

Oklahoma Health Professionals Program- OHPP

Confidential help for Health Professionals

OHPP

Founded in 1983 as an alternative to reporting to Boards

Healthcare Providers are more likely to seek help if there is no Board involvement

OHPP

501(c)(3)Non-Profit Organization Managed by OSMA

Confidentiality

Information will only be released if a court order is received, if there is concern about public safety or if there is a potential of self harm of a participant

Confidentiality

FSPHP(Federation of State Physician Health Programs) 2019 guidelines

CFR 42 Part 2 regulations

- PHP records are not treatment records and do not belong to the participant
- Third parties, including the participants, are not entitled to PHP records
- If given permission by the participant, OHPP will confirm a participant's participation in the program and provide a compliance report

Allopathic Board License Application Attestation Statement

If you are a participant in OHPP, you can answer no to the following question

Since your last renewal or initial license(which is ever most recent), have you had any mental disorder, physical condition, or substance use disorder that is negatively impacting your work or is likely to have a negative impact on your work in the future

Oklahoma Osteopathic Licensure Question

Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?

Board Notification (Public Safety)

- Impairment is determined and one refuses to stop practicing
- Impairment is determined and treatment recommendations are rejected
- Continued non-compliance with monitoring contract
- Major relapse on drugs or alcohol

Oklahoma Health Professionals Program Mission

- To help arrange for evaluation of potentially impaired health professionals
- To help arrange for treatment if indicated
- To monitor post treatment
- To advocate for the Participants to necessary entities
- To provide navigation through the challenges one can encounter while they are in the program

OHPP's special characteristics

- Legal authority- OHPP can receive reports of impairment in lieu of a report to the boards
- OHPP has special accountability and mandatory reporting obligations designed to protect the public

OHPP's special characteristics

Trusted verification- OHPP is trusted by employers, state boards, medical specialty boards, and credentialing entities to provide verification

No conflict of interest- OHPP does not evaluate or treat participants. This avoids a relationship that could result in a conflict of interest with the obligation to act in the interest of the public

OHPP's special characteristics

- Case management- OHPP collects and manages protected health information on participants. All staff of OHPP have undergone training for CFR-42.2 regulations

OHPP

Issues OHPP manages

Substance and Alcohol Use Disorders (SUDs, AUDs)

Behavioral **issues** - Disruptive, Professionalism, Sexual Misconduct

Primary mental health disorders

Potential for Substance Use
Disorders in Physicians
12-15%

Number of Medical Doctors, Osteopathic
Doctors, and PAs in Oklahoma

15,000

Potentially impaired Medical professionals in
Oklahoma

2000

Number of MDs, DOs, and PAs in OHPP

85

Impaired Healthcare Professional

(From the ASAM criteria, forth edition, 2023)

The workplace is often the last domain of a worker's life to manifest the signs and symptoms of impairment; the lack of workplace incidents does not imply that the individual's substance use disorder is not advanced or inconsequential

Reasons Health Care professionals do not seek help for Substance Abuse Disorders or Mental Health Issues

- Professional consequences
- Social Stigma
- Medical board ramifications
- Financial Concerns

Signs of Substance Abuse Disorders in Colleagues

- Missed work
- Onset of poor judgement
- Depression
- Does not answer phone when on call

Oklahoma Statute 435; 10-7-4 (Oklahoma Medical Practice Act)

Situations resulting in potential discipline of a
Healthcare Provider

42 Failure to report an impaired colleague

#43 Failure to report misconduct by a colleague

Potential consequences for failure to get help for an impaired colleague

Legal consequences

Work schedule disruption

Hospital administrative concerns

Cost of replacing a Physician

\$250,000 to \$1,000,000

Physician recruitment

Relocation costs

Billing losses

American With Disabilities Act(ADA) -1990

- Substance Use Disorders are considered a disability
- The ADA does not apply when a law has been violated
- Medical schools and Residency Programs will, in most cases, make accommodations for treatment
- ACGME(Accreditation Council of Graduate Medical Education) determined in 2022 that all accredited programs should allow for 6 weeks of paid medical leave

OHPP Referrals (Safety Sensitive Occupations)

All referrals must undergo a Professional Fitness-To-Practice evaluation

Oklahoma Disciplinary Act

Participants need a diagnosis to undergo monitoring

DSM-5 Criteria for Substance Abuse Disorder

- Hazardous use
- Social/interpersonal problems related to use
- Neglected major roles to use
- Withdrawal
- Tolerance
- Used larger amounts/longer
- Repeated attempts to quit/control use
- Much time spent using
- Physical/psychological problems related to use
- Activities given up to use
- Craving

Severity of Substance Abuse

DSM-5 Criteria

Mild [2-3]

