

Reasons to Hire Recovered Physicians

By Neil Parsa, DO

In this article...

Take a look at why it makes sense to employ physicians who have overcome addictions—and how to do it successfully.

As a medical student, Mark enjoyed drinking recreationally. He had begun using alcohol in college, and he continued to drink socially throughout his med school and residency years.

After completing a fellowship in pulmonology, Mark joined a busy group practice. As the demands of his position grew, he found alcohol increasingly important for managing stress. A few drinks at the end of the day alleviated his anxiety and helped him relax. He soon developed a daily ritual of stopping at the liquor store on his way home from work.

Colleagues, employees and even patients began to notice changes in his behavior. After one of his partners pulled him aside and shared his concerns, Mark realized his reputation and his job were in jeopardy.

Mark attempted to control his drinking and even discontinued it for a period. Within a short time, however, he resumed his prior level of consumption. One evening after returning home and having a few drinks, Mark felt the need to run to the liquor store to “stock up.” He was pulled over, received a DUI and spent the night in jail. Mark was eventually forced to give up his hospital credentials and resign from his job. He now faces losing his medical license and his ability to earn a living as a doctor.

Unfortunately, stories like Mark’s are not rare. Thousands of physicians in the U.S. suffer from substance abuse, and addiction drives many of them out of medicine every year.

But for many more, “hitting bottom” is not the end of a productive career. Physicians today have access to extensive resources for beating substance abuse. In fact, research

shows that the majority of physicians who go through an appropriate recovery program are able to overcome addiction and return to medical practice.¹

Understanding the potential of physician recovery is important for today’s health care leaders. One reason is practical. Given the prevalence of physician addiction, effective leaders need to know how to identify and assist troubled physicians.

The second reason is proactive. Because of the physician shortage, health care organizations need to consider the opportunity offered by recovered physicians. Many leaders have learned in recent years that physicians in good recovery are excellent providers. As the provider shortage grows, these physicians could become an important source of talent for many organizations.

Widespread impact

Physician addiction is a large-scale issue. Researchers estimate that up to 15 percent of physicians in the U.S. suffer from some form of chemical dependency during their career.² That means out of the 800,000 physicians currently practicing in this country, as many as 120,000 will develop an addiction.

Physician substance abuse shows many similarities with addiction in the general population. For instance, alcohol addiction appears to be as widespread among physicians as it is in the general public.³ But there are some notable differences.

Prescription drug abuse is more common in physicians,² particularly in certain specialties. In addition, because of strong professional stigma and other factors, chemical dependency in physicians may often be relatively advanced by the time it comes to light.

One advantage that physicians have over other people with addictions is greater access to recovery resources and accountability structures. Nearly every state has created a Physician Health Program (PHP) dedicated largely to the problem of substance abuse. Collectively, state PHPs have



Researchers estimate that up to 15 percent of physicians in the U.S. suffer from some form of chemical dependency during their career. That means out of the 800,000 physicians currently practicing in this country, as many as 120,000 will develop an addiction.

developed a well-defined pathway for helping physicians and other medical professionals overcome addiction:

PHP referral—Many physicians self-refer to their state PHP. Others engage with the program in response to an action of the state licensure board. Upon referral, PFP staff members facilitate an intervention and initial evaluation and begin coordinating treatment services.

Intensive treatment—The physician undergoes detoxification and begins therapy in an intensive treatment program, preferably one geared toward professionals. Both outpatient and inpatient programs are available, but experts say more vigorous treatment leads to better results. In fact, while the average alcoholic or drug addict will typically have a 30-day stay in treatment, the gold standard for physicians is 90 to 180 days.

Recovery contract—Following stabilization, the physician must sign a “recovery contract” with the PHP.

Most contracts require regular drug and alcohol testing, participation in a 12-step program, involvement in a support group and other activities. The minimum contract period is usually five years. Depending on the circumstances, a physician may need to undergo a fitness to practice assessment.

