

Physician Recovery Network

Participant Handbook

2017



Southworth Associates, LLC

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Table of Contents:

Office Hours.....	3
Introduction.....	4
About the PRN.....	5
Mission Statement.....	7
Contact Information.....	8
Monitoring Contract.....	9
Drug Testing.....	10-11
Travel/Vacation.....	11
Meeting Attendance.....	12
Worksite Monitors/Overall Peer Monitors.....	13
Requests.....	14
Relapse/Medications.....	16
Agonist Therapy Policy.....	17
Treating Others in PRN/Working with Others in PRN.....	18
Termination/Graduation.....	19

PRN Office Hours

Building availability: 8:00 am—5:00 pm MT, Monday through Thursday,
8:00 am—4 pm MT, Friday

Normal telephone availability: 7:00 am—5:00 pm MT, Monday through Thursday,
7:00 am—4 pm MT, Friday

Emergency line availability: 24/7 through Emergency Line—(866)460-9014

2017 Southworth Holidays—Office will be closed.

Check Drug Testing for dates you are not required to check in.

Presidents Day (2/20)

Memorial Day (5/29)

Fourth of July (7/4)

Labor Day (9/4)

Thanksgiving Day (11/23)

Day after Thanksgiving (11/24)

Christmas (12/25)

*Participants experiencing an emergency or crisis
should call 911 or visit their local hospital emergency room.*

This handbook is intended to provide instruction and direction about the PRN. It is to be used in conjunction with your PRN contract and is simply meant to supplement any information already contained in your contract. It is your responsibility to know and follow the terms of your individualized contract. Your Compliance Monitor will gladly explain your requirements and answer any questions you may have.

Physician Recovery Network Introduction

We are pleased to report that after 30 years of service to the physicians and physician assistants in the State of Idaho, we continue to be a successful advocacy and monitoring program.

One of our main successes has been a quality relationship with the Idaho State Board of Medicine. This is often very helpful when we advocate for our participants. One unique value is protection of participants from further drug-related investigations. If a physician/physician assistant becomes a participant of the PRN program, but does not have a Stipulation and Order Agreement with the Board of Medicine, PRN categorizes the participant as a self-referral. PRN informally advises the Board of Medicine of the self-referral's involvement with the PRN. The client is advised of, and consents to, this informal exchange of limited information. This helps to protect the client from future potential disciplinary action by the Board. The Board of Medicine agrees not to pursue any further investigation relevant to chemical dependency they may have already underway against this client, and furthermore agrees not to take any new action as long as the client is in compliance with the PRN program. Our experience is that this contributes dramatically to physicians and physician assistants coming in before they are forced by the Board and to improved treatment outcome. We also meet periodically with the Board of Medicine to exchange information and discuss problems. Confidentiality is protected except as defined by the limited release of information forms signed by all clients in the program. If a participant fails to cooperate we are required to report this to the Board of Medicine.

Having reliable funding is absolutely essential for a successful program. Having multiple sources of funding is important in order to promote balance in the program and to add credibility regarding our arms-length status with the Idaho State Board of Medicine. Part of our funding is from medical license fees, via a contract with the Board of Medicine. Another part is from the Idaho Medical Association, donations from medical societies, hospitals, and malpractice insurance companies. Together we are trying to improve the quality of medical care through early identification and treatment and then long-term monitoring of physicians with problems and to reassure the public that we are aggressively pursuing protection of their interests.

The PRN Committee consists of knowledgeable volunteers who are involved because they care about their peers and are willing to become emotionally involved in a cause they consider important. We are also privileged to have the Idaho Medical Association who cares and commits significant resources to make the program work. Finally, we are fortunate to have a full-time staff that is actively creating relationships and setting up appropriate treatment contacts and long term monitoring programs.

