OhioPHP

When a Healthcare Professional Needs Help

An overview of the safe haven program for licensees of the Ohio Vision Professionals Board

Presented by:
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1 Continuing Education credit is approved by the Ohio Vision Professionals Board for this course
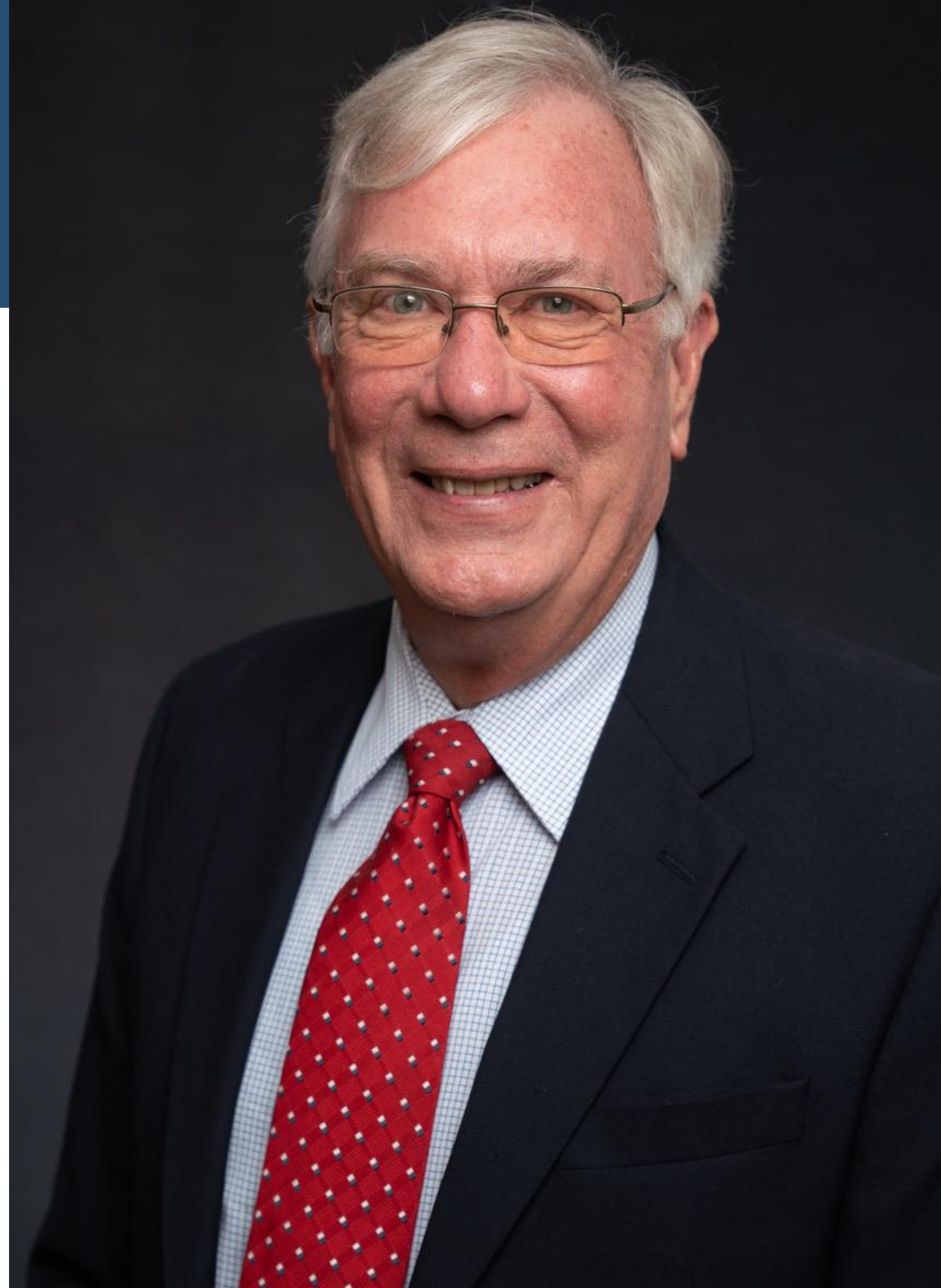
Who am I?

Richard N. Whitney, MD, DABAM, FASAM
Medical Director

- Joined OhioPHP in 2021
- Served as Medical Director at Shepherd Hill for 17 years
- Diplomate of the American Board of Addiction Medicine
- Fellow of the American Society of Addiction Medicine

What is OhioPHP?

