

Iowa Board of Medicine

Federation of State Medical Boards

Physician Health Program and State Medical Board

Relationship: Keeping Patients Safe

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Health Committee

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Iowa Board of Medicine Structure

- 10 Board members
 - 3 Public
 - 2 DO
 - 5 MD
- 3 year Governor appointed terms, may be renewed up to 2 more times (max 9 years)
- 4 committees of the Board, incl Monitoring

Monitoring committee

- Annual review or meeting with probationers
- Reviews quarterly reports and requests for amendments of conditions of probation
- Until recently, no psychiatrist or addictionologist on Bd or on this committee
- Probationers with many different problems



Iowa Cornfield Corn Maze

History

- Prior to 1996, Bd could only issue public orders for treatment of impaired physicians
- Iowa Medical Society had a voluntary program to assist “troubled physicians”: APTP (Assistance Program for Trouble Physicians)

History

- For years, Bd had cases of
 - cooperative substance abusing physicians where
 - public action seemed unnecessary or undesirable,
 - but public discipline was the only option available

A photograph showing a close-up of a corn cob on its stalk in the foreground, partially obscuring the view. The corn is yellow and appears to be on a wooden structure. In the background, a baseball field is visible with a green grass field and a red dirt infield. There are several tall stadium lights around the field, and a few people can be seen on the field. The sky is clear and blue.

Field of Dreams
Dyersville, Iowa

History

- APTP not active, not enrolling participants for several years before formation of Bd's IPHP program

History

- It didn't seem that there was a mechanism to initiate early and effective intervention for impaired physicians
- APTP didn't provide enough motivation for physicians to do well in recovery
- APTP may not have been referring physicians to the Bd when their practice was a problem



Field of Dreams Farmhouse
Dyersville, Iowa

History

- Internal Bd staff debate over conditions in which to allow participation in a voluntary diversion program
- Executive Director at the time, Ann Martino PhD, was active in promoting voluntary diversion program

History

- Requirement to “self-report” was a compromise
- Some Bd staff saw voluntary diversion program as
 - not in the public interest,
 - should only be for cooperative physicians,
 - deprived public of knowledge about impaired physicians

Spirit of Dubuque Paddle Boat on the Mississippi



History

Agreement among Bd staff on remaining exclusions:

- The applicant or licensee engaged in the unlawful diversion or distribution of controlled or illegal substances for personal gain or profit
- The applicant or licensee is currently under an IBM order for alcohol or drug abuse or for another issue related to an impairment.
- The applicant or licensee has caused harm or injury to a patient

History

Agreement among Bd staff on remaining exclusions:

- The IBM is currently investigating the applicant or licensee for matters related to an impairment
- The applicant or licensee provided inaccurate, misleading, or fraudulent information or failed to cooperate with the IBM or IPHP

Annual Hot Air Balloon Festival Indianola, Iowa



Challenges

How do you define patient harm?

- No real investigation of self-reported physicians to see if patients were harmed
- Process is to allow physicians entry to the IPHP if no patient harm cases are known to the Bd at the time of self-report
- Then investigate and resolve patient care/harm issues if they arise later

Challenges

If physician also has competency complaints, apart from impairment, how to resolve that?

- Physician is still allowed to participate in IPHP
- Competency complaints are investigated and disciplined separately from impairment issues
- May result in public disciplinary action

Challenges

Self Report requirement

- Most physicians coerced to some degree to “self report”
- Modified to accept physician directed to the IPHP
- By family, colleagues, hospital
- As long as physician cooperates and signs contract

Challenges

Self Report Requirement

- Board may refer physician to IPHP after “a sufficient period of compliance with the disciplinary order”
- Physician must still sign a contract and IPHP determine that participation is appropriate
- Public order referring physician to IPHP and public order upon successful completion

