

Annual Report 2024

Robin F. McCown, Executive Director Susan K. Blank, M.D., DFASAM, Medical Director Paul H. Earley, M.D., DFASAM, Medical Director Emeritus Georgia Professional Health Program Atlanta, GA



www.gaphp.org

Overview

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The Georgia PHP Mission

Our mission is to improve patient care and safety through early detection, referral to evaluation and/or treatment for Georgia's healthcare providers and veterinary professionals who are at risk to develop mental health conditions, such as stress, burnout, anxiety and other conditions including substance use disorders.

We ensure public safety and best long-term outcomes by monitoring the Georgia healthcare providers who need our services over multi-year time frames.

Our mission is based upon the belief that healthy medical professionals provide the best care and safest healthcare for all Georgians. As we reach more professionals, we will continue to improve public safety.

Who We Are

- In 2010, SB252 amended Article 1, Chapter 34, Title 43 to authorize the formation of a PHP in Georgia. Our organization was awarded the bid for the PHP.
- ► The Georgia Professionals Health Program is a 501(c)(3), non-profit organization that manages care of physicians and physician assistants and respiratory therapists.
- We opened our doors in August 2012 and remain as the youngest PHP in the nation. However, our staff has many decades of experience in this field.

Services to the Medical Board

- We coordinate with the GCMB members and staff about licensees who develop mental health problems.
- We help the licensure committee with new applications when there is a past or current mental health concern.
- We attend monthly GCMB meetings. Case discussion maintains confidentiality whenever possible and appropriate.
- We advocate before the Medial Board if needed and warranted by participant's condition and behaviors.
- We train new Board members about our services.

Services for the Medical Community

- We provide training to professional organizations, hospitals, wellness committees, medical schools, residencies and other interested parties.
- ▶ We maintain a hot line (855-MYGAPHP) and web site (www.gaphp.org). Crisis management is available 24/7.
- We coordinate with hospital wellness committees, medical staff services and credentialing bodies about participant health and fitness for duty.
- We send letters of advocacy and other needed correspondence.
- We consult about physician and P.A. wellness and medical staff concerns across Georgia.

Georgia PHP Staff

- Susan K. Blank, M.D., DFASAM Medical Director
- Paul H. Earley, M.D., DFASAM Medical Director Emeritus
- Robin McCown*, Executive Director
- Sara Shelton* Case Manager
- Trish Nyquist Compliance Manager
- Nikki Fambro* Administrative Support
- Dianne Gay Program Operations
- Contracted Group facilitators: Brittany Boden, LCSW, Ann Priddy, LCSW, Ewell Hardman, M.Div., Jayne Mahboubi, Psy.D., Bruce Conn, LMFT, Marcel Payne, LMSW

In most cases, the Georgia PHP provides a "Safe Harbor" for participants

- National data shows that the best way of maximizing the number of physicians engaged in our care monitoring process is to ensure a "Safe Harbor" if warranted by their clinical and legal situation.
- Our Safe Harbor agreement with the GCMB states that as long as a physician is compliant with needed care and is deemed safe to practice from the standpoint of their SUD or mental health condition, he or she will remain anonymous to the Board.
- Exceptions to the Safe Harbor exist in some legal situations and those with ongoing patient safety concerns.

PHP / Board Interactions

- The PHP discloses concerning behaviors to the Wellness Committee in an anonymous (or occasionally a non-anonymous) fashion.
- If the committee members feel such behaviors warrant a discontinuation of the Safe Harbor, the PHP discloses that participant's name.
- The PHP discloses all potential safety issues to the Wellness Committee or the Board's investigative personnel.
- If at any time a participant in our program declines participation in our PHP, we report them to the Board.

Correlates of SUDs among Physicians

- Like the public at large, physicians who misuse illegal drugs commit drug-related crimes.
- Most physicians who misuse prescription medications, commit illegal acts as well. This is unfortunate but normative.
 - Writing prescriptions for controlled substances to family members
 - Diverting medications from an office, hospital, or clinic
 - Pilfering returned medications
 - Diverting medications from patients