The Ohio Professionals Health Program (OhioPHP) is a nonprofit organization that started as a group of physicians wanting to support their peers struggling with mental health or substance use disorders.

Today, OhioPHP assists hundreds of healthcare workers across the state with a wide range of concerns including stress, burnout, mental health, or substance use disorders and much more!

What is OhioPHP?

OhioPHP encourages healthcare professionals to improve their health and well-being through educational and **confidential** well-being programs.

When we have a healthy workforce, we ultimately impact the quality of care for all of Ohio's patients.

AGENDA

- Stress

- Burnout

- Mental Health Disorders

- Substance Use
  Disorders

- Safe Haven Program

- Q&A

What is Stress?

The discrepancy between the demands of a situation and the capacity of the individual or group to deal with it comfortably.

Potential Difficulties During Training

- Extreme competition
- Social isolation
- Sleep deprivation
- Pressure to excel
- Self-neglect
- Cynicism
- Expectations of perfection

- Conflict of values
- Making difficult decisions
- Lack of limits
- Suppressed emotions
- Lack of balance
- Hierarchical culture
- Minimal control of situations

Causes of Stress in the Workplace

- Increased workload
- Decreased autonomy
- Feeling a loss of control
- Pressure to increase productivity and quality with insufficient resources
- Inability to balance obligations

Symptoms of Stress

Behavioral Symptoms

- Sleep difficulties
- Increased smoking
- Increased alcohol consumption
- Increased casual sex
- Dietary changes/extremes
- Grinding of teeth
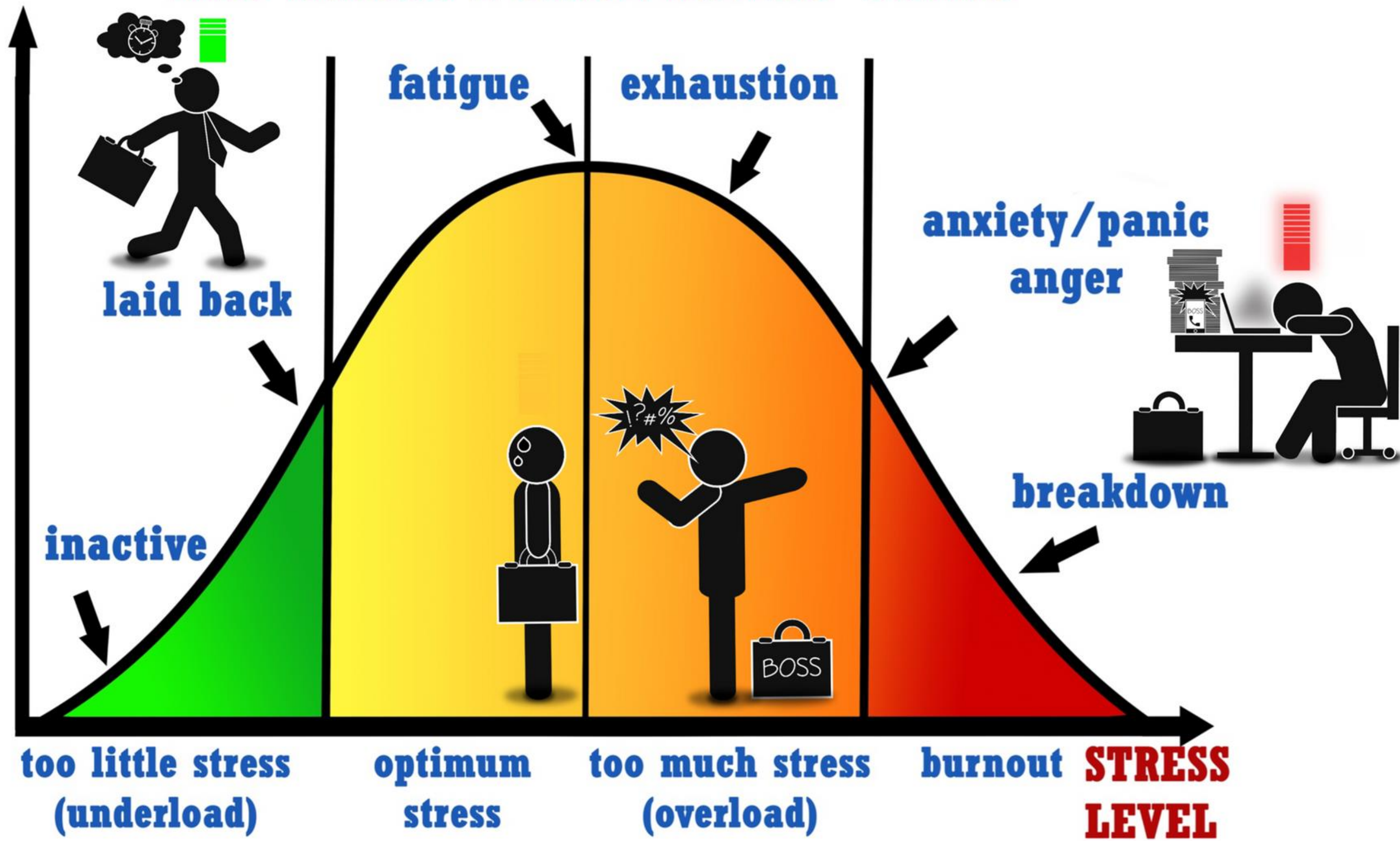- Finger or foot tapping