Sincerely,

PRN Committee Members

About the Physician Recovery Network

The Physician Recovery Network (PRN) is an abstinence based program that was formed in 1986 with the support of the Idaho Medical Association House of Delegates. The PRN consists of an IMA Committee of 18 volunteer members (15 physicians, 2 physician assistants, and one lay person) from around the state. Half of these members are appointed by the Idaho State Board of Medicine. John Sonntag, M.D. of Boise serves as Chairman of the Committee and Mark Broadhead, M.D. of Reno, NV serves as Medical Consultant. John Southworth, CADC, a chemical dependency expert, serves as the Program Coordinator, and is a part-time contractor with the Idaho Medical Association.

The PRN was created to help any Idaho physician or physician assistant who is impaired as a result of chemical dependency, mental illness/psychiatric problems, or senility. The program's primary mission is to identify and monitor physicians with certain problems and thus to help protect the public from unsafe practice by impaired professionals. The PRN provides a network of trained physicians and other healthcare professionals to aid in confidential investigations of alleged physician/physician assistant impairment, and, when appropriate, conducts interventions and coordinates placement in a treatment program. The PRN develops and coordinates an individualized long-term monitored recovery program for each participating physician/physician assistant. The PRN seeks to educate Idaho physicians and other involved parties about the nature of the PRN program and the problems of impaired physicians/physician assistants, and establish a liaison with other professional organizations concerned with these issues.

Nationally, professional health programs have high success rates ranging from 85 to 90 percent. The PRN's experience is similar of those results. Success is generally defined as a physician/physician assistant achieving a chemically free, professionally productive lifestyle at 5 years after treatment.

The PRN tries to identify physicians and physician assistants with problems, to participate in interventions, to advise regarding treatment facilities, and to monitor compliance with recommended treatment plans. The PRN does not treat participants directly. For chemical dependence, the PRN cannot force or prescribe recovery. It can and does document behaviors consistent with recovery. The participant has to find their own path to recovery. Participating in recovery activities exposes the participant to others who are seeking recovery, too. They share feeling and tools, but just the activities do not guarantee recovery. Vice versa the tools that work for one person may not work for another.

The PRN has become an important source of confidential support to physicians and physician assistants seeking the help they need without necessarily jeopardizing their medical licenses. Most individuals join

the program through some form of “benevolent coercion”, seeking assistance because of some external pressure, which comes primarily from professional colleagues. However, spouses, hospital administrators, lawyers, and others have also contacted the program to report possible impairment or other abnormal behavior.

The PRN maintains an arms-length relationship with the Idaho State Board of Medicine while at the same time interacting with the Board in a manner that develops trust and satisfies legal requirements. As long as the physician/physician assistant is in compliance with the PRN program requirements, they will not be reported to licensing or disciplinary agencies. The PRN will contact the Board if a physician/physician assistant refuses to comply with PRN recommendations.

When physicians/physician assistants follow their recovery program, the PRN can be a powerful advocate. In the past, the PRN has advocated on behalf of physicians/physician assistants to the Board of Medicine, federal agencies, judges, malpractice insurance carriers, and hospitals.

The PRN receives financial and staff support from the Board of Medicine. The PRN gratefully acknowledges the Board’s support, however, the funds supplied by the Board are restricted in how they can be used and don’t cover the entire costs of the PRN. In addition, the PRN receives support from medical malpractice carriers, hospitals, local medical societies, and from individual physician/physician assistants.

PRN Mission

The mission of the Idaho Physician Recovery Network is to facilitate prevention, identification, intervention, and rehabilitation for Idaho physicians who have, or are at risk for developing disorders which are associated with functional impairment. This will be done in a confidential manner consistent with the laws and medical practice acts of the State of Idaho, so as to protect the public.

