



Dr. Paul Earley has been an Addiction Medicine physician for 39 years. He treats all types of addiction disorders, specializing in the assessment and treatment of health care professionals with substance use disorders. As a therapist, he works with patients in recovery, providing long-term therapy for those who suffer from this disease. His professional expertise extends to advocacy for professionals before agencies and licensing boards.

Dr. Earley is a dynamic speaker and educator; he speaks and trains on topics of addiction, its treatment, and addiction among healthcare professionals. In addition, he trains therapists in the neurobiological basis of psychotherapy. In his travels, he has provided training in the United States, Iceland, Canada, the United Kingdom, Sweden, Italy, and Switzerland.

He is the author of three books and numerous articles on addiction and its treatment. His two most recent books are *RecoveryMind Training* and *Recovery Skills Manual for RecoveryMind Training*. He is a contributing author to the ASAM Textbook: *Principles of Addiction Medicine*, as author of the chapter: Physician Health Programs and Addiction among Physicians. He is a contributing author to the third and fourth editions of the ASAM Criteria.

Dr. Earley is a Distinguished Fellow of the American Society of Addiction Medicine (ASAM). He is a past president of ASAM and has been on the ASAM board for over 20 years during his career. He has been the Medical Director of two nationally acclaimed addiction programs specializing in the care of healthcare professionals who suffer from addiction illnesses. Currently, Dr. Earley is the Medical Director of the Georgia Professionals Health Program, Inc., the Physicians Health Program (PHP) for the state of Georgia in the U.S and a past president of the Federation of State Physician Health Programs. With Earley Consultancy, LLC, he works with treatment facilities, providing training in treatment effectiveness and staff development.

Dr. Earley is the recipient of the ASAM Annual Award in 2015. ASAM states the award is presented “For outstanding contributions to the growth and vitality of our Society, for thoughtful leadership in the field, and for deep understanding of the art and science of Addiction Medicine” and “For expanding the frontiers of the field of Addiction Medicine and broadening our understanding of the addictive process, through research and innovation.”



Physician Health and Public Safety May, 2024

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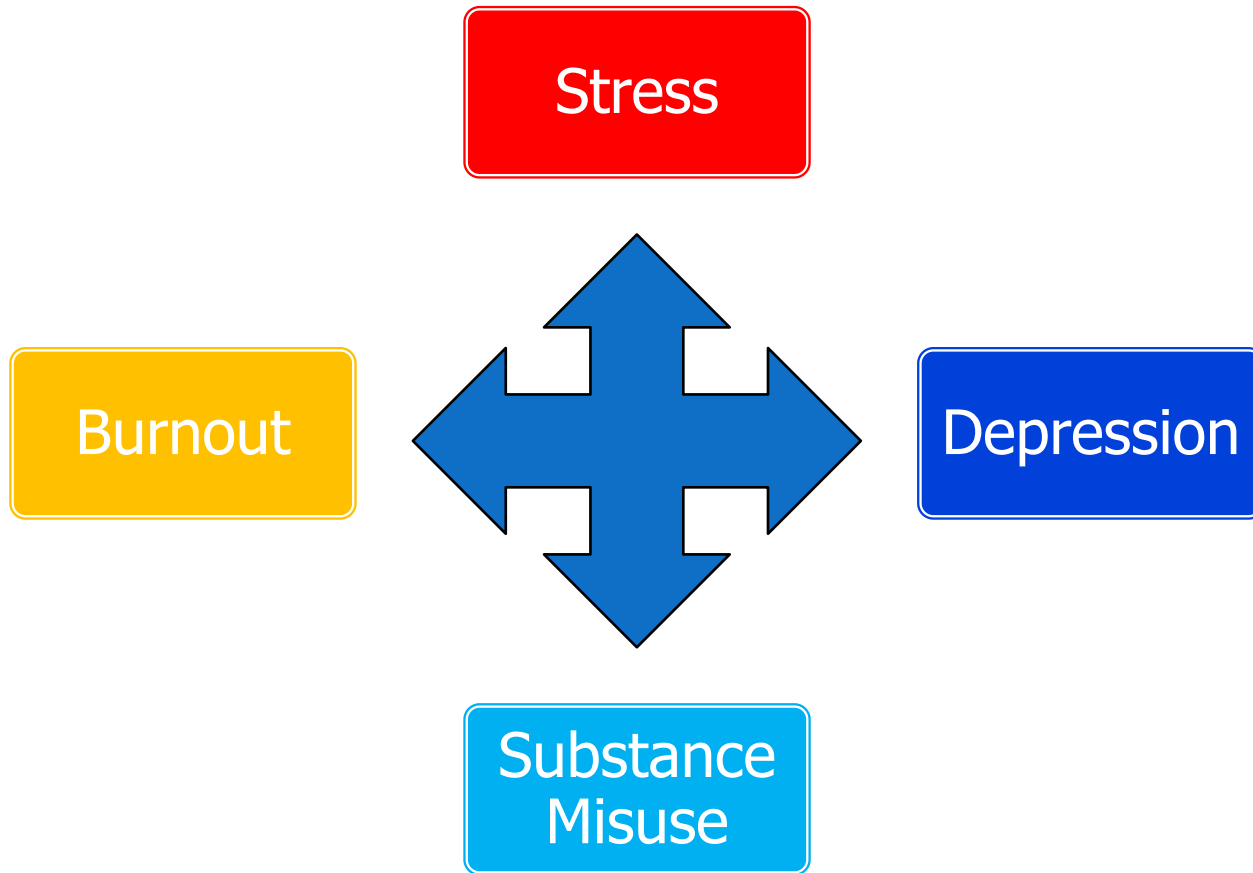
Concepts to Discuss