Emotional Symptoms

- Feeling overwhelmed
- Irritability
- Feeling depressed
- Intolerance of others
- Aggressiveness and/or anger
- Suspiciousness
- Restlessness
- Anxiety

Signs of Stress in the Workplace

- Absenteeism
- Working excessive hours
- Missing deadlines
- Drop in productivity
- Conflicts with co-workers
- Defensiveness
- Boredom
- Frustration

The Stress Performance Curve

fatigue

exhaustion

anxiety/panic
anger

laid back

breakdown

inactive

too little stress
(underload)

optimum
stress

too much stress
(overload)

burnout

STRESS
LEVEL

How is Burnout Different?

Burnout

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

–WHO ICD 11 (Z73.0)

Symptoms of Burnout

Identifies three core symptoms:

- **Emotional exhaustion**
- **Depersonalization:** usually showing up as compassion fatigue, sarcasm, cynicism and blaming your patients
- **Lack of efficacy:** thoughts of "what's the use", doubting that your work makes any difference and/or questioning the quality of your work

Consequences of Burnout

- Suboptimal patient care
- Double the risk of medical error
- Decreased professionalism
- Lower patient satisfaction
- Increased rates of substance use, thoughts of suicide, and intent to leave practice

Mental Health Disorders

Prevalence of Mental Illness

1 in 5 U.S. adults experience mental illness

1 in 20
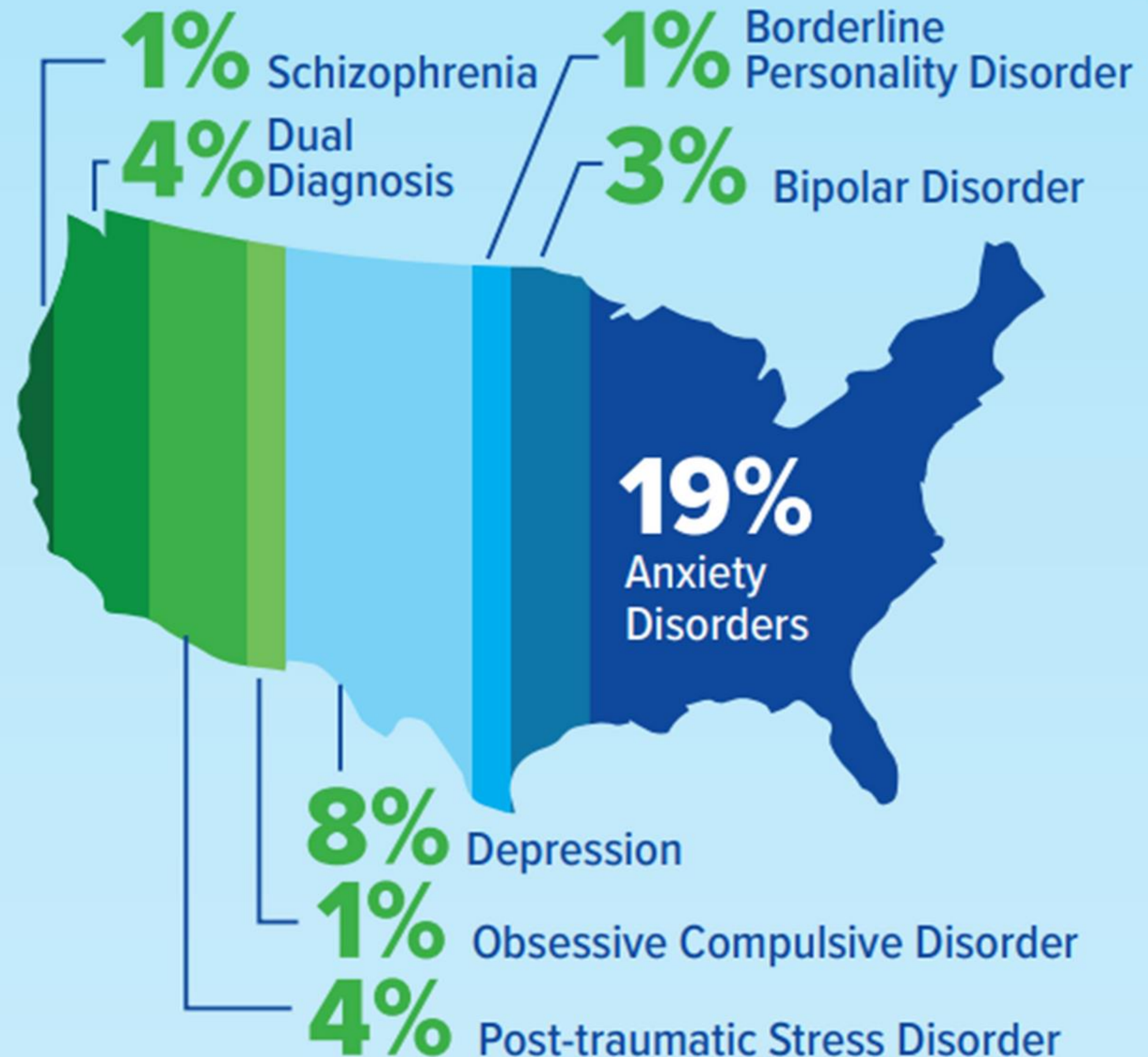
1 in 20 U.S. adults experience serious mental illness

National Alliance on Mental Illness

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Prevalence of Mental Illness

National Alliance on Mental Illness

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)

1% Schizophrenia

1% Borderline Personality Disorder

4% Dual Diagnosis

3% Bipolar Disorder

19% Anxiety Disorders

8% Depression

1% Obsessive Compulsive Disorder

4% Post-traumatic Stress Disorder

Anxiety Disorders
SYMPTOMS

- Excessive anxiety and worry about a number of events or activities
- Difficulty controlling the worry
- Restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance
- Impairment in social, occupational, or other areas of functioning

Depressive Disorders
SYMPTOMS

- Feelings of sadness, emptiness, or hopelessness
- Diminished interest or pleasure in activities
- Significant weight loss
- Insomnia or hypersomnia
- Fatigue or loss of energy
- Feelings of worthlessness, excessive or inappropriate guilt
- Trouble concentrating, indecisiveness
- Recurrent thoughts of death

Substance Use Disorders

23 million

Adults suffer from substance use disorders in the US.

UNDER DIAGNOSED & UNDER TREATED

"Only 10% of Americans diagnosed with a substance use disorder receive treatment"
-National Institute of Health

Substance Use Disorders
ADDICTION

Chronic Disease
Underlying changes in brain circuits persist beyond detoxification, particularly in individuals with severe disorders.

Treatable
With professional treatment, substance use disorder remission rates approach 50% for general population and exceed 80% in healthcare professionals.

Progressive Disease
Persists over time and physical, emotional, and social changes are cumulative and progresses as substance use continues.

Potentially Fatal Disease
Substance use disorders cause premature death through overdose, organic complications involving vital organs, and by contributing to suicides, homicides, motor vehicle crashes and other traumatic events.

