

Help Is What's Up for Docs and other Professionals at CeDAR

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**Center for Dependency,
Addiction and Rehabilitation**

ANSCHUTZ MEDICAL CAMPUS

But who cares for the caregivers? It's an especially touchy question for those struggling with the disease of addiction, a

condition that not only jeopardizes their own health and the safety of others, but also frequently dwells in the shadow of stigma.

Help for health care workers is now here at University of Colorado Hospital, where the Center for Dependency, Addiction and Rehabilitation (CeDAR) has launched a new diagnostic and residential treatment program aimed at helping drug- and alcohol-abusing professionals.



CeDAR Executive Director Steve Millette says health care professionals can be especially vulnerable to drug and alcohol addiction.

The program began weeklong assessments of referred patients in March and implemented a specialized treatment track in July, said

CeDAR Executive Director Steve Millette. By mid-September the professional track had eight patients, he added.

In general, Millette said, the track for health care and other professionals is part of CeDAR's efforts "to broaden and deepen what we provide. From a delivery perspective, we want to offer more in terms of specialized clinical services."

Public safety. In general, treating professionals with addiction issues presents a special set of concerns, Millette noted. Addicted airline pilots, truck drivers, teachers, attorneys and others put both themselves and others at risk.

The same is true, of course, for physicians, nurses, pharmacists and other health care workers, he added. "We have to maintain a balance between the need to provide treatment for a chronic disease and the need to protect the public welfare," he said.

Each state has its own structure for licensing and monitoring professionals in the health care realm, explained Millette. In Colorado, the Colorado Medical Board licenses physicians. Nurses, nurse practitioners (NPs), dentists and pharmacists receive licensure from their respective state boards.

Related organizations provide monitoring and assistance for professionals with behavioral and substance abuse issues. For example, the nonprofit Colorado Physician Health Program (CPHP), funded by fees from medical boards, malpractice insurance carriers, and licenses, offers programs and makes referrals for physicians, physician assistants, residents and medical students facing addiction issues.

The Peer Assistance Services, a nonprofit funded primarily by the Colorado Department of Regulatory Agencies, offers assistance and prevention programs for nurses, NPs, dentists and pharmacists.

Millette said he and others at CeDAR spent plenty of time learning the structure of these organizations and networking with key leaders

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to prepare for opening the professional track. That work included, for example, meeting with Doris Gundersen, MD, medical director of the CPHP, and attending a spring conference of the Federation of State Physician Health Programs, a nonprofit that aims to increase understanding of impairment issues among physicians.

The CeDAR professional track is targeting key referral sources, including CPHP; Peer Assistance Services; state monitoring and licensure boards in surrounding states, such as the Texas Medical Association; as well as individual referrals from physicians, nurses, professors, lawyers and other professionals, Millette said.

Faces of addiction. Those with addictions share many common traits, no matter their walk of life. But there are unique and defining features of addiction in the health care setting, both in terms of risk and clinical care, Millette said. Nurses, for example, tend to experience and function with it. This, along with their access to medications, may make them more vulnerable to problems with opiate painkillers.

In addition, physicians, nurses and other clinicians perform fast-paced, high-stress jobs that can lead to both addiction and mental health problems. And asking for help can be especially difficult for people who are part of a helping profession.

“There is a lot of stigmatizing around mental health and substance abuse issues in health care,” Millette said.

“That can lead to a version of the blue wall of silence that is often applied to cops.” That’s despite the ethical obligation that health care workers have to report peers they suspect are impaired, he added.

Medical training, with its long hours and high-pressure ethic, can set physicians in particular up for problems, Millette maintained.

“The constant grind, the long shifts, the difficult caseloads may make them vulnerable when they are not working to overcompensate with substances,” he said.

Trained brains. But the biggest problem for highly trained health professionals, Millette added, may be the thing that makes them successful in the first place: their intelligence.

“They have an intimate knowledge of anatomy, physiology and drug interactions,” he said. “But when it comes to addiction, that does them no favors. They may think they can manage their drug use based on knowledge of how drugs work in the body. But addiction takes place in the limbic system of the brain, which operates at a

preconscious level and is all about survival.”

As addiction progresses, Millette said, the prefrontal cortex, the center of impulse control and rational decision making, becomes progressively damaged. “The capacity for sound judgment goes offline,” he explained. As the individual’s ability to control the addiction degrades, feelings of shame, anxiety and despair often compound.



Drugs damage the rational, decision-making area of the brain, making it increasingly difficult for even the most highly trained medical professionals to control their addictions, Millette says.

Exhaustive approach. Each prospective professional track patient receives a four- or five-day evaluation that is a stand-alone service; treatment may or may not follow. The evaluation includes a “comprehensive look at diagnosis and functioning,” that weaves in “collateral information,” such as comments about the patient’s practice patterns from his or her boss, colleagues, friends and families, Millette said. Individual histories of alcohol and drug use and reports of behavioral complaints also go in the mix.

A full psychiatric workup and history and physical follow, as well as blood testing and mass spectrometry lab work to determine drug levels in the urine, if any. Psychological testing, cognitive functioning screening and social and family histories are included.

The evaluation also includes CeDAR’s assessment of the patient’s capacity to practice with “reasonable skill and safety,” he said. Following the evaluation, CeDAR issues a report back to CPHP or other referral source.

“We determine the diagnostic picture, the level of severity of the disease and its impact on functioning and make commensurate treatment recommendations,” Millette explained.

Those who enter the treatment program may have 30-, 60-, or 90-day stays, depending on the assessment. They mix with the

general population at CeDAR, Millette said, but attend four specialty group therapy programs, during which they meet with other professionals. Physicians, nurses and dentists also run their own “Caduceus” peer support meetings three times a week.

“They’re a cross between Alcoholics Anonymous and after-care group therapy,” Millette said.

Specialized case managers, meanwhile, work with monitoring agencies like CPHP and licensing boards to satisfy treatment requirements and prepare professionals to return to work safely.



“We have lots of communication with monitoring agencies,” Millette said. “That affects our ability to advocate for a sick doc and help him or her to practice safely [but also] protect the public.”

The professional track is one more step in a long journey toward encouraging a more enlightened societal view about addiction. The change includes those in health care, Millette concluded.

“We still have a lot to do with physicians around education in general,” he said. “But there is a changing perception that addiction is a chronic illness. Those who ask for help do well from a recovery perspective and can preserve their hard-earned professional roles.”