- ▶ Physicians are human beings that develop illnesses like everyone else.
- ▶ Most physicians who become ill are not impaired.
- ▶ Interceding early when a physician develops an illness prevents impairment.
- ▶ Physicians are safety-sensitive workers.
- ▶ Physician Health Programs know how to balance the needs of ill physicians with public safety.
- ▶ Research and best practices for Physician Health Programs are well-known and promoted by the FSPHP.
- ▶ The best way of ensuring public safety is an independent, state-of-the-art PHP with the evolving trust of the California Medical Board.

Mental Health Issues among Physicians

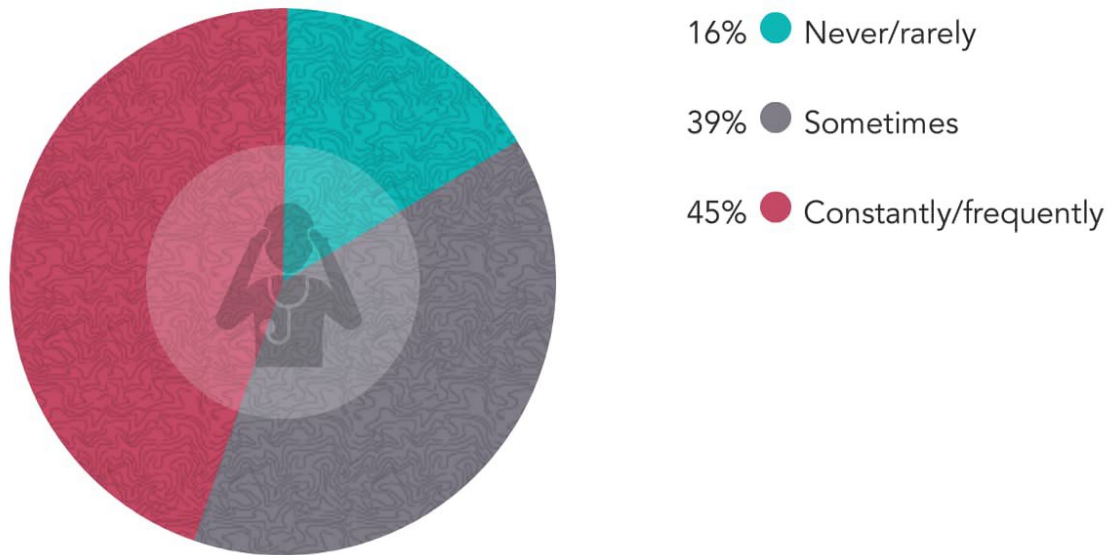
- ▶ Problems with Work / Life Balance
- ▶ Stress and Burnout
- ▶ Compassion Fatigue
- ▶ Depressive Illnesses
- ▶ PTSD (more common among physicians with a history of trauma)
- ▶ Substance Use Disorders
- ▶ Maladaptive personality characteristics that expand into workplace conflict, psychological distress and disease.