Addiction: The Disease

TWO PRIMARY AREAS OF MALADAPTIVE FUNCTIONING

Physical

- Tolerance
- Withdrawal
- Craving
- Pathological organ changes (liver, kidneys, heart, lungs, brain, etc)

Cognitive Functioning

- Distorted thinking
- Irrational beliefs (false perceptions)
- Pathological defense mechanisms (primarily denial)
- Combination leads to unhealthy behaviors

Symptoms and Diagnostic Criteria
Impaired Control

1. Substance is taken in larger amount or over a longer period than is intended

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use

3. A great deal of time is spent in activities necessary to obtain and use substances, or recover from its effects

4. Craving, or a strong desire or urge to use mood altering substances

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Symptoms and Diagnostic Criteria
Social Impairment

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home

6. Continued substance use despite having persistent or recurrent social or interpersonal problems, caused or exacerbated by the effects of mood-altering substances

7. Important social, occupational, or recreational activities are given up or reduced because of substance use

Symptoms and Diagnostic Criteria
Risky Use

8. Recurrent substance use in situations in which it is physically hazardous

9. Substance use is continued, despite knowledge of having persistent or recurrent physical or psychological problems that are likely to have been caused or exacerbated by substance use

10. *Tolerance as defined by either of the following:*
    a. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect
    b. Markedly diminished effect with continued use of the same amount of the substance

11. *Withdrawal, as manifested by either of the following:*
    a. The characteristic withdrawal syndrome for the substance
    b. The substance or a closely related substance is taken to relieve or avoid withdrawal symptoms

Symptoms and Diagnostic Criteria
DSM 5

MILD

2- 3 Criteria

MODERATE

4 - 5 Criteria

SEVERE

6+ Criteria

# Factors Increasing Likelihood of Addictive Disease

# Factors Increasing Likelihood of Addictive Disease

- Genetic Predisposition
- Early exposure to alcohol and drugs
- Self-treatment for another mental health disorder
- Traumatic life event
- Combination of all of the above

