New York State Board for Medicine

Friday, December 5, 2025

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Director, MSSNY Committee for Physician Health

A Message of Hope For Physicians

MSSNY Committee for Physician Health (CPH)

Mission

Provide non-disciplinary and confidential assistance to physicians and physician assistants suffering from substance misuse and other psychiatric disorders while promoting public safety

- Outreach and education
- Intervention
- Referral to treatment
- Recovery monitoring
- Advocacy

Key Objective

- Begin a dialogue about physician impairment, recovery and wellness which can continue throughout the year.

- Terry Bedient
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Brief History of CPH

- 1974 MSSNY established Committee on Sick Physicians, all volunteer, mostly peer support
- 1977 Mandatory misconduct reporting law passed in New York State requiring physicians AND medical societies to report misconduct including impairment - no confidentiality.
- 1977 Impaired physician committee ceased operations to protect confidentiality of recovering physicians
- 1979 MSSNY lobbying brought about law amendment
- 1981 Program reconstituted as Committee for Physician Health

Reporting Professional Misconduct (Public Health Law 230)

Every licensed physician and hospital chief executive officer shall report to the board any information which reasonably appears to show that a licensee is guilty of professional misconduct.

Pertinent Definitions of Professional Misconduct

Education Law, Section 6530 (7) & (8)

- **Practicing the profession while *impaired* by alcohol, drugs, physical disability, or mental disability**
- **Being a habitual abuser of alcohol, or being dependent on or a habitual user of other drugs, except a physician who is maintained on an approved therapeutic regimen which does not *impair* the ability to practice**
- **Having a psychiatric condition which *impairs* the ability to practice**

