Viejo and Laguna Beach
- ▣ John Muir Hospital



2004-MBC RELATIONSHIP RESPONSE TO EMERGENCY DIVERSION PROGRAM REQUEST

- ▣ Accepting diversion delayed entry referrals beginning January of 2004
- ▣ Accepting referrals for non-diversion eligible physicians
- ▣ Services provided to Medical Board of California diversion program into early 2005



MONITORING FOR MBC DIVERSION PROGRAM OVERFLOW (2004-05)

- ▣ Mirror image to Diversion Program – included:
 - Case management
 - Group therapy
 - Random drug screening
 - Self help group attendance documentation
 - Worksite monitoring
 - Other



PRIVATE MONITORING PROGRAMS

- ▣ Servicing healthcare corporations, businesses, courts, law firms
- ▣ Formal monitoring agreement
- ▣ Includes random drug testing, group therapy, self help meetings, case management, individualized consequences of relapse/non-compliance
- ▣ Clients include MD, DDS, health professionals, pilots, business owners, etc.



MISSION PACIFIC COAST RECOVERY MISSION HOSPITAL LAGUNA BEACH

- ▣ Key Staff:
 - Daniel J. Headrick, MD: Medical Director
 - Michel A. Sucher, MD: Addiction Medicine
 - Christopher Knippers, PhD: Program Director
 - Richard Granese, MD: Psychiatrist
 - Joseph Pursch, MD: Addiction Psychiatrist
 - Laura Dorin, PhD: Chief Psychologist
- ▣ Additional Social Workers, Counselors, Psychologists



MISSION PACIFIC COAST RECOVERY

MISSION HOSPITAL LAGUNA BEACH

- ▣ Professional evaluation service for:
 - Substance use disorder
 - Psychiatric disorders
 - Disruptive behavior
 - Professional boundary issues
 - Medical issues
- ▣ A full service medical/surgical and psychiatric hospital
- ▣ Professional assessment service:
 - Intensive four-day multidisciplinary inpatient or outpatient assessment
- ▣ Chemical dependency treatment and medical detoxification
- ▣ Located within Mission Hospital Laguna Beach



MISSION PACIFIC COAST RECOVERY MISSION HOSPITAL LAGUNA BEACH

- ▣ Professional services specializing in:
 - Healthcare Professionals
 - Airline Pilots
 - Attorneys
 - Clergy
 - Safety Sensitive Professionals
 - Executives
- Assists in identifying:
 - Substance use disorders
 - Psychiatric disorders
 - Neurological disorders
 - Process addictions
 - Medical diagnosis
 - Professional boundary violations
 - Disruptive workplace behaviors
 - Sexual boundary violations



MISSION PACIFIC COAST RECOVERY MISSION HOSPITAL LAGUNA BEACH

Program outcomes:

- Fitness for duty and safety to practice recommendations
- Clinical diagnostic determinations
- Treatment recommendations
- Assessment summary to client and referent
- Initial written report provided within 48 hours
- Complete written follow up within 7-14 days



MISSION PACIFIC COAST RECOVERY MISSION HOSPITAL LAGUNA BEACH

Assessment includes:

- Addiction medicine assessment
- Psychiatric evaluation
- Complete medical history and physical exam
- Psychological testing and evaluation
- Family and professional collateral interviews
- Nursing assessment
- Comprehensive body fluid and hair drug testing
- Bio/psycho/social evaluation
- Medical polygraphy when indicated
- Participation in concurrent treatment program activities



CAPHP PHILOSOPHY

The California Physician Health Program's philosophy is to provide a seamless relationship with the highest quality level of services to our patients and clients with a team and partnership approach by being professional, responsive and available 24/7 while ensuring public safety and respecting the Medical Board of California and its mission.