Correlates of SUDs among Physicians

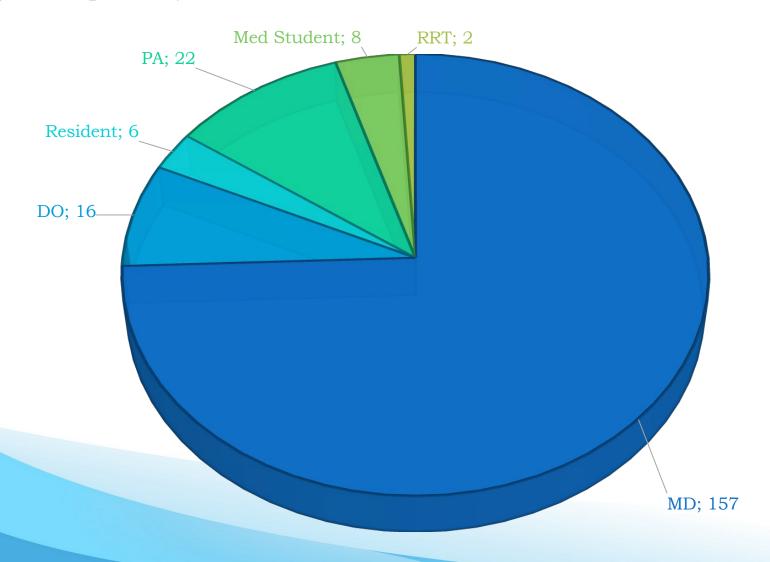
- Nearly one hundred percent of individuals who engage in drug-related illegal behaviors stop these behaviors once they enter our program.
- The PHP monitors remission from substance use disorders using state-of-art toxicology (urine, blood, breath, hair, and nails are tested using GC/ME and LPC/MS).
- In the extremely rare instance of ongoing criminal behavior, the PHP immediately informs the Board.

Data Review

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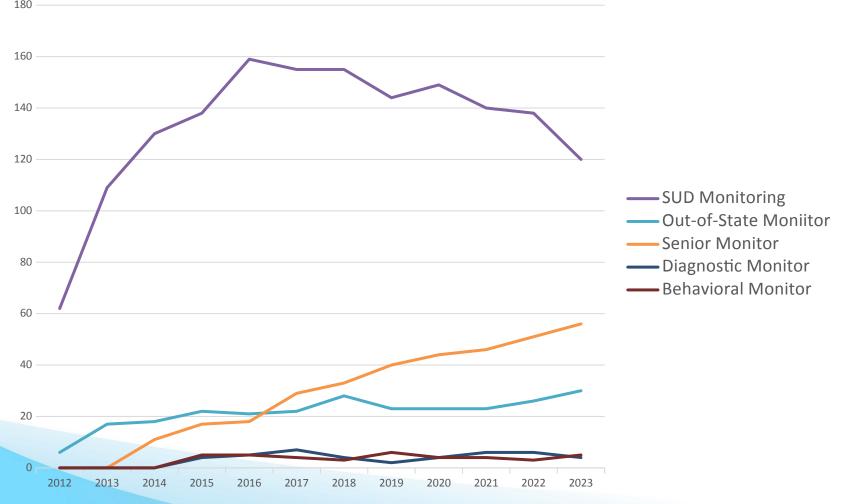
Participants by Profession

(as of Sept 2024)



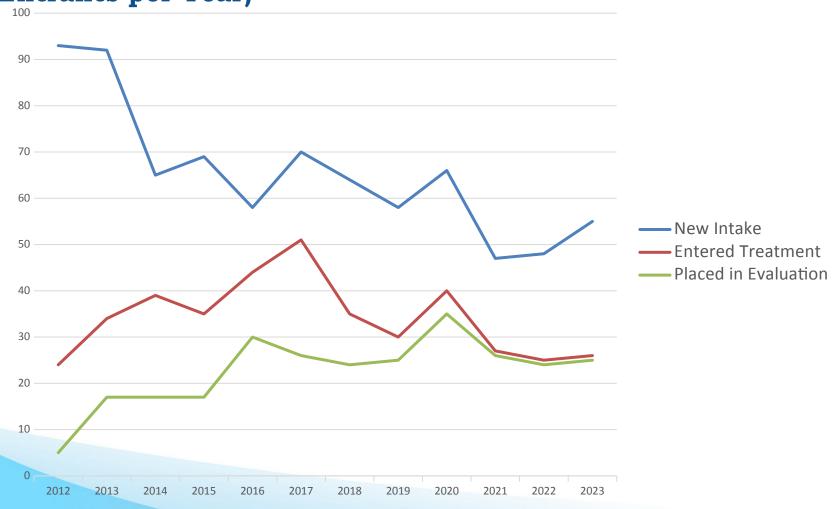
Participants in Monitoring

(Participants by Year)