Contacting PRN

General Help Line: 208-323-9555 ext. 206

Staff:

John Southworth, CADC, Executive Director/Program Coordinator

208-891-4726/john@southworthassociates.net

Katie Davis, Compliance Monitor

208-323-9555 ext. 103/kdavis@southworthassociates.net

Monday-Friday 7am-4pm MT

Lori Barnes-Lapp, Quality Assurance/Data Advisor

lori@southworthassociates.net

**It's best for you to communicate directly with your designated
Compliance Monitor whenever possible.**

Monitoring Contract

The PRN is designed to support the recovery process of physicians/physician assistants and to help ensure the safe practice of medicine. **Contract requirements are there to help reinforce your own recovery program!**

This contract serves as a powerful tool toward documenting the recovery process and helping physicians/physician assistants return to the practice of medicine. The overall chemical dependency monitoring contract is a five year contract and is designed to guide and document the participant's recovery from substance abuse or chemical dependency. Requirements of this contract include, but are not limited to, weekly attendance at mutual support group meetings (i.e. 12-Step meetings), weekly attendance at a professionally facilitated support group meeting, regular meetings with a 12-step sponsor , and participation in random toxicology drug screening.

For the physicians/physician assistants who need monitoring for psychiatric/mental health issues, a contract is designed similar to the chemical dependency contract but also includes regular meetings with a psychiatrist or therapist who monitor and report on the behavioral and mental health aspect of recovery.

Once a PRN contract is signed each participant is responsible for all requirements. PRN Compliance Monitors are considering the following compliance issues when advocating for participants:

- Consistent check-in to FirstLab to see if a drug screen is required that day
- Providing toxicology samples that are negative & valid (i.e. not dilute)
- Timely completion/submission of reports
- Attendance/participation at required meetings

Participants are expected to meet with the Committee in person at least once while under contract. Typically we try to schedule these meetings within the first year of contract.

Drug Testing

Participants must check in to FirstLab (call-in, check on-line, or check mobile app) every Monday-Friday between 5am-5pm Mountain time.

Check-in is not required on these holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Generally, drug testing begins at a frequency averaging once per week. Other forms of drug testing may be added into the random cycle at any time. Examples include, but are not limited to, hair and/or blood tests.

When a participant misses a required check-in to FirstLab they can choose to either self-test with one of their FirstLab provided Chain of Custody forms or not test and risk having been selected. If they elect to test they should use a test option number provided to them by their Compliance Monitor.

If a participant has a shy bladder or is otherwise not able to produce enough sample they have few options. They can either stay at the testing facility until they are able to produce enough for a split specimen; they can authorize the testing facility to accept a non-split specimen so long as they understand that if the specimen comes back questionable they have no way of re-testing it if they disagree with the results; or they can return to a testing facility later that day with a new Chain of Custody form and try again.

PRN does not accept any other drug testing other than results completed by using FirstLab's Chain of Custody (i.e. Drug Court tests, other 3rd party tests, etc.)

Drug Testing continued

You can locate testing sites nationwide by using the following website: <http://www.questdiagnostics.com/home.html>

For Patients → Find a Location → Insert street address and/or zip code → Select “Drug Screen—Urine” → Find

You are responsible for assuring you have Chain of Custody forms on hand at all time. If you need to reorder forms you’ll need to do so directly through FirstLab. You can either:

- 1) login to the Testing Notification System (www.phm.firstlab.com) and select Forms/Reports, Chain of Custody Order Form, or
- 2) contact FirstLab by phone at (800)732-3784.

Travel/Vacation Requests

You should notify PRN in writing at least one (1) week prior to departure anytime you travel out of town during the Monday-Friday work week. If there are testing sites near where you will be traveling to you will be expected to continue to check in and test if selected. If you are traveling to an area where no sites are within a reasonable distance, as determined by PRN, and/or if you have plans that will make testing impossible you can make a request to be excused during this time. This request should outline the following: 1) where you are going, 2) why you are going, 3) how long you plan on being away, and 4) what requirements exactly cannot you not fulfill but traveling.

Based on the above information and your case history it is up to your Compliance Monitor to determine whether or not you will be excused from contract requirements if you travel out of town. If approved, PRN will only excuse participants from the specific item(s) requested. If you did not request to be excused from a particular requirement you will be expected to continue to fulfill it as outlined in your contract.

If you forget your Chain of Custody forms when traveling it may be possible to set up an electronic Chain of Custody form with a local lab. You’ll need to contact your Compliance Monitor as early in the day as possible if this is necessary as it may take some time to accomplish.