Mental Health Issues are Interrelated



Stress begins in Medical School

Frequency of Feeling Burned Out During Medical School



Burned out included depression, loss of enthusiasm, feelings of cynicism, and low sense of personal accomplishment.

The average medical school graduate owes \$250,995 in student loan debt.

Scope of the Problem

- ▶ Physicians who develop mental health problems are often the highly regarded providers.
- ▶ Once a healthcare professional's (HCP's) illness has been present and ignored for a long time, it has the potential (but does **not** always) produce impairment.
- ▶ Mental health problems among physicians intensify work conflict, deteriorates morale and risks patient safety.
- ▶ Importantly, physicians are categorized as safety-sensitive workers.

Wellness, Illness and Impairment

Wellness is a commitment and repeated actions that seeks or holds into thoughts, attitudes and behaviors that promote the optimal state of health for a given individual.

- It tends to be a direction one heads and not a finite goal.
- It varies with age and life stage.
- It is something one must practice, no one is “perfect.”



Wellness, Illness and Impairment

Illness is the presence of disease or symptoms affecting one's health.

- One is not automatically impaired when ill.
- Healthcare providers commonly work while ill.
- Healthcare workers have difficulties judging when illness bleeds over into impairment.



Wellness, Illness and Impairment

Impairment from an illness occurs when the disease decreases functionality or interpersonal skills.

- Healthcare workers live in a culture that works even when ill.
- The line between illness and impairment can be difficult to ascertain.
- This is especially true for mental health conditions.
- Healthcare workers tend to overestimate their ability to compensate for illness-related performance difficulties.



Safety sensitive Workers*

- ▶ Examples of Safety Sensitive Workers
 - Airline Pilots and Air Traffic Controllers
 - Police and Fireman
 - Members of the Judicial System
 - Power Plant Operators (including Nuclear Power Plants)
 - Health Care Workers
- ▶ For those who develop Substance Use Disorders (SUDs), the American Society of Addiction Medicine describes specific, science-based protocols for SUD treatment and disease management.

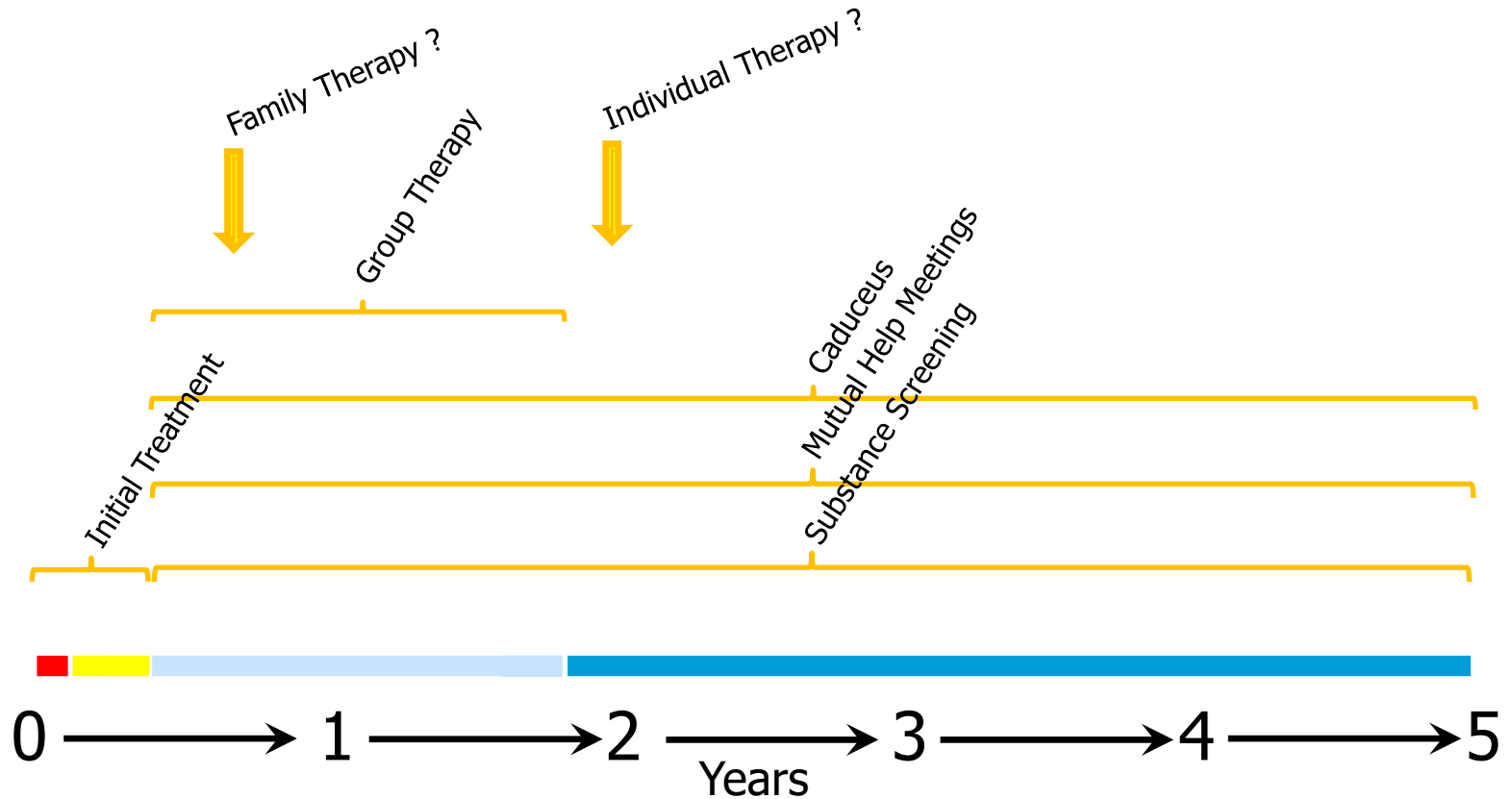
* Earley, P., Baron, M. and Polles, A. (2023). Supporting Patient in Safety-Sensitive Occupations. The ASAM Criteria. Center City, MN, Hazelden Publishing: 515-532.