CAPHP APPROACH

- ▣ Management and oversight by PHP experienced, board certified addiction medicine physicians
- ▣ Use of licensed, trained and experienced case managers and group facilitators
- ▣ Willingness to work with existing structure and individuals
- ▣ Close liaison and open communication with hospitals, well-being committees, physician groups, health insurers, liability insurers and other stakeholders
- ▣ Understand enforcement issues – will work with and accept referrals from MBC enforcement as requested



CAPHP SERVICES

- ▣ Advanced MRO Services
- ▣ Assessments and Interventions
- ▣ Education and Training Services
- ▣ Proactive Evaluation and Monitoring Programs
- ▣ Pain Management Consulting and Practice Auditing
- ▣ Physician Health Program Operation, Management and Consulting



QUALITY OF SERVICES

- ▣ Commitment to patient safety
- ▣ Commitment to confidentiality
- ▣ Collaboration with hospitals, physician groups, regulatory agencies, malpractice insurers and health plans
- ▣ Relationship with oversight and watchdog agencies



COST OF SERVICES

- ▣ Consultation/PHP management services – paid by client/hospital/medical group
- ▣ Monitoring fees paid by participant or their employers
 - Group Sessions
 - Case Management/Medical Direction
 - Biological Fluid Testing
- ▣ Assist with insurance reimbursement
- ▣ Plan to establish a non profit foundation to provide education, training and to assist medical students, residents and severely distressed physicians



PHYSICIAN IMPAIRMENT

Definition of Impairment(AMA)

“The inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illness including alcoholism or drug dependence.”



CAUSES OF PROFESSIONAL IMPAIRMENT

- ▣ Substance Abuse
- ▣ Psychiatric Disorders
- ▣ Disruptive Behavior
- ▣ Sexual Misconduct
- ▣ Boundary Violations
- ▣ Medical Disability
- ▣ Chronic Pain
- ▣ Infectious Disease
- ▣ Process Disorders
- ▣ Age-related Issues/Other Cognitive Impairment



SUBSTANCE USE DISORDERS MADE SIMPLE

- ▣ Use
 - Social drinking/using no adverse reactions
- ▣ Abuse
 - Drinking/using interferes with daily living
- ▣ Addiction
 - Life interferes with using



DSM-IV-TR CRITERIA

- ▣ Substance Abuse
- ▣ Substance Dependence
- ▣ DSM -V
 - Will collapse abuse and dependence into single category of substance use disorders
 - Will differentiate as mild, moderate or severe
 - Final language not released



SUBSTANCE ABUSE

A Maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12 month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance related legal problems.



SUBSTANCE ABUSE

- ▣ Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- ▣ The symptoms have never met the criteria for substance dependence for this class of substance.
- ▣ Less advanced than dependence
- ▣ No loss of control
- ▣ Able to stop to avoid consequences
- ▣ Do Not Need CD treatment or full monitoring
- ▣ Do Need diagnostic monitoring



DIAGNOSTIC MONITORING FOR SUBSTANCE ABUSE

- ▣ Required abstinence from alcohol and problematic drugs.
- ▣ Random testing from 12-24 months
- ▣ 36-72 hour alcohol/drug education (extended DUI alcohol and drug education classes)
- ▣ Specialized education when indicated (proper prescribing, professional boundaries and/or ethics courses, etc.)



SEVERE ABUSE SCENARIOS

Cases of severe high risk abuse may require formal residential treatment

The line between severe abuse and early dependence is sometimes difficult to differentiate

Example: physician grossly intoxicated at workplace while on duty-but dependence criteria not met



SUBSTANCE DEPENDENCE

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same 12 month period:

- Tolerance as defined by either of the following:
 - A need for marketably increased amounts of the substance to achieve intoxication or desired effect.
 - Marketably diminished effect with continued use of the same amount of the substance
- Withdrawal as manifested by either of the following:
 - The characteristic withdrawal syndrome for the substance
 - The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms



SUBSTANCE DEPENDENCE

- ❑ The substance is often taken in larger amounts or over a longer period than was intended.
- ❑ There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- ❑ Great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.
- ❑ Important social, occupational or recreational activities are given up or reduced because of substance use.
- ❑ The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- ❑ More serious and progressed than substance abuse
- ❑ “Loss of control”
- ❑ Requires chemical dependency treatment and PHP participation



BEYOND THE DSM

- ❑ Complete history over time
- ❑ Collateral information from reliable sources – employer, worksites, colleagues and family
- ❑ Clinical judgment by experienced, qualified professionals familiar and comfortable with making diagnosis, treatment recommendations and fitness for duty determinations (not easy to find)
- ❑ The DSM are guidelines for all patients (not specifically for health professionals or other high risk occupations. The DSM Criteria are not designed to determine physician fitness for duty
- ❑ Used to supplement clinical judgment as a result of liability concerns and legal pressures.