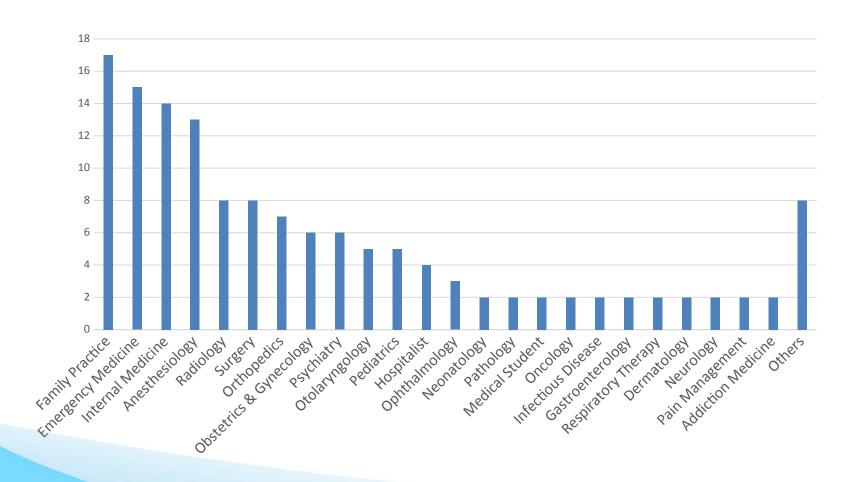


PHP Entry Data by Year

(Entrants per Year)



Participants by Specialty



Drug Screen Results - 2024

Results	Total	Percent
Negative	1756	92.4
Positive	50	2.6
Abnormal	31	1.6
Value Out Of Range	26	1.4
Dilute	10	0.5
Rejected	9	0.5
Prescription Positive	7	0.4
Non-Negative - Fermentation	4	0.2
Non-Negative - Incidental Exposure	4	0.2
Invalid	3	0.2
No-Result	1	0.1
Grand Total	1901	100

Substance Screen Data

- In 2024, we ordered 1901screens from 64 available types of panels that use urine, blood, hair and nails as testing matrices.
- This resulted in 50 positive screens or 2.6 percent of all screens. This is from approximately 12 individuals, because we obtain multiple confirmations for positive screens.
- If they fail to comply, they are immediately turned over to the Board by name.

Positive Substance Screening

- After a positive drug screen occurs, we:
 - Triage about risk for self-harm
 - Tell the participant to refrain from working and often require they sign an ANTP (Agreement Not to Practice).
 - Work with the participant's care team to develop a treatment plan.
 - Any additional treatment is completed. When deemed stable, the ANTP is lifted.
- Regardless, all relapse cases are discussed anonymously at the next Board meeting with the Wellness Committee.
- The resultant interchange provides oversight and continuous process improvement while simultaneously allowing anonymity for almost all cases.

Expanding our Scope

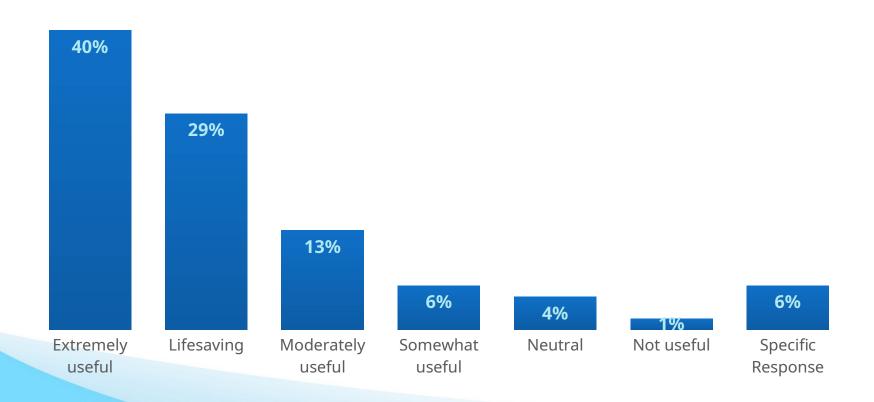
- The Georgia PHP is the only PHP in the nation with the legislative authority to work with their Medical Board functioning with **zero** external financial support.
- We are mandated to function solely on participant fees
- Despite this, the PHP has expanded our scope in the past 4 years, managing:
 - Complex mood disorders
 - Stress, burnout and compassion fatigue that has escalated to a mood disorder
 - Physicians with cognitive concerns (often age related)
 - Personality issues that impact workplace safety