Challenges

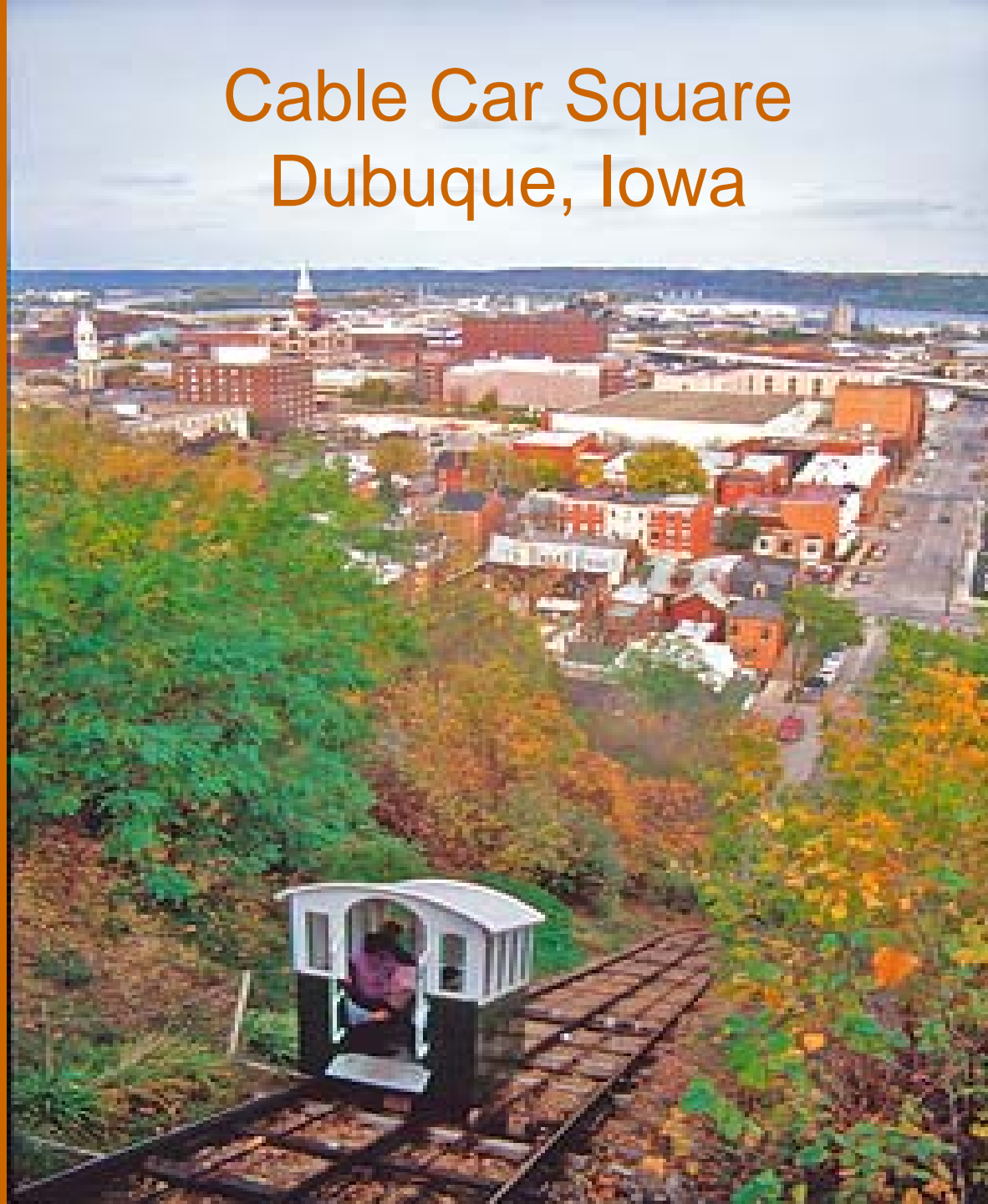
- Bd members not familiar with IPHP program
- Trust that IPHP is appropriately referring non-compliant physicians and adequately monitoring participating physicians
- Bd members not knowledgeable about addictions or psychiatric problems

Challenges

What about disruptive physicians?

- Participation in IPHP depends on level of cooperation by physician and nature of underlying problem
- Personality disordered physicians usually NOT appropriate for IPHP, esp antisocial and narcissistic personality disorders

Cable Car Square Dubuque, Iowa



Foundation for collaboration

- Clear rules about eligibility for IPHP program; exclusion criteria; referral to Bd for action
- Clear understanding of process for referral
 - Is it acceptable for referral to be made by someone other than the impaired physician?
 - Can the Board make a referral to the voluntary diversion program?

Foundation for collaboration

- Diversion program and Board must apply same standards
- Terms of contract for voluntary diversion program physicians are no less than that for probationary disciplined doctors
- Conditions for suspension of practice are same and applied with safety of public as the priority; not physician's "right to practice"

Foundation for collaboration

- Both Board and IPHP often use the same urine drug screening program (First Lab)
- Exceptions are doctors who were already involved in a UDS program through their treatment program
- Similar assessment and treatment programs are used