Meeting Attendance

Client Attendance Report (CAR) forms as well as instructions on how to fill out these forms can be downloaded via our website: <http://www.southworthassociates.net/monitoring/physician-recovery-network>

CAR forms must be turned in by the 5th of the month. Totals for monthly meeting attendance will be tallied on the 10th of each month and low meeting letters sent at that time if applicable.

While in your ninety (90) meetings in ninety (90) days phase of your contract only outpatient treatment classes and 12-Step meetings count toward this goal. Health Professionals support group, sponsor meetings, etc. are not counted toward your 90/90 nor are they counted toward your 12-Step meeting requirement once 90/90 is completed either. Outpatient treatment classes are only counted towards your meeting attendance during the 90/90 requirement.

If a participant misses a Health Professionals support group they must first notify their designated Compliance Monitor as well as their support group facilitator with an explanation on why they are missing the required group. Secondly, if you are excused from group by your Compliance Monitor you will be asked to attend two extra 12-Step meetings as replacement. Please be mindful to mark those replacement meetings on your CAR forms so your attendance is tallied correctly for the month.

A participant cannot request a decrease in Health Professionals support group attendance rate until they have met at least 90 times with the group.

PRN does not accept on-line meetings.

Caduceus meetings will count toward your 12-Step meeting requirements and should be noted the same way as 12-Step meetings on your CAR.

Worksite Monitors

A Worksite Monitor is someone who has met the PRN's guidelines and is viewed as encouraging and supportive of the participant's recovery and who understands the importance of their confidentiality. They are willing to observe the participant in their employment setting, regularly update the PRN, as well as immediately notify the PRN if they notice any behavioral or emotional changes that cause concern.

You are responsible for nominating your Worksite Monitor. Your designated Compliance Monitor will then contact your nominee and determine if they are eligible to act in this capacity.

Generally, Worksite monitors must:

- Be someone in the client's workplace
- Not be a subordinate or employee of the person being monitored
- Not currently a participant in the PRN program
- Have prior approval by PRN for any conflicts of interest

PRN will call your Worksite Monitor in between quarters for a verbal update as well as send quarterly requests for written updates.

Overall Peer Monitors

An Overall Peer Monitor is a peer (typically another recovering Health Professional) that meets with participants at least once a month to:

- 1) Assess the recovery process (including how he/she is doing in recovery and how he/she is feeling about his/her recovery)
- 2) Assess compliance with the PRN contract
- 3) Support the physician's progressive efforts in recovery
- 4) Assess how the physician is managing work-related stressors
- 5) Discuss work-related issues that have/may have an impact on recovery

The assigning of Overall Peer Monitors will be used on a case by case basis as defined and articulated by the PRN Committee and could include any or all of the following:

- 1) Participants who are on multiple contracts,
- 2) Participants having non-compliance issues,
- 3) Participants with behavioral needs as defined by the PRN Committee,
- 4) Participants with more than expected difficulty with abstinence in the opinion of the PRN Committee.

PRN will review the Overall Peer Monitor/participant assignment at least annually.

Timeline for Requests

The PRN Committee reviews written requests on a quarterly basis (January, April, July, and October). When making a request the participant is expected to look internally and be mindful of their recovery program. Please ask your Compliance Monitor for a list of questions you will be expected to answer in order to facilitate this internal conscientiousness.

Only one request at a time can be approved by the Committee. For each request change period, the participant may request a decrease of no more than:

- Six toxicology tests/year
- One mutual support group (12-Step)/week—*will never drop lower than 1 meeting/week*
- One sponsor meeting/month—*will never drop lower than 1 meeting/month*
- One Health Professionals support group meeting/month—*will never drop lower than 1 meeting/month and must have met at least 90 times with the group*

No changes in requirements will be made in the first year of your contract. After your first year you can make a request on the following schedule:

- After 1 year
- 1.5 years
- 2 years
- 2.5 years
- 3 years
- 3.5 years
- 4 years
- 4.25 years
- 4.5 years
- 4.75 years.