Why do physicians not report their illnesses?

- ▶ Overwhelmingly, because they themselves do not recognize they are ill.
- ▶ Fears about loss of licensure.
- ▶ Families assume that one (or the only) family breadwinner will be pulled offline with resultant financial loss.
- ▶ Ignorance about SUDs and its excellent prognosis in this cohort.
- ▶ A culture of working when ill.
- ▶ Healthcare systems that do not have an established conduit to care (e.g., a state PHP).

Earley, P., Bundy, C (2024). Physicians Health Programs and Addiction among Physicians. American Society of Addiction Medicine, Principles of Addiction Medicine. S. Miller, R. Rosenthal, S. Levy et al. Philadelphia, Wolters Kluwer: 551-574.

Timeline of Physician Care



- Stabilization and Withdrawal Management
- Initial high-intensity treatment
- High intensity monitoring
- Low intensity monitoring

Multisite PHP study demonstrates a highly effective care management model

- ▶ Blueprint PHP Study^{1,2} results:
 - Review of Sixteen PHPs, on 904 physicians with SUD
 - 78% successful completion without detected relapse.
 - Including those with relapse and further intervention, over 90% doing well at 7.2 years.
 - Single report of patient harm (over prescribing).

“Such programs seem to provide an appropriate combination of treatment, support, and sanctions to manage addiction among physicians effectively.”

Only 35-50% of individuals in the general population remain abstinent for 1 year or more.³

¹ McLellan, A. T., et al. (2008). "Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States." BMJ 337: 1-6.

² DuPont, R., et al. (2009). "How are addicted physicians treated? A national survey of Physician Health Programs." *J Subst Abuse Treat* 37(1): 1-7.