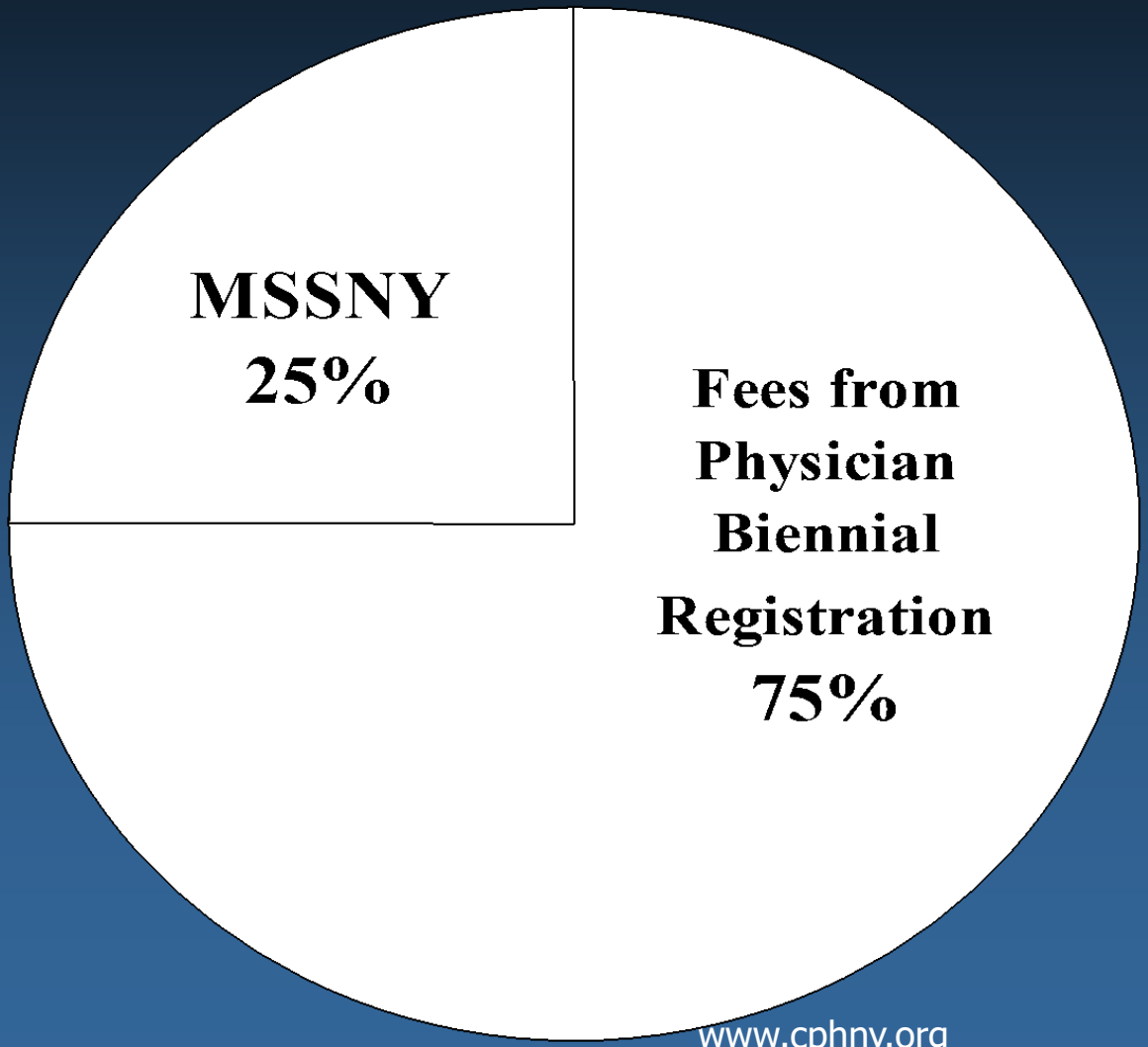
CPH Safe Harbor

- CPH is exempt from reporting compliant physicians to OPMC
- Doctors treating doctors are exempt
- Monitors (3) exempt but report to CPH

Areas of CPH Focus

Substance Use Disorders
Other addictive disorders
Cognitive disorders
Psychiatric disorders

CPH Funding Sources



Registration Fee

Funding Flow

MD

DOE

DOH

CPH

CPH Core Values

- CPH is "doctors helping doctors" with 1000 + volunteer physicians throughout the state.
- Substance use and psychiatric disorders are illnesses which can be successfully treated.
- With continuing recovery, physicians can safely resume the practice of quality medicine.
- Monitoring by CPH provides a multi-disciplinary view of a physician's progress.

Confidentiality of CPH Records

Public Health Law § 230-11(g)(vi)

CPH Records Not "Discoverable"

"... neither the proceedings nor the records of any such physician committee shall be subject to disclosure under article thirty-one of the civil practice law and rules nor shall any member of any such committee nor any person in attendance at any such meeting be required to testify as to what transpired thereat."

Public Health Law 230-11e
Confidentiality for Treating Physicians

Nothing contained in this subdivision shall be so construed as to require any physician to violate a physician/patient privilege and therefore, no physician shall be required to report any information to the board which such physician has learned solely as a result of rendering treatment to another physician.

Focus of CPH Intervention

- **Before misconduct has occurred**
- **Before clinical quality has declined**
- **Before impairment to practice**

IMPAIRMENT = ILLNESS

ILLNESS ≠ IMPAIRMENT

Even if OPMC report is required…

ALWAYS call CPH

Early Intervention
Physician Health
Quality Care

Monitoring by CPH

- Behavioral Monitoring
- Toxicology Monitoring
- Work-site Monitoring
- Total Abstinence
- Treatment Monitoring
- Mutual Help Groups
- Mentoring

Mutual Help Programs

14 year study of recovering pharmacists

Strongest predictor of long term recovery

Relative risk of relapse

0.06% for those invested

17.83% for those not invested

U.S. Pharmacist, November 2013 (IRB)