COMPREHENSIVE ASSESSMENTS

- ▣ If not certain from initial signs/symptoms/circumstances
- ▣ Involved person in denial
- ▣ As a result of intervention or board order
- ▣ For specific treatment, monitoring and safety to practice recommendations



TREATMENT

- ▣ Detoxification
- ▣ 12-Step Programs (AA, NA etc.)
- ▣ Outpatient
- ▣ Inpatient
- ▣ Extended Residential Treatment
- ▣ Treatment Post Relapse



PHYSICIAN TREATMENT

- ▣ Usually require inpatient or extended residential treatment due to:
 - Extensive denial
 - Enabling by coworkers, colleagues and family
 - Need for a protected environment
 - High failure rate with less than 30 day inpatient treatment



DUAL DIAGNOSIS

- ▣ Approximately 50% of professionals have dual diagnosis
- ▣ Mostly depression, anxiety disorder, bipolar disorder and ADHD
- ▣ Require additional psychiatric treatment, medication and therapy
- ▣ Also includes chronic pain and medical, neurologic and cognitive issues



TRENDS IN PHYSICIAN TREATMENT

- ▣ Trend is towards longer treatment
- ▣ Trend is towards treatment programs with special expertise in treating physicians and other professionals
- ▣ More will require 90-day residential treatment (may become the standard)
- ▣ Post relapse may require greater than 90 days of treatment



RECOVERY/MONITORING PROGRAM ELEMENTS

- ▣ Abstinence from mood altering substances
- ▣ Group therapy
- ▣ Biological fluid testing
- ▣ 12-Step Meeting/Caduceus
- ▣ Primary physician (not self)
- ▣ Worksite monitor
- ▣ Coordinated medical care
- ▣ Practice limitations



RECOVERY/MONITORING PROGRAM ELEMENTS

- ▣ Access to controlled substances and prescribing limitations
- ▣ Medication Logs
- ▣ Specialty changes when indicated
- ▣ Individual therapy, psychiatric care when indicated
- ▣ Codified by formal monitoring agreement with prompt consequences/reporting for non compliance, relapse, lack of safety to practice



TRENDS IN MONITORING

- ▣ Five years is standard
- ▣ High risk (prior relapse, family history of CD, Opiates with co-occurring disorders, anesthesia, other) may need longer monitoring including career long monitoring for some.
- ▣ Advances in Drug Testing
- ▣ Proactive monitoring for high risk specialties/ disciplines
 - Anesthesiologists
 - CRNA's
 - Emergency physicians
 - Physicians/health professionals in general



FITNESS FOR DUTY

- ▣ Successful completions of treatment
- ▣ Post treatment reassessment including review of all treatment and case documents
- ▣ Enrolled in and compliant with highly structured and accountable monitoring programs
- ▣ Gradual reentry with worksite and substance dependence monitoring
- ▣ Ongoing compliance with monitoring and regular documented progress evaluations to confirm ongoing fitness for duty



FITNESS FOR DUTY

- ▣ Some physicians may need additional time working on and demonstrating successful recovery before returning to practice
 - Prior relapse history
 - OR Anesthesia practice
- ▣ Co-morbid conditions that are not stable
 - Serious psychiatric conditions
 - Chronic medical conditions
 - Chronic pain
 - Combination of the above



FITNESS FOR DUTY

- ▣ Based on recommendations from treatment center and/or monitoring program to delay return to practice. Must understand patient's exact medical practice
- ▣ Clinical judgment



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