

National Physician Health Program Blueprint Study Publications List

The following publications stem from the original national Blueprint Study of the Physician Health Programs. New publications using the Blueprint data are now underway examining the outcomes of physicians in specific medical specialties. The Blueprint Study data is available for future publications to any interested PHP.

For copies of these publications and/or to inquire about using the Blueprint Study data for future publications, please contact Corinne Shea at the Institute for Behavior and Health, Inc. at corinne.shea@ibhinc.org.

McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ*. 2008 Nov 4;337:a2038. doi: 10.1136/bmj.a2038.

Objective: To evaluate the effectiveness of US state physician health programmes in treating physicians with substance use disorders. *Design:* Five year, longitudinal, cohort study. *Setting:* Purposive sample of 16 state physician health programmes in the United States. *Participants:* 904 physicians consecutively admitted to one of the 16 programmes from September 1995 to September 2001. *Main Outcome Measures:* Completion of the programme, continued alcohol and drug misuse (regular urine tests), and occupational status at five years. *Results:* 155 of 802 physicians (19.3%) with known outcomes failed the programme, usually early during treatment. Of the 647 (80.7%) who completed treatment and resumed practice under supervision and monitoring, alcohol or drug misuse was detected by urine testing in 126 (19%) over five years; 33 (26%) of these had a repeat positive test result. At five year follow-up, 631 (78.7%) physicians were licensed and working, 87 (10.8%) had their licences revoked, 28 (3.5%) had retired, 30 (3.7%) had died, and 26 (3.2%) had unknown status. *Conclusion:* About three quarters of US physicians with substance use disorders managed in this subset of physician health programmes had favourable outcomes at five years. Such programmes seem to provide an appropriate combination of treatment, support, and sanctions to manage addiction among physicians effectively.

DuPont RL, McLellan AT, White WL, Merlo LJ, Gold MS. Setting the standard for recovery: Physicians' Health Programs. *J Subst Abuse Treat*. 2009 Mar;36(2):159-71. doi: 10.1016/j.jsat.2008.01.004.

A sample of 904 physicians consecutively admitted to 16 state Physicians' Health Programs (PHPs) was studied for 5 years or longer to characterize the outcomes of this episode of care and to explore the elements of these programs that could improve the care of other addicted populations. The study consisted of two phases: the first characterized the PHPs and their system of care management, while the second described the outcomes of the study sample as revealed in the PHP records. The programs were abstinence-based, requiring physicians to abstain from any use of alcohol or other drugs of abuse as assessed by frequent random tests typically lasting for 5 years. Tests rapidly identified any return to substance use, leading to swift and significant consequences. Remarkably, 78% of participants had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring. At post-treatment follow-up 72% of the physicians were continuing to practice medicine. The unique PHP care management included close linkages to the 12-step programs of Alcoholics Anonymous and Narcotics Anonymous and the use of residential and outpatient treatment programs that were selected for their excellence.

DuPont RL, McLellan AT, Carr G, Gendel M, Skipper GE. How are addicted physicians treated? A national survey of Physician Health Programs. J Subst Abuse Treat. 2009 Jul;37(1):1-7. doi: 10.1016/j.jsat.2009.03.010.

Introduction: Physicians with substance use disorders receive care that is qualitatively different from and reputedly more effective than that offered to the general population, yet there has been no national study of this distinctive approach. To learn more about the national system of Physician Health Programs (PHPs) that manage the care of addicted physicians, we surveyed all 49 state PHP medical directors (86% responded) to characterize their treatment, support, and monitoring regimens. *Results:* PHPs do not provide substance abuse treatment. Under authority from state licensing boards, state laws, and contractual agreements, they promote early detection, assessment, evaluation, and referral to abstinence-oriented (usually) residential treatment for 60 to 90 days. This is followed by 12-step-oriented outpatient treatment. Physicians then receive randomly scheduled urine monitoring, with status reports issued to employers, insurers, and state licensing boards for (usually) 5 or more years. Outcomes are very positive, with only 22% of physicians testing positive at any time during the 5 years and 71% still licensed and employed at the 5-year point. *Conclusion:* Addicted physicians receive an intensity, duration, and quality of care that is rarely available in most standard addiction treatments: (a) intensive and prolonged residential and outpatient treatment, (b) 5 years of extended support and monitoring with significant consequences, and (c) involvement of family, colleagues, and employers in support and monitoring. Although not available to the general public now, several aspects of this continuing care model could be adapted and used for the general population.

Skipper GE, Campbell MD, DuPont RL. Anesthesiologists with substance use disorders: a 5-year outcome study from 16 state physician health programs. Anesth Analg. 2009 Sep;109(3):891-6. doi: 10.1213/ane.0b013e3181adc39d.