MARTIN
JACK DANIEL'S
Old
No.7
Tennessee
WHISKEY
Grand Marn

Stress of the Profession

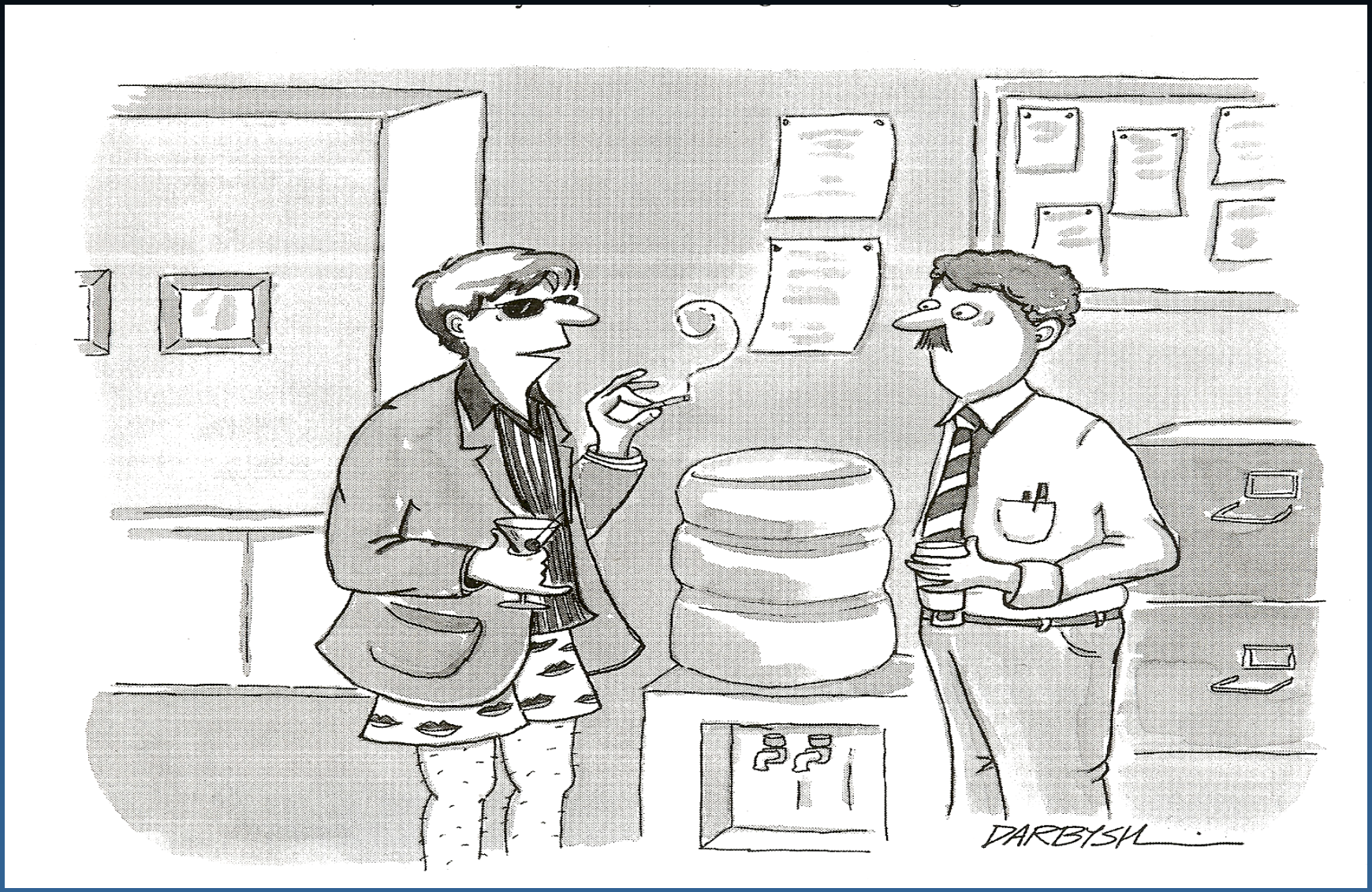
- **Extremely stressful work environment**
- **Fear of stigma and career impact**
- **Reluctant to seek professional assistance**
- **Conditioned to maintain emotional control**
- **See themselves as problem solvers, not ones who needs assistance**