Understanding this process is important, because PHPs are a major reason why physicians who have recovered from addiction can be strong candidates for employment. Why does it make sense to “make room” for recovered physicians? There are three reasons:

First, while hiring a recovered physician presents a risk, the risk is limited. Because of the investment they have made in their careers, physicians are highly motivated to beat their addiction and maintain sobriety. In fact, recovered physicians are a very good risk when you compare the initial risk rate of physicians in general with the outcomes achieved by physicians in a well-designed recovery program.

Second, the risk is manageable. Monitoring in the form of random urine testing is a key part of the PHP recovery contract. Urine testing mitigates hiring risk by allowing organizations to verify ongoing sobriety. It also supports the recovery process. A study of addicted physicians in Oregon showed that 96 percent of individuals monitored through random urine testing were able to return to a productive practice.¹

Third, recovered physicians often bring positive qualities that can strengthen a health care organization. Having experienced the powerlessness of addiction, many recovered physicians develop a deep sense of humility and become strong team players. They often emerge as more compassionate caregivers. Importantly, recovered physicians typically develop above-average coping skills. Through their experience in therapy, they have acquired personal mechanisms for verbalizing and working through the stresses that every physician faces.

Thousands of physicians in the U.S. suffer from substance abuse.

Five keys to successful hiring

Any decision to hire a physician involves risk. In the case of recovered physicians, there are several proven ways to mitigate the risks and create a “good fit” for both the physician and the organization. The following are five keys to successfully incorporating recovered physicians into a health care organization:

1. Recognize recovered physicians as an undervalued asset.

The first step to working successfully with recovered physicians is to recognize the underlying value they have to offer. The vast majority are excellent doctors who have been drastically “discounted” in the marketplace.

When evaluating a candidate, make sure to understand their prior achievements as clinicians. Also, as noted earlier, recognize the intangible qualities that many recovered physicians can contribute to your organization—perseverance balanced by a greater awareness of their limitations, self-reliance coupled with receptivity to feedback, tremendous motivation tempered by an appreciation of the help they have received from others, and so on.

Recovered physicians who are actively seeking a new position are eager for a second chance to prove themselves, are much more enlightened about themselves and are often more patient-focused. They typically will do whatever it takes to maintain their medical careers.

2. Approach each case individually.

Recovered physicians are a large and diverse group. To hire a candidate with the best chance of success in your organization, focus on individualities. Approach candidates on a case-by-case basis and make an effort to understand each one’s unique situation, background and needs.

Risk factors make a difference—a physician who self-reported for alcohol abuse is in a different situation from one who was discovered injecting opioids. Even within general risk groups, however, there are individual circumstances. The main issue overall is what the physician has done to get his or her life back on track and demonstrate accountability.

Physicians who are working to better themselves within the established recovery model have very good potential for ongoing sobriety, stability and practice success.

3. Look for individuals with a good support network.

Within the world of recovered physicians, the strongest job candidates are the ones who have people going to bat for them.

First, look for candidates who have a solid relationship with the state PHP or other monitoring body. Physicians who are making a good recovery are not only in compliance with their contract, they have earned allies within the PHP who are willing to advocate for them.

Second, gather feedback from physicians who are familiar with the candidate’s personal habits, recovery efforts and clinical skills. Candidates who are demonstrating commitment and progress often have many former colleagues in their corner.

Third, tap into the candidate’s personal network. Strong candidates typically have good letters of reference from recovery professionals, family members and others.

4. Build monitoring into the contract.

Random urine testing is the key to the best outcomes for recovered physicians. Typically managed by the state PHP, urine testing (with observed micturition) provides an objective measure of the physician’s recovery efforts.

Many PHPs also require the appointment of a non-supervisory worksite monitor to observe the recovered physician for behavioral changes and signs of relapse. Provider organizations can also create their own in-house monitoring structure. Monthly or quarterly review councils to assess recovered physicians can provide further reassurance and help avoid negative and counterproductive speculation within the organization.

5. Create a positive environment.

To successfully incorporate rehabilitated physicians into your organization, it is important to build an environment that is conducive to long-term recovery and high-level functioning. Health care organizations should review their management of controlled substances—adopting best practices will be good for everyone in the organization, not just the recovered physician.