Background: Anesthesiologists have a higher rate of substance use disorders than other physicians, and their prognoses and advisability to return to anesthesiology practice after treatment remain controversial. Over the past 25 yr, physician health programs (PHPs), created under authority of state medical regulatory boards, have become primary resources for management and monitoring of physicians with substance abuse and other mental health disorders. *Methods:* We conducted a 5-yr, longitudinal, cohort study involving 904 physicians consecutively admitted to 1 of 16 state PHPs between 1995 and 2001. This report analyzed a subset of the data involving the 102 anesthesiologists among the subjects and compared them with other physicians. The main outcome measures included relapse (defined as any unauthorized addictive substance use, including alcohol), return to anesthesiology practice, disciplinary actions, physician death, and patient harm. *Results:* Anesthesiologists were significantly less likely to enroll in a PHP because of alcohol abuse (odds ratio [OR] 0.4 [confidence interval {CI}: 0.2-0.6], $P < 0.001$) and much more likely to enroll because of opioid abuse (OR 2.8 [CI: 1.7-4.4], $P < 0.001$). Anesthesiologists had a higher rate of IV drug use, 41% vs 10% (OR 6.3 [CI: 3.8-10.7], $P < 0.001$). During similar periods of monitoring, anesthesiologists received more drug tests, 101 vs 82 (mean difference = 19 [CI: 3-35], $P = 0.02$); however, anesthesiologists were less likely to fail at least one drug test during monitoring, 11% vs 23% (OR 0.4 [CI: 0.2-0.9], $P = 0.02$). There was no statistical difference among rates of program completion, disciplinary actions, return to practice, or deaths, and there was no report of significant patient harm from relapse in any record. *Conclusions:* Anesthesiologists in our sample treated and monitored for substance disorders under supervision of PHPs had excellent outcomes similar to other physicians, with no higher mortality, relapse rate, or disciplinary rate and no evidence in their records of patient harm. It is postulated that differences of study design account for contradictory conclusions from other reports.

Merlo LJ, Greene WM. Physician views regarding substance use-related participation in a state physician health program. Am J Addict. 2010 Nov-Dec;19(6):529-33. doi: 10.1111/j.1521-0391.2010.00088.x. Epub 2010 Sep 21.

Physician Health Programs (PHPs) safeguard the public by monitoring impaired physicians, but participation is not always voluntary, and many physicians resist referral. In this study, 80 physicians (85.1% male) who were referred to a state PHP for substance use-related problems completed an anonymous online survey regarding their experiences in the program. Results indicated that 78.1% of program completers had a 5-year contract, with 100% including random drug screening. In addition, 84.8% continued participation in 12-step fellowships after the required monitoring period. Participants were generally satisfied with the program, and 92.5% indicated that they would recommend it to others. They provided suggestions to increase the acceptability and efficacy of PHPs for physicians.

DuPont RL, Humphreys K. A new paradigm for long-term recovery. Subst Abus. 2011 Jan;32(1):1-6. doi: 10.1080/08897077.2011.540497.

Buhl A, Oreskovich MR, Meredith CW, Campbell MD, DuPont RL. Prognosis for the recovery of surgeons from chemical dependency: a 5-year outcome study. Arch Surg. 2011 Nov;146(11):1286-91. doi: 10.1001/archsurg.2011.271.

Hypothesis: Rates of relapse, monitoring contract completion, and return to medical practice may differ between surgeons and nonsurgeons being monitored for diagnosed substance use disorders. *Design:* Retrospective 5-year longitudinal cohort study. *Setting:* A sample of 16 state physician health programs in the United States. *Participants:* Nine hundred four physicians who underwent treatment for a substance use disorder and were consecutively admitted to 1 of 16 state physician health programs between September 1, 1995, and September 1, 2001. The study analyzed a subset of data comparing 144 surgeons with 636 nonsurgeons. *Main Outcome Measures:* Rates of continued drug and alcohol misuse (relapse), monitoring contract completion, and return to medical practice at 5 years. *Results:* Surgeons were significantly more likely than nonsurgeons to enroll in a physician health program because of alcohol-related problems (odds ratio, 1.9; 95% CI, 1.3-2.7; P = .001) and were less likely to enroll because of opioid use (odds ratio, 0.5; 95% CI, 0.3-0.8, P = .002). Surgeons were neither more nor less likely than nonsurgeons to have a positive drug test result, complete or fail to complete the monitoring contract, or extend the monitoring period beyond the original 5 years specified in their agreements. Fewer surgeons than nonsurgeons were licensed and practicing medicine at the conclusion of the monitoring period, although this difference was not statistically significant. *Conclusions:* Surgeons in this study had positive outcomes similar to those of nonsurgeons. However, further research is necessary to conclude whether surgeons are less likely than their nonsurgeon peers to successfully return to medical practice following chemical dependency treatment.

DuPont RL, Skipper GE. Six lessons from state physician health programs to promote long-term recovery. J Psychoactive Drugs. 2012 Jan-Mar;44(1):72-8.

The success of the nation's state physician health programs (PHPs) provides important new evidence on the potential for dramatically reducing relapse and promoting long-term recovery from substance use disorders. This article summarizes the findings of the first national PHP study and outlines six lessons learned from this model of care management: (1) zero tolerance for any use of alcohol and other drugs; (2) thorough evaluation and patient-focused care; (3) prolonged, frequent random testing for both alcohol and other drugs; (4) effective use of leverage; (5) defining and managing relapses; and (6) the goal of lifelong recovery rooted in the 12-Step fellowships. PHPs are a part of a new paradigm of care management that includes the programs developed for commercial pilots (HIMS) and for attorneys (CoLAP). Elements of this model of care have been used with a dramatically different patient population, and with similar success, in the criminal justice system in HOPE Probation and 24/7 Sobriety. The authors review these programs and discuss implications for extending elements of the new paradigm more widely.