Psychiatric Services, Oct. 2005, Vol. 56, No. 10, pp. 1311-1312

Why Physicians Don't Seek Help For Colleagues

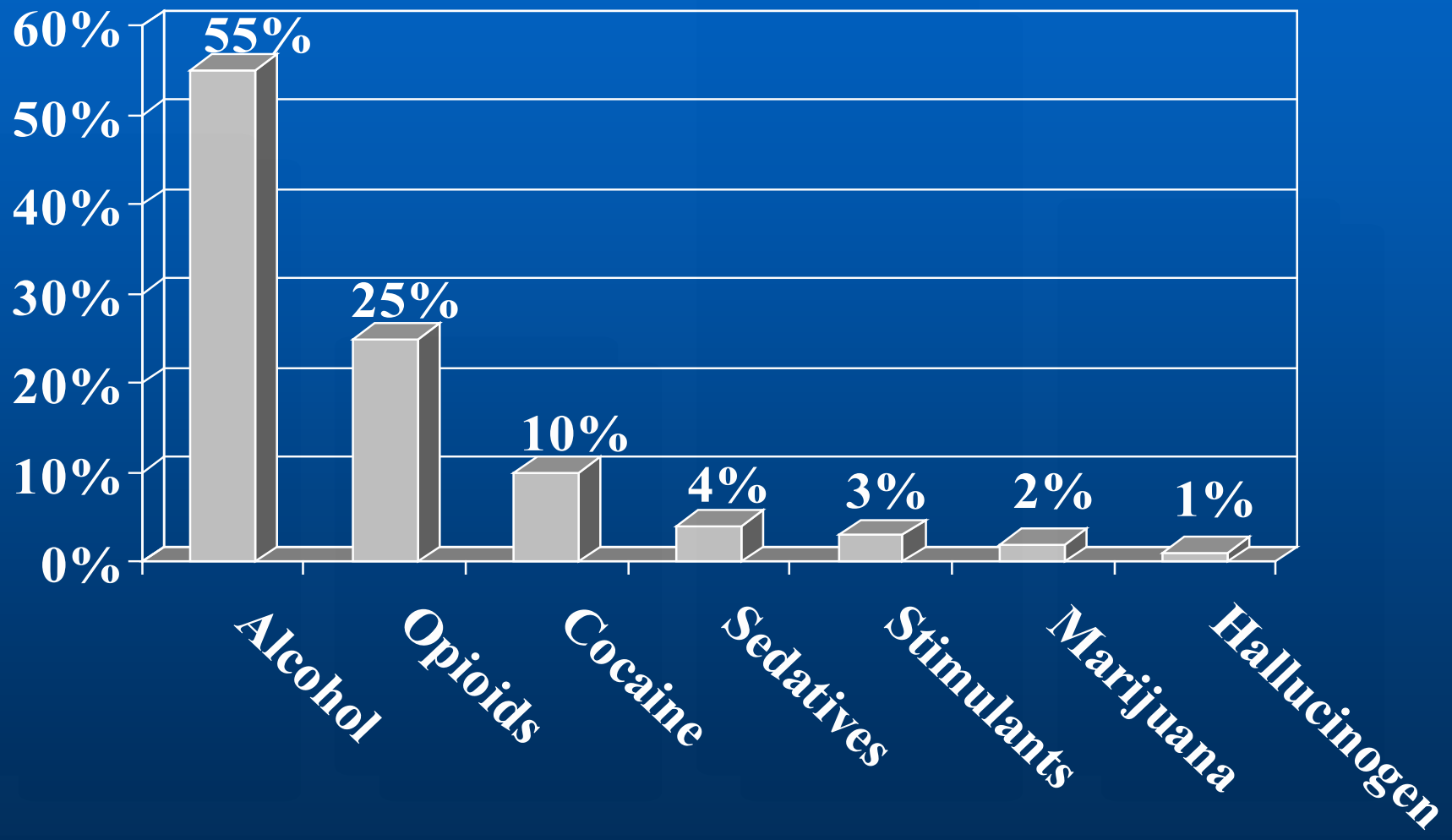
- Believe someone else taking care of problem
- "No one will do anything"
- Fear of retribution
- "Not my responsibility"
- Fear of excessive consequences to impaired physician

Source: JAMA, Vol. 304, No. 2, p. 192



"When you're nailing the numbers, they don't ask questions."

Drug of Choice



Substance Misuse in Physicians:

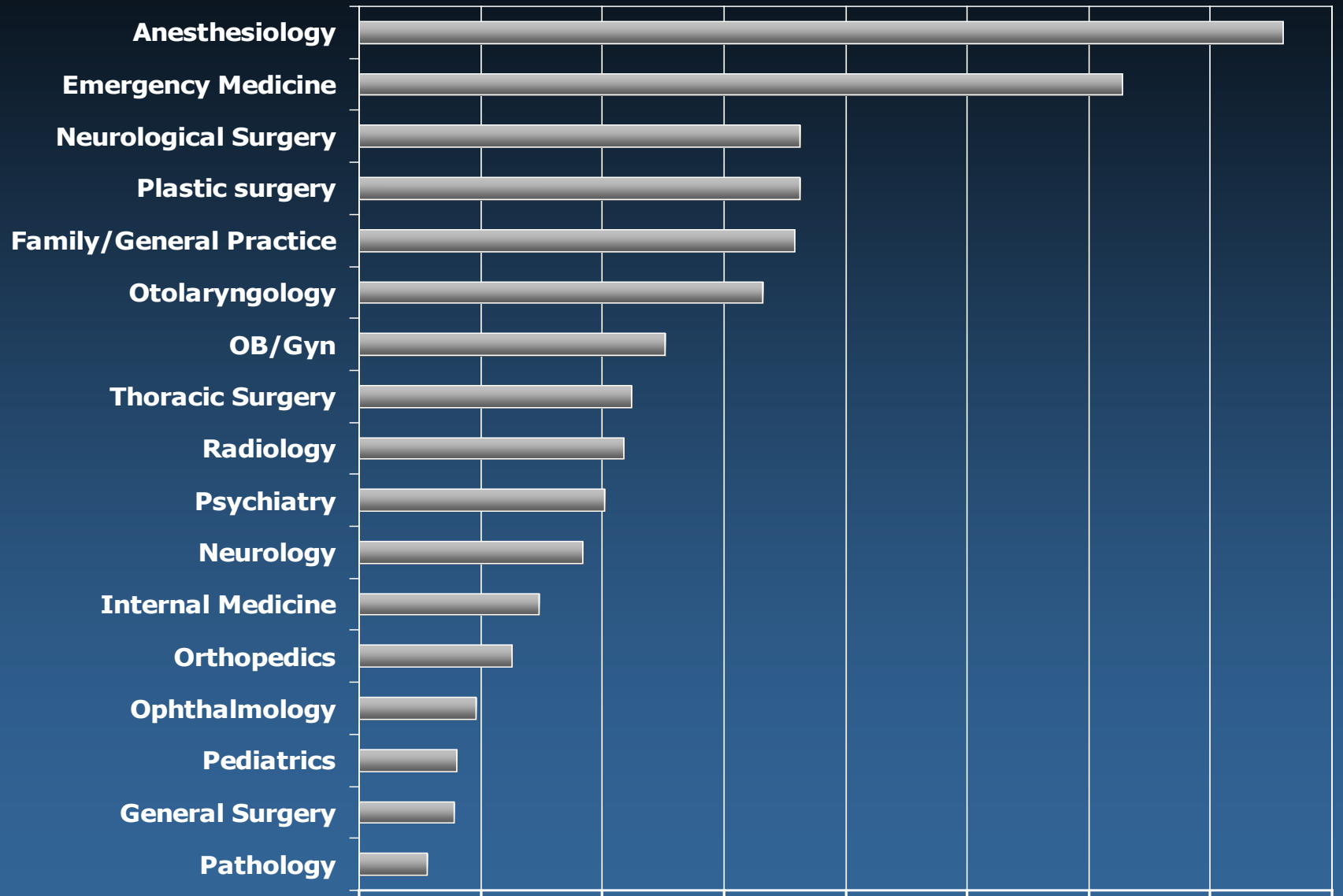
- Lifetime prevalence of substance dependence (addiction) between 8-15%
- This prevalence is comparable to the general population.
- The Physician's Substance Use Survey (Hughes, 1992) found that physicians were more likely to use alcohol, prescription medications, and less likely to use illicit substances
- 7,164 surgeons surveyed: 13.9% of males and 25.6% of females admit alcohol use disorder (Orescovich, et. al., Arch. Surg. 2012)
- Anesthesiologists and emergency medicine physicians are at greatest risk for substance use disorders and are over-represented in physician health programs