Prevalence of Lifetime Alcohol Dependence by Age of First Alcohol Use

1991-1992

Family History Positive
Total
Family History Negative

% Prevalence
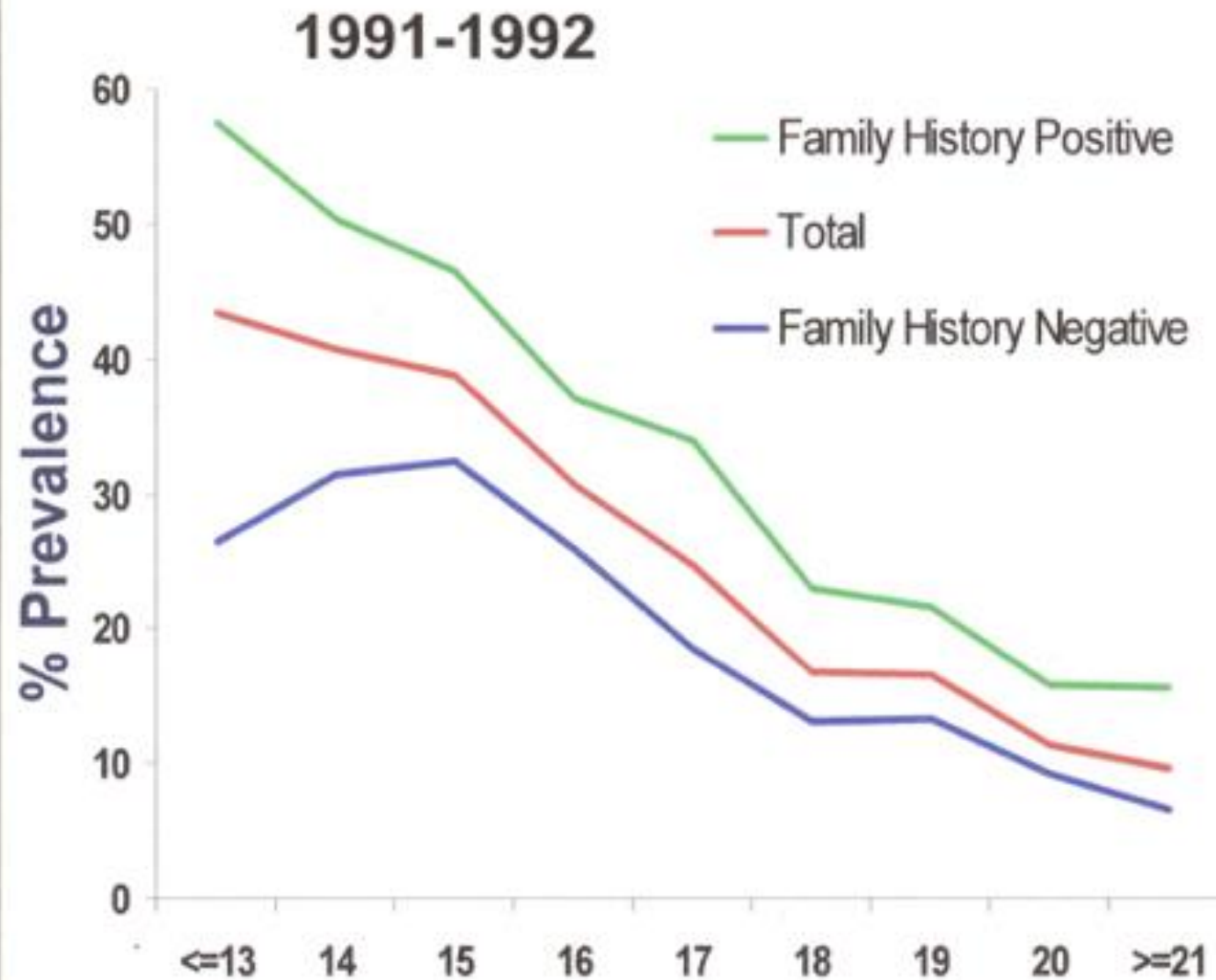
Age at First Alcohol Use

Source: Grant and Dawson. *J Subst Abuse.* 1998. 10(2):163-73.
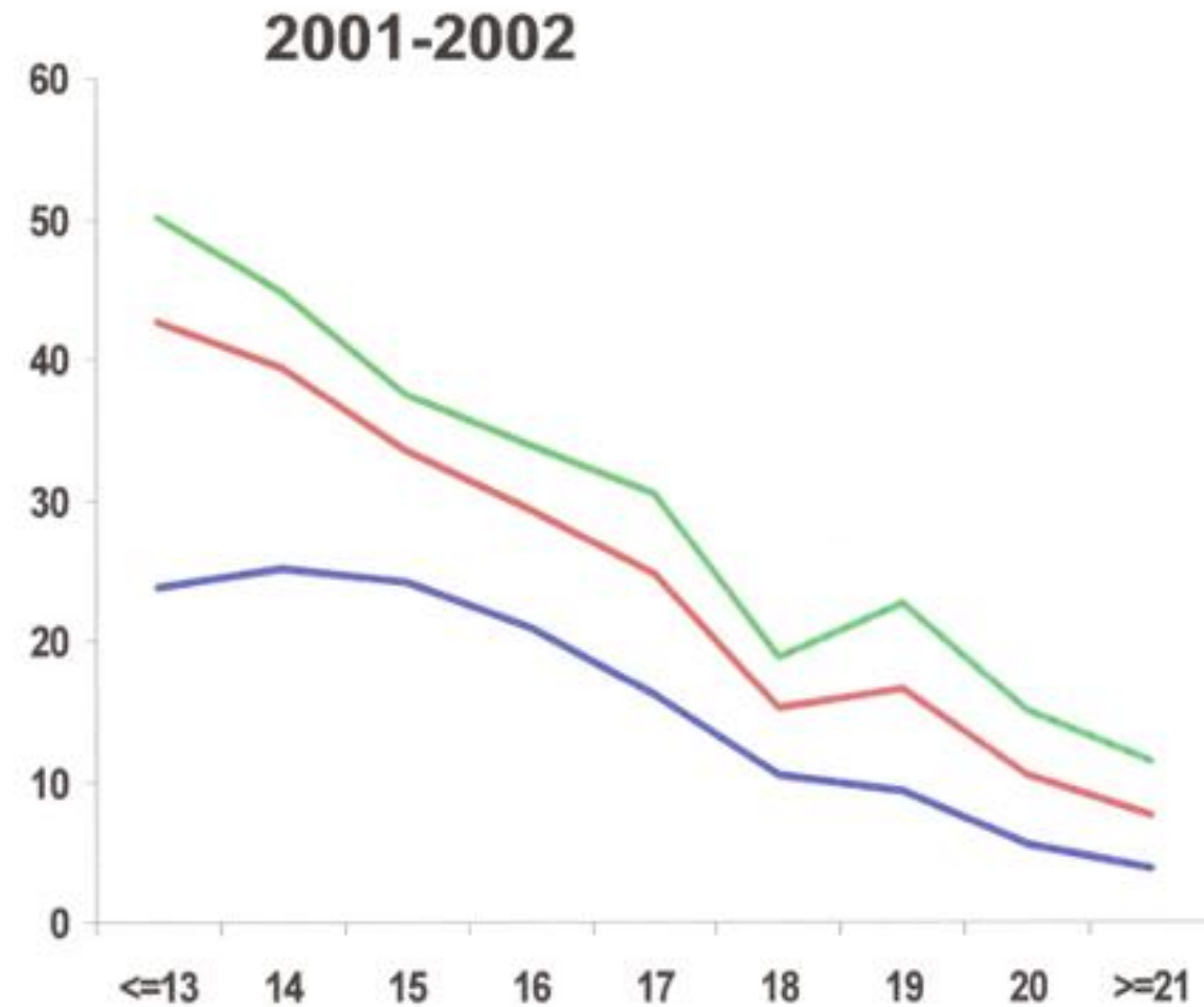
2001-2002