The organization should also consider providing the recovered physician with a mentor. Checking in regularly with a mentor colleague provides another layer of monitoring, and it ensures that the recovered physician does not need to deal with challenges in isolation.

Lastly, the most important element of a positive environment is personal understanding. The biggest

issue recovered physicians face is often an overpowering sense of guilt and shame. Personal support and strong advocacy will go a long way toward helping the physician maintain recovery and make a strong contribution to your organization.

Strong collateral benefits

Welcoming a recovered physician into a health care organization may require a certain amount of “stretch.” Both leaders and fellow medical providers often need to change some long-held attitudes. But making the effort can result in an organizational culture that is better for all caregivers, not just recovered physicians.

Health care organizations that successfully incorporate recovered physicians are more likely to excel at supporting their entire medical staff. Recovery-focused priorities and management structures can serve as a strong foundation for a more proactive and comprehensive approach to provider health. This will benefit all physicians as they face the normal stresses of medical practice.

Building an organization that welcomes recovered physicians can also help hospitals and group practices do a better job of dealing with the problem of undetected addictions. The organization as a whole will develop skill at identifying the signs of substance abuse and the ability to respond promptly and effectively.

In addition, the example set by recovered physicians—and the candid mentoring they can often provide—will be a strong help to other physicians facing problems with addiction, disruptive behaviors and other disorders.

While recovered physicians can make a positive contribution to a health care organization, they often face big challenges in finding an organization that is receptive to hiring them. Still, some provider entities that have experience with this issue

are now very open to hiring addiction recovered physicians.

For these organizations, helping recovered physicians return to medical practice is a way of demonstrating strong support for physicians in general. It also expands their recruitment field in an era of narrowing options. As the demand for physicians outstrips the supply, recovered physicians are becoming an important resource for enabling many health care organizations to grow and move forward.



References

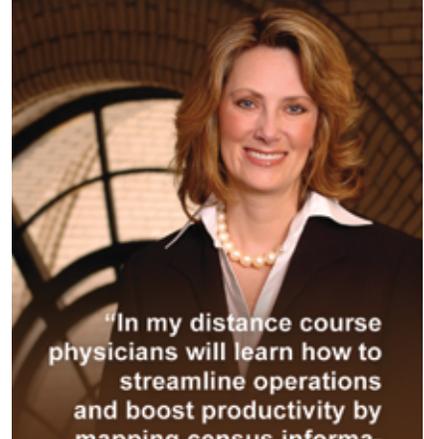
1. Shore JH. The Oregon experience with impaired physicians on probation. An eight-year follow-up. *JAMA*. 257(21):2931-4, June 5, 1987.
2. Hughes PH, Brandenburg N, Baldwin DC, and others. Prevalence of substance use among US Physicians. *JAMA*. 267(17):2333-May 6, 1992.
3. O'Connor PG, Spickard A. Physician impairment by substance abuse. *Med Clin North Am*. Jul;81(4):1037-52, July 1997.

Neil Parsa, DO, is chief medical officer of NeoVocatus, a physician placement firm that specializes in physicians with addiction disorders. The firm is based in Overland Park, Kansas.

Master of Medical Management

Change is coming. Will you lead or follow?

Carnegie Mellon prepares physician healthcare leaders for the future with innovative management and technology skills, to advance your career and your organization. Ranked 4th in the country by Modern Healthcare magazine, our program is taught by world class faculty. Our convenient blend of distance and on-site coursework allows you to complete your degree in 18 months.



“In my distance course physicians will learn how to streamline operations and boost productivity by mapping census information, patients, equipment inventories and other infrastructure information about their organizations.”

Kristen Kurland
Teaching Professor
Instructor, Infrastructure Management

Carnegie Mellon

www.heinz.cmu.edu/mmm
lizyauch@andrew.cmu.edu
412-268-9456

The MMM degree was developed in partnership with the American College of Physician Executives