Depression in Physicians

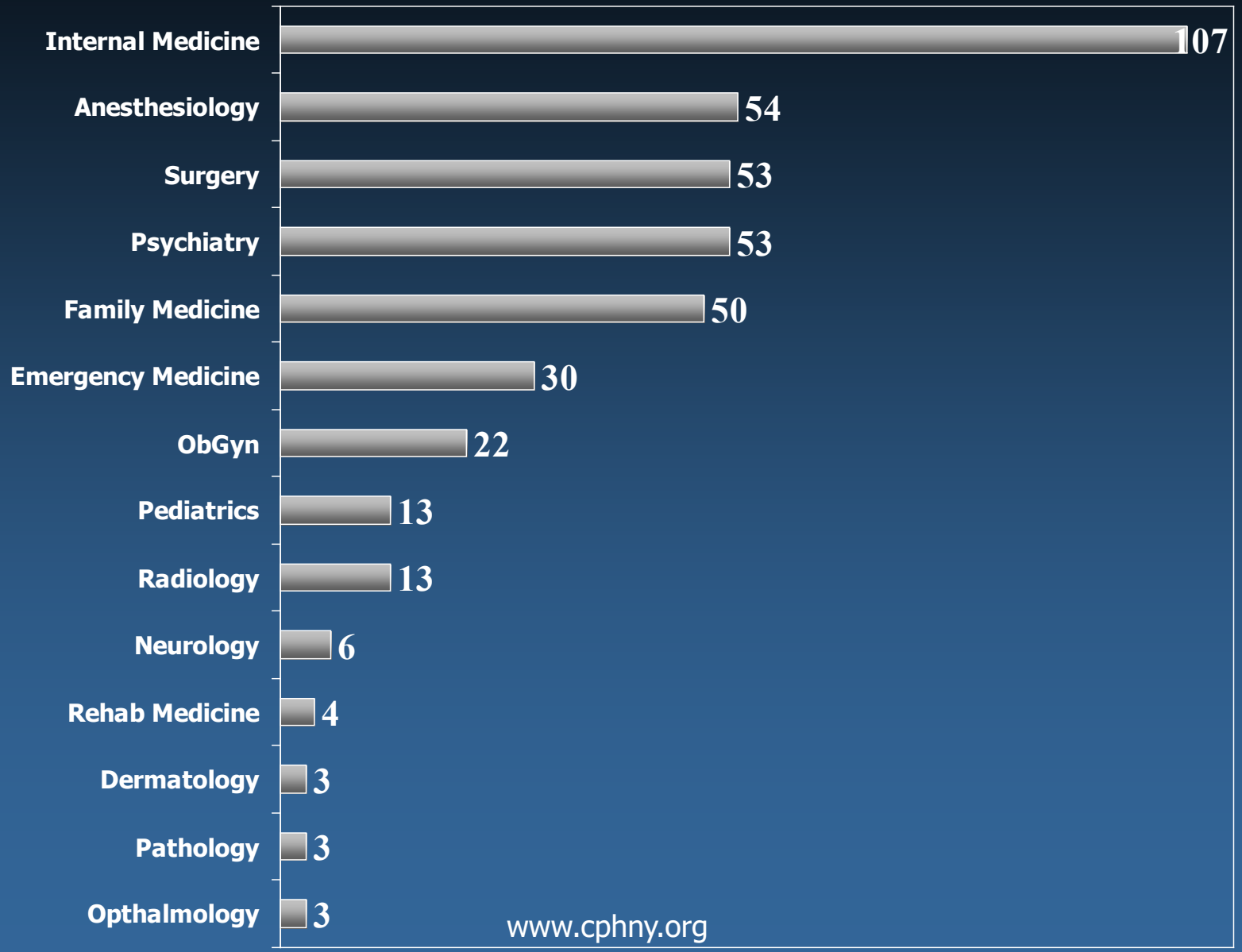
- Major depression lifetime prevalence in U.S. male physicians: 12.8% (general population 12%)
- Major depression lifetime prevalence in women physicians 19.5% (= general population women)
- However, physicians are at greater relative suicide risk than non-physician professionals: 1.1-3.4 in male physicians / 2.5-5.7 in female physicians

Center et al., JAMA 2003; 289: 3161-3166

Illness Risk by Specialty



CPH Participants by Specialty



Why-survey

- Easy access to controlled meds
- Stress
- Boredom during long cases
- Opportunity for diversion
- We are one of the few specialties where physicians directly handle controlled substances, decide on the dose, inject it, document it – and all in isolation
  - » CPH survey at academic medical center

Why

- Access
- Genetics
- Self medication-pain, depression, anxiety
- Co-dependence-family
- Clinical curiosity
- Tolerance
- MDeity-self control

How

- Sites-arms, legs,groin
- Method-nasal, SQ, IV, catheter, drip, pump
- Location-call room, bathroom, OR, home, car

Diversion

- Borrowed passwords
- Other patients
- Record manipulation
- Other rooms
  - Giving breaks
  - Raiding setups
- Shorting patients
  - Over draw
  - Substitute

NSAID & Beta blockers

- By administering other medications which blunt pain (NSAIDS or Acetaminophen-like agents) or blunt the physical response to pain such as high blood pressure or elevated heart rate (beta-blockers like propranolol), one could mask that a lesser amount of narcotic was given to a patient. This would allow for diversion of a portion of the narcotic obtained for use in the patient.

Sign and Symptom Patterns

Personal

- **Change in baseline behavior**
- **Multiple physical complaints**
- **Unfocused, confused, distracted**
- **Mood swings**
- **Isolation: avoidance of associates**
- **Denial/blaming others for problems**
- **Frequent hangovers, Withdrawal symptoms**

Professional

- **Frequent lateness, absence or illness**
- **Impaired or declining work performance**
- **Ignoring requests to catch up on paperwork**
- **Questionable orders**
- **Unprofessional demeanor or conduct**
- **Inappropriate response to patient needs or staff requests**
- **Can't find them after paging, while on call, etc.**