Mississippi River, Dubuque, Iowa

What the Board knows

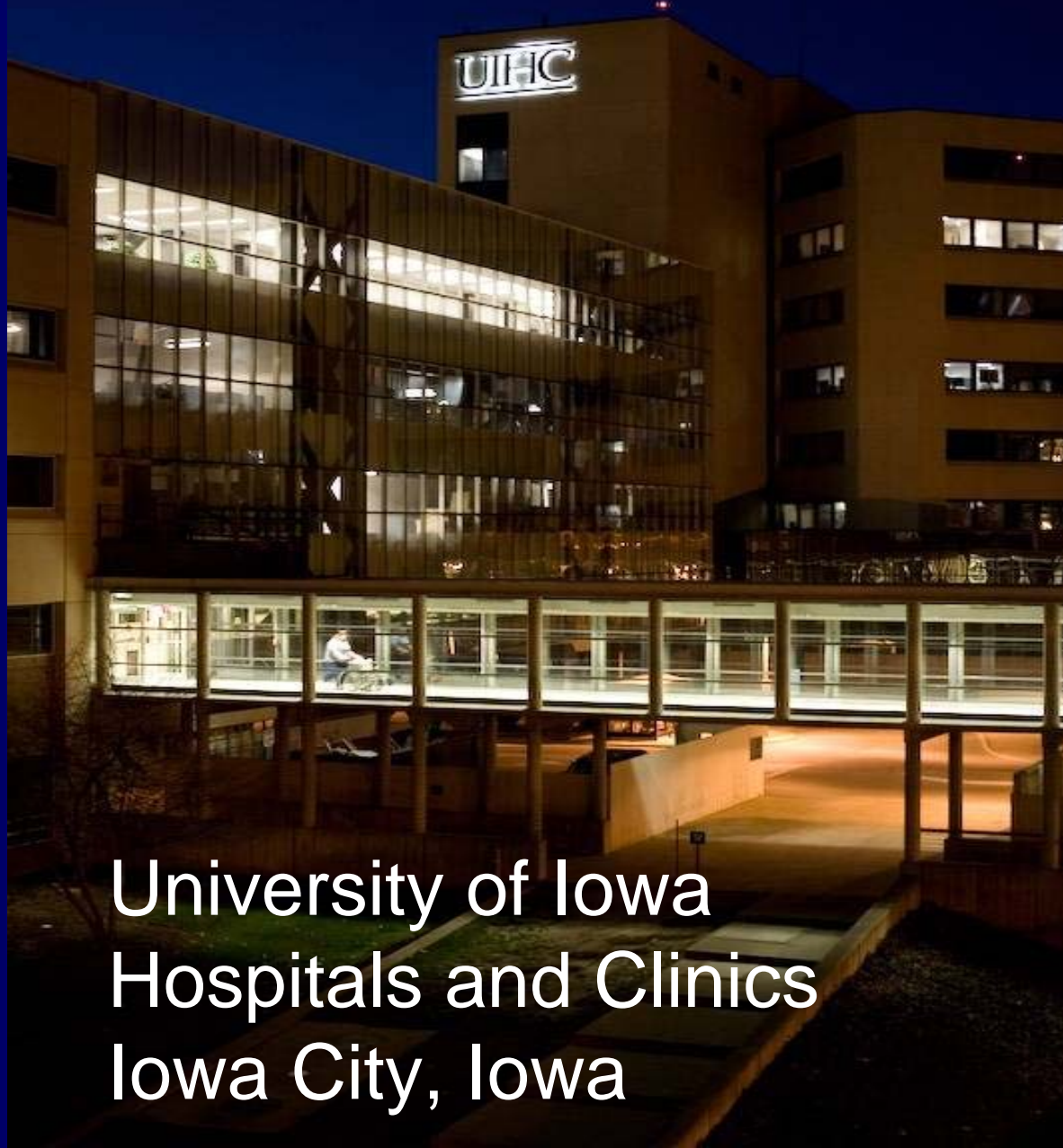
- Number of participants under contract
- Number of participants in process
- When first violation of IPHP contract occurs, notice to the Board by file number and brief case history of circumstances, usually with recommendation by IPHP to continue in program with augmentation of treatment

What the Board Knows

- In second violation of contract, participant referred to Board with name, case history of participation with IPHP
- Board takes disciplinary action as it would with other complaints
 - Confidential Letter of Warning
 - Public charges
 - Settlement agreement with probation/monitoring

What the Board does NOT Know

- Identification of IPHP participants
 - Even when considering care/competency/other complaints against doctor
- But, IPHP participating physician under competency investigation may voluntarily tell Bd of their IPHP status



University of Iowa
Hospitals and Clinics
Iowa City, Iowa

Results

Fiscal Year - July 1 to June 30	2003	2004	2005	2006	2007	2008
Total Physicians Residing in Iowa with an Active License on 6/30	5926	5997	6028	6102	6115	6192
Board ordered physical, mental illness, or substance evals	9	2	4	9	6	3
Physicians under Board Sanctions or Monitoring	124	143	161	152	126	137
IPHP Self -reports During the Year	28	25	30	41	49	39
IPHP Participants with Contracts on 6/30	44	48	58	66	82	86
IPHP Participants Discharged During the Year	4	21	16	30	24	45

Benefits

- Participating physicians in IPHP have been grateful for opportunity to continue to practice and establish a lifestyle of sound recovery
- Retain physicians practicing in a rural state
- Citizens of Iowa continue to receive competent medical care
- Families of impaired physicians preserved

Benefits

- Early intervention, BEFORE patient harm occurs
- Improves safety for the public if more physicians receive needed treatment
- Greater risk to public when doctors avoid or fear treatment because of loss of license or public humiliation
- Cost of monitoring is shared by Board and physician

Goals

- Audit to determine success and problems with IPHP program
- Development of standards for voluntary diversion programs
- Data analysis to see if predictors for success or non-compliance can be predicted
- Determine which interventions are most effective and when to apply them

