



# ASAM

American Society of Addiction Medicine

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## **Public Policy on the Evaluation, Treatment and Continuing Care of Addiction in Healthcare and other Licensed Professionals**

*(This is the fifth in a set of eleven policy statements of the American Society of Addiction Medicine addressing Healthcare and Other Licensed Professionals with Addictive Illness)*

### **Background**

Healthcare and other licensed professionals with addictive illness occupy a unique position in society. The public depends upon them for the provision of professional services and may unwittingly consider professionals “immune” to developing a potentially impairing illness. Healthcare and other licensed professionals are human beings and thus subject to the same illnesses as the public they serve.

The public, policy makers, regulatory agencies, and professional associations expect and deserve safe competent service from healthcare and other licensed professionals. All parties involved with professionals who have an addictive illness or another potentially impairing health condition should have reassurance that such professionals have been appropriately evaluated, adequately treated, and have received or are receiving state of the art continuing care and monitoring. This helps ensure a) the professional recovering from addiction or another potentially impairing health condition is in sustained remission of their health condition or, b) any relapse to active illness is quickly detected before actual on-the-job “impairment” occurs (See Public Policy Statement #2; “*Illness versus Impairment in Healthcare and other Licensed Professionals*”).

Healthcare and other licensed professionals with addictive illness are faced with cultural factors predisposing them with difficulty in seeking or accepting assistance and guidance. Their training teaches them – both overtly and covertly - to place their patients first, often denying or minimizing personal and family needs. This training emphasizes mastering skills necessary to be “providers of care” while deemphasizing the learning of self-care skills. Experience has shown it is difficult for a healthcare provider to become the patient – the “recipient of care.” When the issue is addictive illness, fear of professional sanction, loss of career and reputation, and the stigma of addictive illness may be compounded; making evaluation, treatment and

continuing care even more challenging. In addition, healthcare and other licensed professionals who spend their career “being in charge and in control” may have greater difficulty adapting to the demands of monitoring and accountability required of recovering professionals.

Over the last three decades Addiction Treatment Programs (ATPs) have evolved which specialize in healthcare and other licensed professionals with addictive illness. ATP professionals have developed the expertise, art and science equipping them to address the unique challenges of evaluating and treating this special clinical population of patients who are themselves licensed professionals. Concurrent with the evolution of this specialized clinical expertise in evaluation and treatment, Professionals Health Programs (PHPs) — such as those within the Federation of State Physician Health Programs (FSPHP) -have developed expertise in continuing care management and monitoring of healthcare and other licensed professionals (see Public Policy Statement #4; “*Coordination between Treatment Providers, Professionals Health Programs and Regulatory Agencies*”). The PHP model of accountability, monitoring, and earned advocacy involving contingency management exemplifies the state-of-the-art PHP operations which continues to evolve and mature. Studies of PHPs [Domino (*JAMA* 2005) and Dupont (*Journal of Substance Abuse Treatment*, 2009)], demonstrate remarkable PHP effectiveness in working with physicians with potentially impairing illness. Available evidence indicates this success is adaptable to other professional groups.

With state of the art evaluation, treatment, continuing care and monitoring, sustained remission is the expected outcome for healthcare and other licensed professionals with potentially impairing illness including addiction. When healthcare and other licensed professionals attain and maintain a state of disease remission; the ill professional, family, community, profession and the public all benefit. This model of specialized care, support, monitoring, and accountability involving contingency management has proven successful and is applicable to all licensed professionals. Furthermore, this proven methodology has the potential to serve as a paradigm for state-of-the-art clinical treatment and case management approaches to addiction for any patient population.

### **The American Society of Addiction Medicine Recommends:**

- 1) Healthcare and other licensed professionals with addictive illnesses should receive a comprehensive multidisciplinary evaluation and any indicated treatment by PHP-approved Addiction Treatment Programs (ATPs) with experience and expertise in working with this population. (see Public Policy Statement #4; “*Coordination between Treatment Providers, Professionals Health Programs and Regulatory Agencies*”).
- 2) Recognizing the importance of associated co-morbidities, ATPs providing evaluations should carefully assess for co-occurring addictions and psychiatric illnesses..
- 3) All referring PHPs or similar entities should be kept apprised throughout the evaluation and treatment process.

- 4) Evaluation, treatment, continuing care providers and PHPs should be familiar with the ASAM Patient Placement Criteria as well as FSPHP Guidelines in the evaluation and treatment of healthcare and other licensed professionals with addictive illness.
- 5) The public's safety being paramount; both ATPs providing clinical services and PHPs providing monitoring and advocacy services must be respectful and mindful of Regulatory Agencies (RAs) primary mission to protect the public (see Public Policy Statement #4; *"Coordination between Treatment Providers, Professionals Health Programs and Regulatory Agencies"* ).
- 6) Regulatory Agencies must understand disciplinary action is not always indicated or beneficial to either the professionals sustained remission or public safety.
- 7) Recovering professionals with addictive illness or other potentially impairing health conditions recognize and accept the responsibilities of PHPs and RAs of ensuring the public's safety. These accountability requirements support the recovering professional and are vital for PHP long-term viability, availability and credibility. PHP credibility is necessary for effective earned advocacy on behalf of the recovering healthcare and other licensed professional.
- 8) Healthcare and other licensed professionals in the evaluation, treatment, or continuing care phase of recovery should be supported and afforded the legally required and appropriate levels of confidentiality (see Public Policy Statement #7; *"Confidentiality in Healthcare and Other Licensed Professionals with Potentially Impairing Illness"*).
- 9) Discrimination against recovering professionals solely on the diagnosis of medical illness is antiquated and unjustified (see Public Policy Statement #3; *"Discrimination and the Addicted Professional"*).

*Adopted by the ASAM Board of Directors 4/12/11.*

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