Efficacy of CPH-type Programs

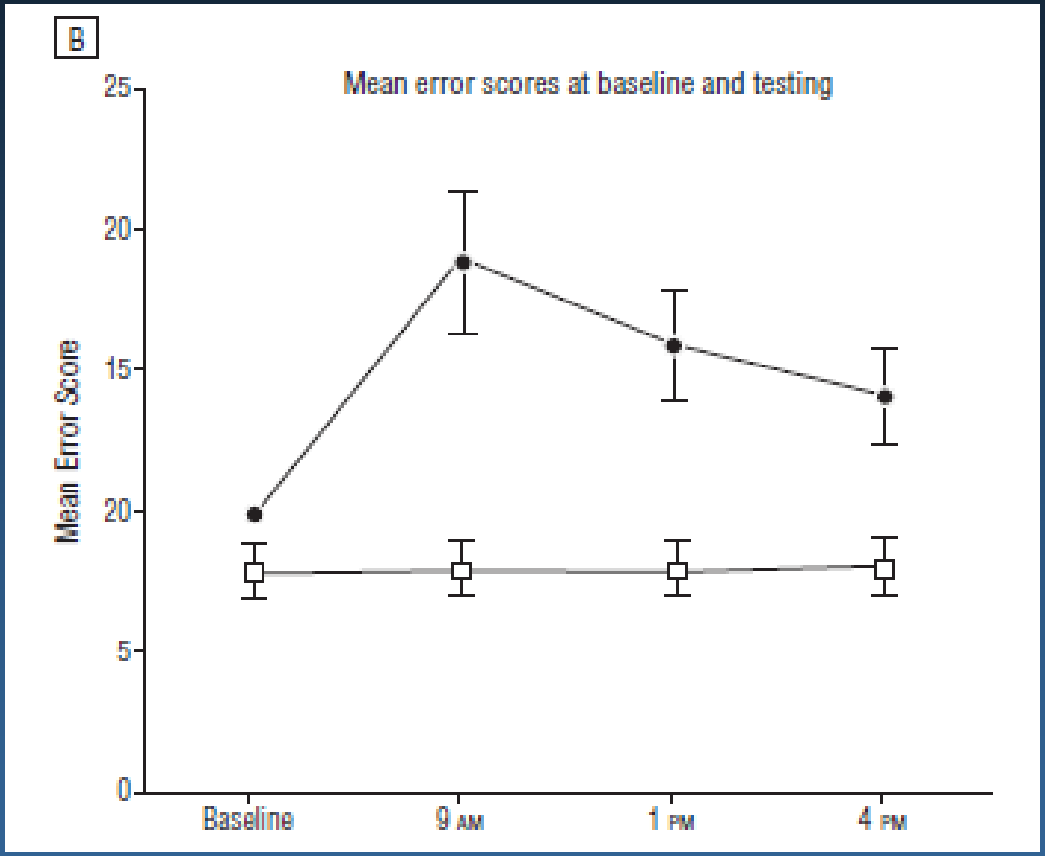
The substance abuse and other life problems of employer-mandated patients were generally less severe or chronic than self-referred patients at the beginning of treatment.

Mandated patients were more likely to remain in treatment (either inpatient or outpatient) than self-referred patients.

Post-treatment follow-up for mandated patients indicated improvements in alcohol and drug use, employment, medical, family, and psychiatric problems were comparable to self-referred patients.

Research Results from Journal of Substance Abuse. 1996; 8(1):115-28

Persistent Next-Day Effects of Excessive Alcohol Consumption on Laparoscopic Surgical Performance



Archives of Surgery, Vol. 46, No. 4, 2011

Advocacy
Multi-faceted view of progress

- State Medical Boards throughout U.S.
- Regulatory Agencies
- Managed Care Provider Panels
- Malpractice Insurance
- Hospitals
- Training Programs
- Other

How Can CPH Assist

- 1)hospital policy development
- 2)outreach and education
- 3)intervention and confidential assessment
- 4)referral to appropriate treatment
- 5)monitoring to ensure progress
- 6)advocacy for licensure and other issues
- 7)supportive case management
- 8)legal referral
- 9) hospital forms review


SANDLER NICHOLSON
ANGER MANAGEMENT
FEEL THE LOVE

What is Disruptive Behavior?