PHP Evaluation Statistics

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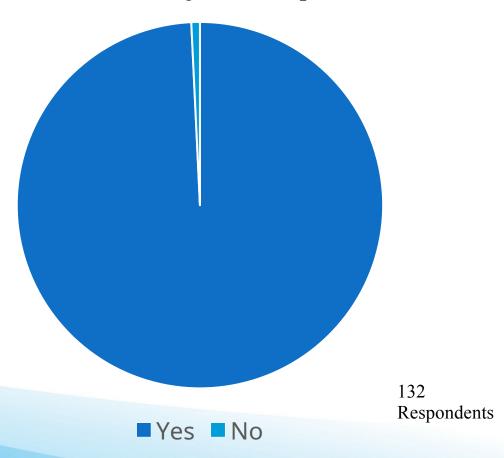
Georgia PHP Exit Survey Results

Overall, how useful was your Georgia PHP experience?

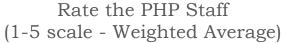


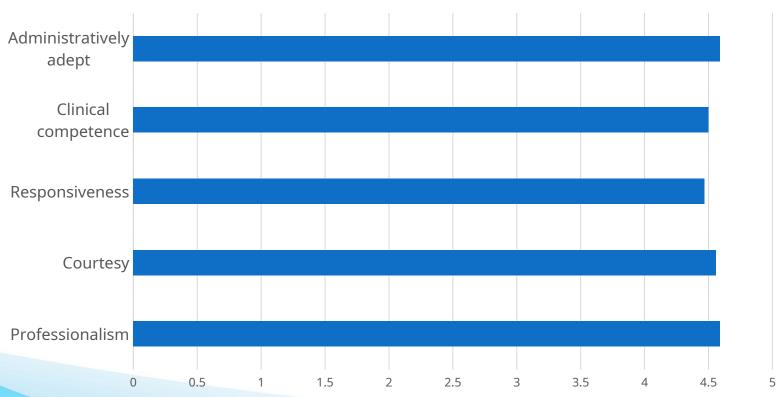
Georgia PHP Exit Survey Results

Do you feel the Georgia PHP treated you with courtesy and respect?



Georgia PHP Exit Survey Results*

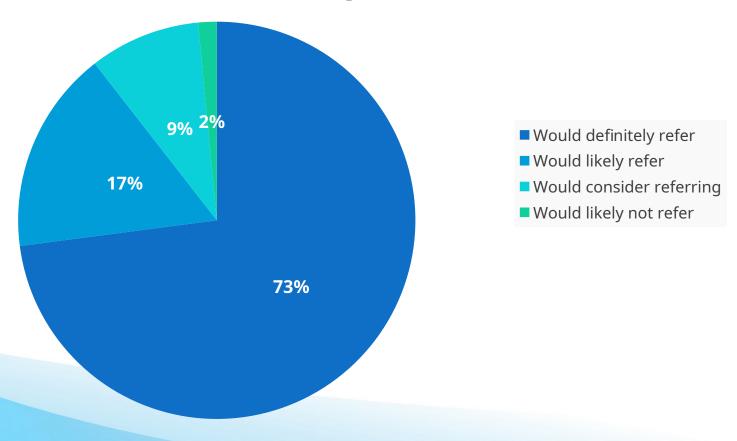




* All of this data is anonymously collected

Georgia PHP Exit Survey Results

How likely is it that you would refer a colleague to the Georgia PHP?



Georgia PHP Exit Survey Results

Percent who Agree or Strongly Agree with: "Has your involvement with the Georgia PHP impacted these areas of your life?"



Work with National Organizations*

Publications

- Addiction treatment for individuals in Safety-sensitive Occupations (ASAM Treatment Criteria, 2013 and 2023 versions).
- ▶ Chapter: *Addiction among Physicians* in ASAM's Principles of Addiction Medicine Textbook (2014, 2019, and 2023).
- Contributing author to the FSPHP Guidelines for PHPs (2022).
- Contributing author to the FSPHP Guidelines for providers who treat physicians for mental health disorders (2022).

^{*} Federation of State Physician Health Programs (FSPHP) and the American Society of Addiction Medicine (ASAM)

Work with National Organizations* (continued)

Research

- FSPHP Research Review of the State PHPs to be published 2025
- Outcome Data for PHP Participants in the United
 States a 5-year project (in process)

Care Quality Standards

- FSPHP Performance Enhancement Review for PHPs
- FSPHP Provider Accreditation for providers and evaluators

^{*} Federation of State Physician Health Programs (FSPHP) and the American Society of Addiction Medicine (ASAM)

Contact Information

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