PRN Request Form Instructions

INFO: The PRN Committee reviews requests on a quarterly basis. Only one request at a time can be approved by the Committee. The PRN Committee generally meets in January (phone), April, July (phone) and October. If you want to have your request added to the agenda in time please have this form filled out the beginning of the month prior to the meeting. i.e. early December (for Jan), early March (for April), early June (for July) and early Sept (for Oct). For each request change period, the participant may request a decrease of no more than:

- Six toxicology tests/year— will never drop lower than 18 tests/year
- One mutual support group (12-Step)/week—will never drop lower than 1 meeting/week
- One sponsor meeting/month—will never drop lower than 1 meeting/month
- One Health Professionals support group meeting/month—will never drop lower than 1 meeting/month and must have met at least 90 meetings with the group

This request form most likely will not be used for special requests i.e. return to work, support for reinstatement of DEA.

REQUEST SCHEDULE: after 1 year, 1.5 years, 2 years, 2.5 years, 3 years, 3.5 years, 4 years, 4.25 years, 4.5 years and 4.75 years.

INSTRUCTIONS

Please answer and submit to the PRN office questions A – M. The PRN Committee reviews requests on a quarterly basis.

Feel free to save this document to your computer and type in the responses.

- A. Please list the meetings you attend each week. Please include the name, type of meeting and format. Please identify your home group. Discussed why you go to this meeting and its strengths and weaknesses.
- B. Please list your sponsor. Tell us the nature of your current relationship; how often you meet, what do you discuss in terms of your recovery program. What are the strengths and weaknesses of your current relationship with your sponsor?
- C. Who are your current monitors? Please list them by name. Describe the nature of your relationship, how often you meet and strengths and weaknesses of your current relationship with her monitors.
- D. Described your current spiritual program.
- E. Please describe how you deal with strong emotions and how you achieve balance in your life. Please be specific. Give examples from the last 6 months.
- F. Please list any compulsive substitute behaviors you had engaged in since entering recovery. How do you deal with these compulsions?
- G. Please list your current significant relationships. What are the strengths and weakness of each of these relationships?
- H. Please describe your current physical health. What do you do to maintain it? Please describe any exercise programs and leisure time activities you routinely engage in.
- I. Please describe your current professional status. Describe your work and job duties. How would you describe your current workplace attitude? Please describe the strengths and weaknesses of your current work life.
- J. Please describe your current financial status. Do you plan to make any changes in the foreseeable future? If so, what is your plan?
- K. What are you currently doing regarding continuing medical education? What is the status of your board certification?
- L. Looking over your entire program of recovery, what would you say is your weakest area? What is your strongest area?
- M. Please list your request for requirement changes. Please explain why you wish this change to be implemented. How do you feel it will benefit your program?

Relapse

A relapse will result in an automatic review with the PRN Committee to determine the next course of action. Typical results of this review include a re-evaluation and following of the new evaluation recommendations.

Your Compliance Monitor will ask you to submit a Letter of Explanation regarding the relapse in order to get your perspective on what happened and/or what led up to the relapse.

If the PRN Committee decides not to officially report the relapse to the Board of Medicine PRN will still notify the Board of Medicine informally of the relapse and the course of action we have taken.

Medications

If a participant is prescribed a controlled substance and/or a potentially addictive medication PRN will recommend that the participant not practice until evidence is provided of discontinuation of that medication (i.e. negative drug screen or statement from prescriber noting the discontinuance date).

If a participant cannot get off a prescribed controlled substance or potentially addictive medication they will have their case go before the PRN Committee to get advocacy to work.

PRN utilizes “The Medication Guide for a Safe Recovery” issued by Talbott Recovery Center as a guideline on whether a medication is safe or risky for a person in recovery to take. A copy of this Guide can be found here: <http://www.southworthassociates.net/resources/monitoring>.

- Class A drugs should be absolutely avoided
- Class B drugs should only be taken with physicians knowledge of the participants’ recovery
- Class C drugs should be safe to take

Participants must notify PRN of any over-the-counter medications they take along with duration of use.