- "..Overt and passive behaviors undermine team effectiveness and can compromise the **safety** of patients"

- The Joint Commission

Joint Commission Standard

- **Standard LD.03.01.01:**
- **Leaders create and maintain a culture of safety and quality throughout the hospital. Safety and quality thrive in an environment that supports teamwork and respect for other people regardless of their position in the organization.**

  - **Elements of Performance for LD.03.01.01**

  - 4. Leaders develop a code of conduct that defines acceptable, disruptive, and inappropriate behaviors. - Documentation required

  - 5. Leaders create and implement a process for managing disruptive and inappropriate behaviors. - Direct Impact Requirements apply (noncompliance likely to create an immediate risk to patient safety or the quality of care being provided)

The Joint Commission: Behaviors that undermine a culture of safety, Sentinel Event Alert, 40, 7/9/2009

Outcomes for CPH-Type Programs in the U.S.

Table 1 | Occupational status of physicians at five year follow-up of being in a state physician health programme for substance use disorders. Values are numbers (percentages) of participants

Variable	Completed contract (n=515)	Contract extended (n=132)	Failed to complete contract (n=155)	Followed sample (n=802)
Licensed or practising medicine	477 (92)	97 (73)	15 (10)	589 (73)
Licensed or working (not clinical)	13 (3)	12 (9)	17 (11)	42 (5)
Retired or left practice voluntarily	7 (1)	3 (2)	18 (12)	28 (4)
Licence revoked	9 (2)	14 (11)	64 (41)	87 (11)
Died	3 (1)	0 (0)	27 (17)	30 (4)
Unknown	6 (1)	6 (5)	14 (9)	26 (3)

McLellan, et. al., British Medical Journal, 2008

"Physicians must be guided from the earliest years of training to cultivate methods of personal renewal, emotional self–awareness, connection with social support systems, and a sense of mastery and meaning in their work. Maintaining these values is the work of a lifetime. Doing no harm begins with one's self."

Spickard, Gabbe, and Christensen. JAMA, 2002

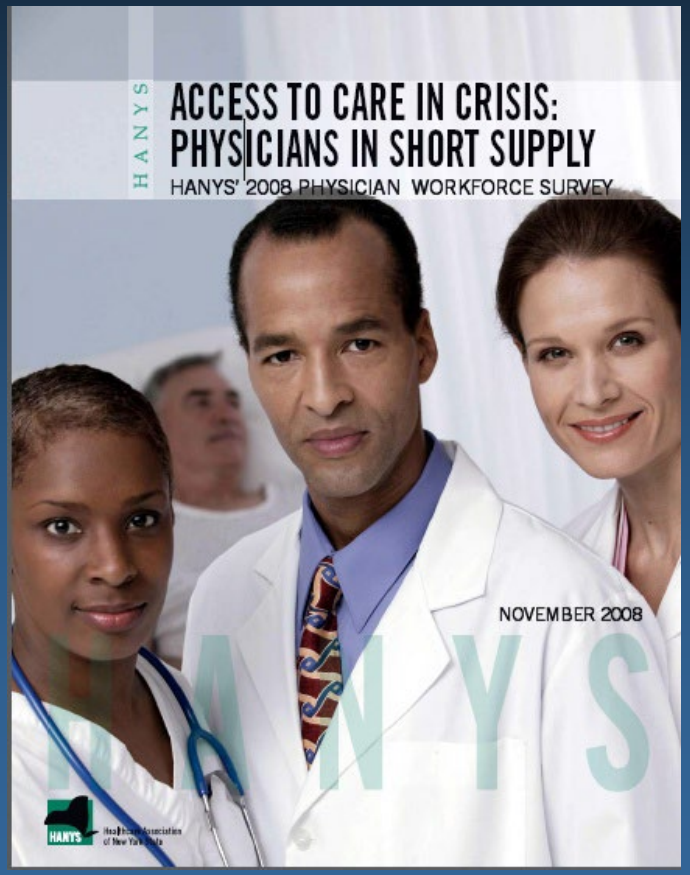
Post Test-1

1. The tendency to relapse is increased when rehabilitation is mandated. F
2. Most impaired physicians seek assistance for themselves. F
3. Physicians have a higher, lower, or about the same rate of substance use disorders as the United States population?
4. Physicians monitored by a comprehensive rehabilitation program have a higher, lower, or about the same rate of successful rehabilitation as the United States population?

Post Test-2

1. New York's new I-STOP legislation prohibits physicians from prescribing controlled medications for themselves. F
2. What specialty has the highest probability of being monitored by CPH?
3. Among all physicians, what is the most commonly identified drug of abuse?
4. CPH offers assistance only to members of MSSNY. F

Preserving Valuable Resources Statewide



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MSSNY 's Committee for Physician Health CPH