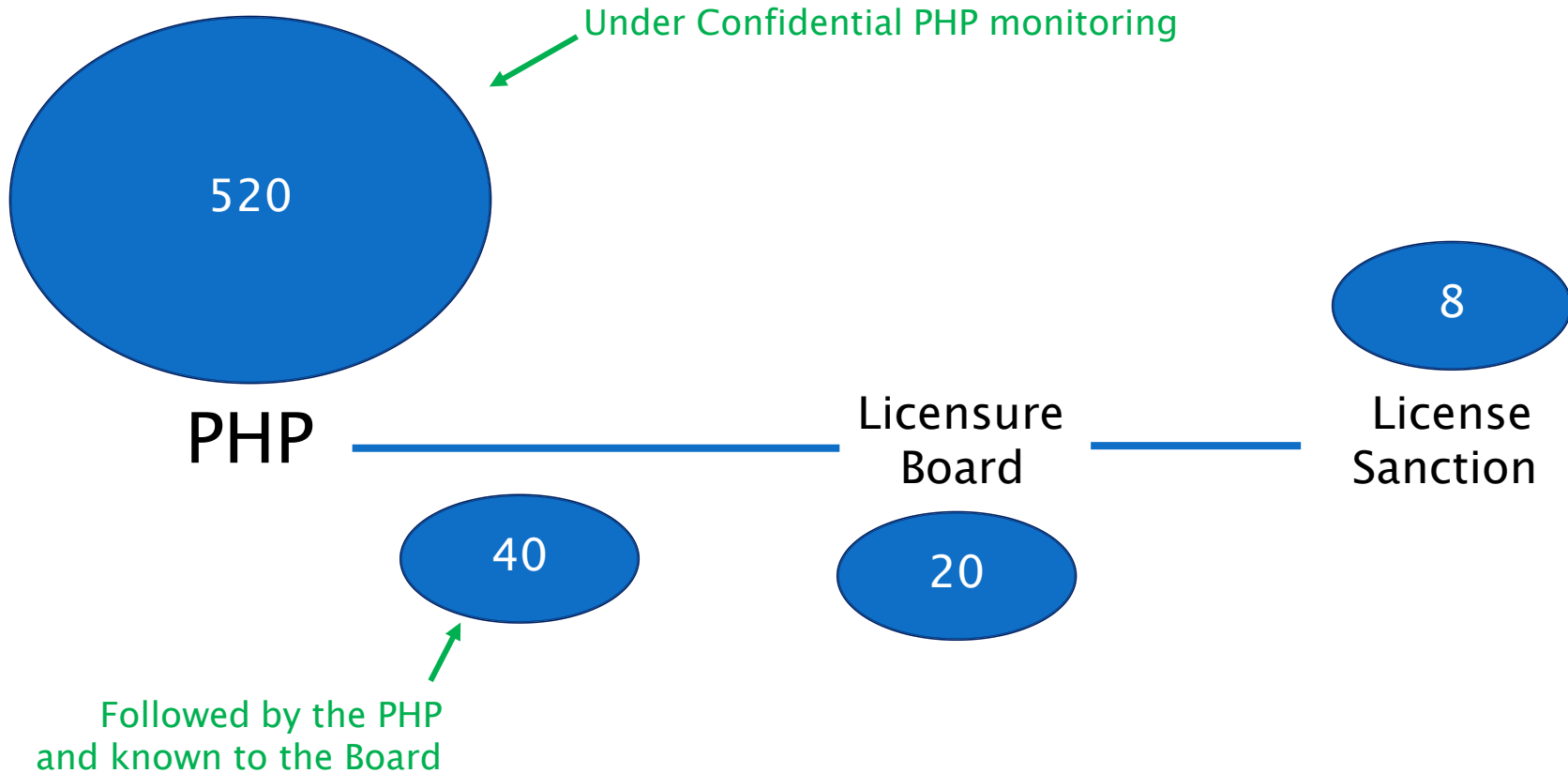
³ Fleury MJ, Djouini A, Huynh C. et al. Remission from substance use disorders: A systematic review and meta-analysis, *Drug Alcohol Depend*: 2016:168-293-306.

PHPs help ensure that everyone is better off

- ▶ Ill physicians get care earlier, reducing the burden of impairment.
- ▶ The public is protected, even in the small number of cases who do not cooperate with the PHP.
- ▶ The state does not lose well-trained physicians which are in increasingly short supply.
- ▶ Licensure Boards improve their protection of the public.

Example Distribution

California Physicians who need attention



Based upon 0.5% of California Physicians needing PHP monitoring at any given point in time.

Georgia

Healthy Professionals,
Healthy Georgia

PHHP

The logo for Georgia PHHP features a white caduceus (a staff with two snakes entwined and wings at the top) superimposed over a light blue silhouette of the state of Georgia. The word "Georgia" is written in a large, dark blue serif font, and "PHHP" is written in a large, green, bold sans-serif font below it.

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