A Yearly Updated Prescription form as well as list of medications containing alcohol/Guide to Alcohol Free Products can be downloaded from our website: <http://www.southworthassociates.net/monitoring/physician-recovery-network>

Agonist Therapy Policy

It is the clinical opinion of the PRN that when it comes to the treatment of Substance Use Disorder, abstinence from potentially addicting substances is the pharmacologic gold standard. As such, abstinence is the expected state of all professionals who are attempting to return to work in the health care fields. The use of harm reduction techniques such as agonist therapy should be reserved for the severest forms of Substance Use Disorders and are, in general, considered too high risk to be allowed to return to work in patient care.

Still, exceptions may be made on a case-by-case basis under highly modified monitoring contracts. Agonist therapy may be considered appropriate for individuals who have been using the drug either IV or who have met the criteria for severe use disorder for a period of years. They must have had at least two relapses after appropriate treatment or while under monitoring. For those with Opiate Use Disorder, at least one of those relapses needs to have occurred while on naltrexone or other opiate receptor-blocking agent. Having proven they have the severest form of the disease, candidates for agonist therapy will be monitored for as long as they are on this form of therapy. Reduction in monitoring or recovery requirements will not be considered as long as the patient is on this form of therapy. Modifications to the contract shall be at the monitoring agencies discretion and for increased efficiency of efficacy of monitoring only. Should the individual discontinue agonist therapy, the individual may then sign a new standard contract. Time spent on agonist therapy shall not count toward the completing of a standard contract.

Treating others in the PRN

If a participant wants to treat another participant in the program, prior to treatment you are expected to inform your designated Compliance Monitor of the situation and they will review this with the Medical Consultant and/or Program Coordinator. The Medical Consultant/Program Coordinator can either:

- Approve of this relationship with enough documentation from both parties or
- Will recommend the participant find another provider for that particular situation.

Working with others in the PRN

PRN discourages monitored participants from practicing together as members, employers, employees, partners, supervisors or supervisees within the same medical practice entity. For the purpose of this provision, the term “medical practice entity” shall not mean a hospital.

If you find yourself working or potentially working with another PRN participant you are asked to contact your designated Compliance Monitor with the specifics and they will review your case with the PRN Committee to obtain approval for this venture.

If you are concerned whether or not this policy applies to you please contact your designated Compliance Monitor.

Termination/Graduation

Self-referred participants must request graduation in writing and the Committee will review the case. The PRN Committee only meets quarterly to review these requests and thus, depending on scheduling, you may be required to be monitored past your PRN contract date.

A suggested timeline for a Self-referred participant to request graduation would be:

- At least three months prior to your PRN contract end date send a letter to PRN requesting graduation.

Board-referred participants must request PRN's support for termination of their Stipulation & Order (S&O) in writing as well as send a request to the Board of Medicine directly to terminate their S&O. If the Committee agrees to support the termination of the S&O then PRN will send a support letter to the Board of Medicine. The Board of Medicine as well as the PRN Committee only meets quarterly to review these requests and thus, depending on scheduling, you may be required to be monitored past your PRN contract date.

A suggested timeline for a Board referred participant to request graduation would be:

- At least three months prior to your PRN contract end date send a letter to PRN requesting their support for termination of your S&O.
- At least three months prior to your PRN contract end date send a letter to the Board of Medicine requesting to get on their upcoming agenda for termination of your S&O.

Only the Board of Medicine can release Board-referred participants. PRN must wait for notification from the Board that the participant either: 1) graduated and thus their S&O has been terminated or 2) was dismissed and thus canceled/revoked/surrendered their license; before releasing them from their contract.

- Monitoring fees continue to accrue until either one of the above items is met.

We encourage you to make the most of our website as it contains many helpful links, documents, and other information:

<http://www.southworthassociates.net/monitoring/physician-recovery-network>

Please review your contract regularly and contact your Compliance Monitor directly should you have any questions regarding this Handbook or any requirements!

