

What Has Happened in California Since the Diversion Program Closed?

By Lee T. Snook, Jr., M.D., CSA Delegate, District 8, Member of the Board, California Public Protection and Physician Health, and Tom Specht, M.D., CSA Physician Health and Well Being Committee, Member of Work Group on Physician Health

The CSA has recently joined in support of California Public Protection and Physician Health, Inc. (CPPPH), a new, independent organization. This support reflects not only a long-standing dedication to physician health but a recognition that anesthesiologists are disproportionately affected by addiction disease due to exposure and access to the drugs that are core to our profession. Anesthesiology represented 13.9 percent of all physicians in the now defunct California Physician Diversion Program, the most of any specialty. Thus, we want to let our colleagues know of the promising development of a physician health program for California.

When the Medical Board of California voted in June of 2007 to end its nearly 25-year-old Diversion Program, the California Medical Association (CMA) responded quickly by convening a Work Group on Physician Health. Our purpose was to establish a legislatively authorized, independent nonprofit entity to assume leadership for the state in matters related to physician health. As we look back and realize that we have been working on this for over three years, we are reminded again that nothing is easy in a state with the size and diversity of California.

In 2009, the work group succeeded in creating CPPPH. It has a small board, with a newly appointed Executive Director, Sandra Bressler, who while at CMA was known for her many efforts to preserve the Diversion Program. CPPPH also works with a top-notch clinical advisory committee. To underwrite some of the costs of starting the new organization, donations—over \$100,000 thus far—have been received from all sections of the medical community including the CSA, other specialty societies, the CMA, county societies (and their foundations), the California Hospital Association, and some of California's liability carriers. Recently, individual donors have contributed as well.

In both 2008 and 2009, bills were introduced into the Legislature to secure funding from physician licensing fees for a new physician health program. The first one passed both houses but the governor vetoed it. The second did not advance because the governor had not changed his mind, and we knew what its fate would be.

Diversion Program (cont'd)

Now, CPPPH's funding partners are pursuing a new legislative effort. SB 742 (Lee) has been introduced as a placeholder for our renewed efforts to secure the authority to receive funds from licensure fees from all California licensed physicians and to get legislative recognition for establishment of a statewide program. The new statewide program being designed by CPPPH will serve as a central entity that can provide physicians and other consumers (hospitals, well-being committees, treatment providers) with a comprehensive resource for evaluation tools and service referrals, as well as individual case consultations, information about education and treatment, monitoring programs and testing services. Once permanent funding is in place, an expanded full-spectrum physician health program standardized to evidence-based data on physician treatment outcomes will become possible.

Private organizations and programs emerged when the Diversion Program closed, and they provide some of the needed services, but there is a broader need. The programs are not coordinated or widely accessible, and there is significant concern that some physicians who need ongoing support and monitoring are continuing to practice without such aid and supervision.

CPPPH is designing a physician health program that includes both a wellness component and all the elements necessary to assist those who are responsible for assuring safe and quality patient care. It will have methods to encourage prevention and identification of mental, physical and addiction illness among physicians that are amenable to treatment. Physicians suffering from addiction and/or mental illness who have participated in the formal monitoring aspect of physician health programs similar to the one envisioned by CPPPH have an approximately 75 percent recovery rate after an average of 5 years of program monitoring. Treatment will be required but not provided directly by the program.¹ More details of the ideal program can be viewed on the CPPPH Web site (<http://cppph.org/ideal-physician-health-program-for-California/>).

Our efforts will proceed in stages. Parallel with the immediate legislative effort we are also working to expand our well-being network with consultation services for all who request them. We plan to identify standards and guidelines for all elements of the program, including for the providers of physician health services. With permanent funding from licensure fees, we expect to create a stable, solid organizational structure capable of assuming responsibility for a robust statewide physician health program. We anticipate coordinating the provision of monitoring services where needed and offering a wide range of options to preserve and restore physician health over any physician's lifetime. With the new administration in Sacramento, with hard work, and with the continued support from the medical community and our state agencies, we will get there by 2013.

Diversion Program (cont'd)

You can learn more about our organization's plans and progress at our new Web site, www.cppph.org. We particularly urge you to explore new policy statements from two organizations central to CPPPH's mission: the Federation of State Medical Boards—the organization that represents the 70 medical and osteopathic boards of the United States that are responsible for licensure and discipline—and the American Society of Addiction Medicine, which has published 11 policy statements, each of which provides a comprehensive discussion of an aspect of physician health programs. You can access them from the CPPPH home page; see "For guidelines and other documents written for hospital medical staff committees, follow this link." You may also contact us at CPPPHInc@gmail.com.

¹For a study and conclusions on the effectiveness of 16 physician health programs across the United States that included 904 physicians consecutively admitted to one of the 16 programs from September 1995 to September 2001, see: *BMJ* 2008;337;a2038 doi:10.1136/bmj.a2038

ABA Numbers for Reporting CME credits!

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