Moderate [4-5]

Severe [6 or more]

Behavioral Treatment of SUDs, AUDs, and Behavioral disorders(Disruptive and Boundary issues)

1. Out-patient therapy
2. Intensive out-patient therapy
3. Healthcare Professional residential treatment
2-3 months, no facilities in Oklahoma

Early Intervention

Out-patient therapy

No work disruption

Monitoring contract(accountability)

Late Intervention

Work disruption(2-3 months)

Intensive out-patient treatment

Healthcare Professional Residential treatment

Monitoring Contract

Statements from the ASAM criteria regarding treatment for Healthcare Professionals, American Society of Addiction Medicine
Forth Edition, 2023

Treatment of healthcare professionals should be in a setting comprised of individuals that have similar occupational stressors

Participation on cohort-specific groups allows healthcare professionals to speak openly with peers

Treatment of healthcare professionals should not occur at institutions within their professional sphere to avoid conflicts of interest

Statements from the ASAM criteria regarding treatment for Helthcare
Professionals, American Society of Addiction Medicine
Forth Edition, 2023

Treatment facilities for healthcare professionals should have the ability
to do neurocognitive testing and determine fitness for duty prior the
return to practice

Oklahoma has no treatment facilities that meet these needs

Intensive Outpatient and Residential Treatment (Professional multidiscipline treatment centers)

Public safety is involved

OHPP is liable for treatment

National guidelines(FSPHP)

Medical Assisted Treatment [MAT] for Opioid Abuse Disorder

Suboxone(Buprenorphine plus Naltrexone)

Baseline neurocognitive testing

No practice restrictions

No increased risk pool for malpractice insurance
(Medpro)

Alcohol Abuse

Habitual misuse of alcohol

Alcohol Misuse

Women- More than 7 drinks per week

Men- More than 14 drinks per week

1 Drink equivalent

1 12Oz Beer

5 Oz wine 12%

1.5 Oz 40 Proof alcohol

Alcohol Use Disorder

When alcohol use begins to interfere with ones personal or professional life

Cannabis Use Disorder

DSM-5 305.20,304.20 2013

Cannabis Use Disorder

Frequent use- 3 times per week

DEA(federal) indications for use of Delta-9-THC (Marinol)

Anorexia due to a chronic medical condition

Marijuana

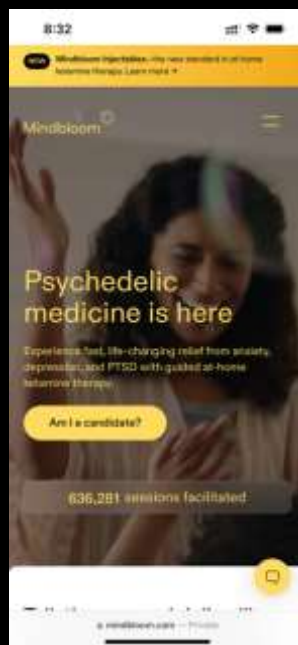
A positive test for THC will, in most cases, lead to an evaluation for a Substance Use Disorder

All CBD products contain small amounts THC

CBD

To use CBD, a participant must have a Physician's note indicating all other forms of treatment for a specific medical condition have been unsuccessful and CBD is the only option

If one continues to test positive for THC while using CBD, they may be required to undergo neurocognitive testing to determine fitness-to-practice