Age at First Alcohol Use

Source: 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions

National Institute on Alcohol Abuse and Alcoholism

Best Treatment Practices
SUBSTANCE USE DISORDERS

- Abstinence from **all** mood-altering chemicals
- Treatment as recommended by ASAM Criteria
- Consideration of medication for addiction treatment (MAT)
- Education on the disease of addiction
- Counseling and appropriate medication for co-occurring emotional/mental conditions
- Family/spouse/SO education and therapy
- Ongoing community support (AA/NA/Caduceus Groups), etc.

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Relapse in Addiction

Relapse is any return to use of mood-altering chemicals

Most people have behavioral and attitudinal signs before use called "relapse patterns"

Relapse and recovery rates are similar to other chronic diseases

Relapse Prevention

Includes:

- Appropriate treatment

- Continuing care/aftercare

- Developing community support through mutual aid support groups

- Professional monitoring

Poll Question #1:

Why are healthcare professionals at an increased risk for stress, burnout, mental health or substance use disorders?

Primary Reasons Healthcare Professionals Do Not Seek Help

- Denial

- Fear of loss of employment

- Fear of loss of licensure

- Fear of financial loss

- Fear of loss of professional reputation

- Uncertainty as how and where to seek help

Primary Reasons Healthcare Professionals Do Not Seek Help

Data from 2021 OhioPHP Covid-19 Well-being Survey

56%
time commitment

40%
did not know where to turn for support

31%
confidentiality concerns

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Primary Reasons *OVPB Licensees* Do Not Seek Help

Data from 2021 OhioPHP Covid-19 Well-being Survey

34%
time commitment

19%
did not know where to turn for support

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Possible Indicators of SUD in Healthcare Professionals

- Family indicators
- Community indicators
- Physical status indicators
- Place of employment indicators
- Professional history indicators

Poll Question #2:

Do you think a healthcare professional can seek confidential assistance for burnout, mental health or substance use disorders?

THE ANSWER IS YES!

SAFE HAVEN PROGRAM
Ohio Administrative Code 4725-19-01

A confidential resource for licensees struggling with burnout, mental health disorders, or substance use disorders

Developed in collaboration with the Ohio Vision Professionals Board

What is a Safe Haven Program?

- A clearly defined *confidential* path for individuals to seek help for burnout, mental health disorders, or substance use disorders

- A *safe space* for early intervention *before* patient safety becomes a concern

- Access to *quality* clinical screening/evaluation, treatment, long-term monitoring and support

- A *therapeutic* alternative to disciplinary action for illnesses such as mental health disorders or substance use disorders

Who is *Eligible* for the Safe Haven Program?

Any OVPB licensee or applicant who needs assistance with potential or existing impairment due to a:

- Behavioral health disorder
- Mental health disorder
- Substance use disorder
- Medical condition or illness

Who is *Eligible* for the Safe Haven Program?

OVPB LICENSEES AND APPLICANTS:

- Ocularists
- Opticians
- Optometrists

Who is *Ineligible* for the Safe Haven Program?

In order to protect patient safety, any licensee who is unwilling or unable to complete or comply with any part of the safe haven program, including screening/evaluation, treatment, or monitoring is deemed ineligible.

Safe Haven Program Services
Ohio Administrative Code 4725-19-01

Services include, but are not limited to, the following:

- Screening and/or evaluation for possible impairment
- Referral to treatment providers for further evaluation and/or treatment, as needed
- Establishment of an individualized treatment and recovery plan
- Ongoing case management and monitoring

Poll Question #3:

As a licensee of the Ohio Vision Professionals Board, do you have a duty to report impairment?

Duty to Report Impairment

Yes! A license holder must report to the OVPB any unprofessional, incompetent, unethical, or illegal behavior of a colleague of which the person has knowledge.