Ketamine

Respiratory depression

Elevated blood pressure

Cognitive and emotional impairment

Withdrawal symptoms

Bladder problems

Kratom

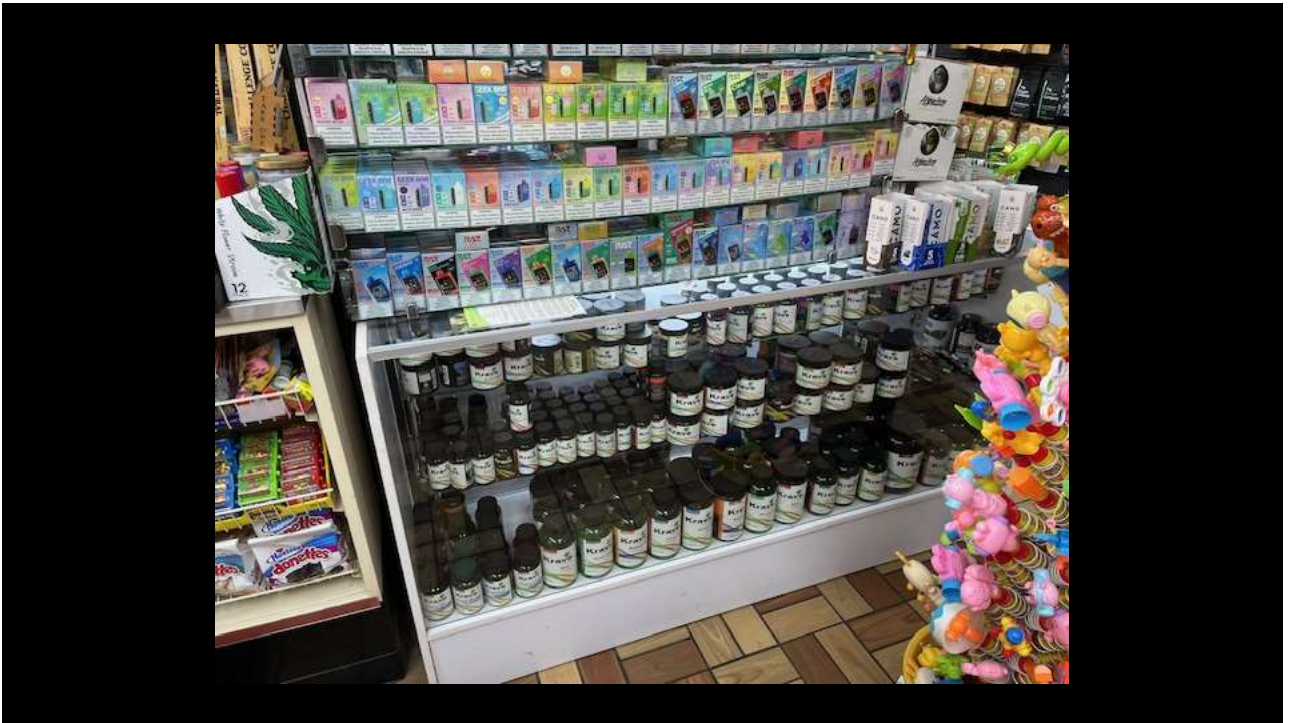
(Mitragyna Speciosa Plant)

Mu receptor activation

3-4 million users

No FDA approved use

Moderate withdrawal symptoms





Tranq(Xylazine)

Respiratory depression

CNS depression

Hypotension

Necrotic skin ulceration

Severe withdrawals

DUI

Reported to board (expungement)
Evaluation \$4000.00(fitness-to-practice)
Treatment, if Moderate to severe AUD diagnosed
Monitoring -1 year minimum(\$1200/year)
Toxicology- minimum- \$2000/year
Mandatory Support Group(Caduceus)
Sobriety

OHPP Monitoring contracts (1 year to lifetime- most common is 5 years)

Soberlink, TAC device

Drug testing(urine, blood, hair, and nails)

Support group meetings logs

Workplace monitors

Therapy reports

Professional chaperone(sexual boundaries)

Recorded visits(sexual boundaries)

Impairment at Work

(not synonymous with intoxication)

Board Involvement

Licensure probation

License suspension
(reported to the Data Bank)

Termination of privileges
(Reported to the Data Bank}

Licensure Probation

Probable termination of participation in Medicaid

Termination of third-party Insurance contracts

Major Hospitals will not allow privileges

Loss of DEA/OBN registration

Difficult to get reinstated

Several years waiting period

Recent Increase in aggressive prosecution

Drug diversion

Accusations by medical entity(Physician groups or hospitals)

Consult an attorney

OBN/DEA investigation

Consult an attorney

Oklahoma Healthcare Authority Soonercare

Past participation denials

Medicare/Medicaid Fraud

Sexual Boundary issues

Loss of DEA/OBN registration

Probation was not a cause for denial

If denied, one could not appeal, they could reapply at anytime if new information was available

Current Denials

Probation with no restrictions

24 months before one can reeapply

Okla. Admin. code tit. 435:1 Reporting to the Board

The following entities are required to report to the board within 30 days of an action taken

1. Each entity that makes payments in satisfaction of a malpractice action
2. Each entity that takes a professional review action that affects the privileges of a healthcare provider
3. Each healthcare entity that accepts the surrender of privileges of a healthcare provider that is under investigation by that entity for possible incompetence or possible improper professional conduct

Okla. Admin. code tit. 435:1 Reporting to the Board

4. Each healthcare entity that accepts the surrender of privileges of a healthcare provider in exchange for not conducting an investigation for possible incompetence or possible improper conduct
5. Any professional society or association that takes a professional review action which adversely affects the membership of a healthcare provider

Relapse (20%)

Addiction is a chronic disease with recurrent relapses

If a participant takes responsibility for a relapse and seeks help before it becomes a major problem, then they should not suffer from significant consequences

Oklahoma Health Professionals Initial Success Rate

(80%)

With successful relapse management

(Greater than 95%)

OHPP contact information

- Phone 800-522-0452
- Email ohpp@okmed.org