If a licensee believes a colleague is suffering from a substance use disorder or physical or mental impairment, they may contact OhioPHP in lieu of making report to the OVPB.

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Duty to Report Impairment

However, the presence of impairment shall not excuse acts or preclude investigation or disciplinary action against a participant for other violations (for example, sexual misconduct).

OAC/ORC 4725

Poll Question #4:

What would you do if you were concerned that a colleague is suffering from burnout, mental health or substance use disorder?
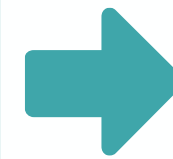
Call OhioPHP!

OhioPHP Process

OhioPHP receives referral

⬇

OhioPHP conducts a well-being screen and makes recommendations for next steps

➡ Licensee *follows* OhioPHP's recommendations ➡ Licensee may enroll in safe haven program

⬇

Licensee *does not follow* OhioPHP's recommendations ➡ OhioPHP provides additional therapeutic options

⬇

Only if impairment is identified and OhioPHP believes the practitioner is a *risk to patient safety*, a report may be made to the OVPB.

Well-being Screenings

OhioPHP's Well-being Screenings are designed for individuals experiencing symptoms of:

- Burnout
- Stress
- Anxiety, depression, or other mood disorders
- Substance use disorders
- Other issues impacting one's health and well-being

Well-being Screenings

- Scheduled upon request from the licensee
- OhioPHP's clinical team will provide recommendations regarding the results of the screen to the participant
- Recommendations may include referrals for:
  - Additional diagnostic evaluations
  - Appropriate treatment programs as indicated
  - Individual counseling
  - Medication management
  - OhioPHP case management and monitoring for additional support

Therapeutic Monitoring

- Recommended for illnesses that could benefit from long-term, ongoing therapeutic support
- Standard monitoring agreements support a participant's progress for 1-5 years
- Individualized to best meet the needs of each participant and may include:
  - Individual therapy
  - Group support
  - Toxicology testing
  - Advocacy from OhioPHP

Program Impact

Sustained recovery from a substance use disorder for the *general population* is below 50% during the first year following treatment.

Question?

What is the impact of quality, professional treatment and long-term monitoring on this statistic?

OhioPHP's Program Impact

90% of healthcare professionals who have completed substance use disorder treatment and *OhioPHP's Monitoring and Advocacy Program* remained in sustained recovery with no relapse

Data cumulative from 2004 - 2020

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By The Way...

OhioPHP services are offered at *no charge* to participants!

OhioPHP participants are only responsible for the costs of toxicology screens.

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Other Confidential Programs

Existing Programs:
- Ohio State Dental Board
- Ohio Board of Pharmacy
- Ohio Board of Psychology
- State Medical Board of Ohio
- Ohio State Chiropractic Board
- Ohio Vision Professionals Board
- Ohio Veterinary Medical Licensing Board
- Ohio Chemical Dependency Professionals Board
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Programs in Development:
- Ohio Board of Nursing

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Suicide Prevention Screening

Well-being Checkup And Referral Engagement Service

wellbeingcare.org

This screening program allows any healthcare professional in Ohio to:
- Take a brief stress and depression questionnaire anonymously
- Receive a personalized response from a professional counselor
- Exchange deidentified messages with the professional counselor
- Ask questions and learn about available services
- Get feedback and encouragement
- Request a referral for appropriate therapeutic support

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So, that was a lot…
HERE IS WHAT YOU NEED TO KNOW

- There is a confidential program for licensees of the Ohio Vision Professionals Board. This is the safe haven program.

- OhioPHP can provide screening, assessment and treatment referrals for burnout, mental health disorders, and substance use disorders.

- An OVPB licensee's "Duty to Report" impairment is fulfilled by contacting OhioPHP.

- *When in doubt, call OhioPHP!*

IMPORTANT INFORMATION!

- Please add sdamiani@ohiophp.org to your safe senders list

- Must complete survey in order to receive continuing education certificate

- CE Certificate will be emailed, please keep a copy of the certificate **AND** the email for your records

- Survey must be completed by July 17, 2023

- CE certificates will be sent out by July 21, 2023

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Thank you!

SAFE HAVEN PROGRAM RULE:
- OAC 4725-19-01

REPORTING & ETHICS REQUIREMENTS:
- ORC 4725.19
- ORC 4725.21
- ORC 4725.53
- OAC 4725-5-05
- OAC 4725-5-19

SURVEY

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