



## **FAQ – Professional Societies and Regulatory Agencies**

**What is PHN?** PHN is an independent organization that has registered as a 501c3 corporation. It is available to all licensed Mississippi Professionals with boards who wish to take advantage of its services.

**How is PHN structured?** PHN is governed by a representative, dedicated Board of Directors with strong representation from the professional groups served. Our board members include well-respected physicians, (including Family Medicine, Internal Medicine, Psychiatry, and Addictionology) and other specialties including dentistry, veterinary medicine, the ministry and chiropractic medicine.

### **What professional health issues does PHN deal with?**

PHN deals with all potentially impairing conditions including Addictive Illness, Psychiatric Illness, Distressed (disruptive) behaviors, Sexual Disorders/paraphilias, and even physical illness if it is capable of causing professional impairment. PHN provides significant preventative and educational offerings.

**Who compose the PHN Staff?** The staff consists of Gary Carr, MD, Medical Director/CEO/President and Donna Young, Executive Director. Part time case managers are utilized and additional staff will be added as warranted. In the future, we hope to include social workers, a family therapist, and other skilled professionals. Donna Young has over 10 years experience. Dr Carr has worked in the field of professionals' health since 1994. He is the 2009 President of the Federation of State Physician Health Programs (FSPHP). FSPHP is considered the most knowledgeable single organization in the country in matters of Professionals Health Issues.

**Who serves on the PHN COMMITTEE that actually monitors recovering professionals?** Since we are dealing with illnesses, several of the COMMITTEE Members are physicians. Dr Carr and MS Young attend all monthly meetings. Other committee members are dedicated professionals many of whom demonstrate years of personal recovery and experience with helping their colleagues. The committee will seek to be representative of the professions served insofar as it is conducive to the success of our mission. Committee members are chosen because of their dedication to the work and their commitment to assisting fellow professionals in need. Committee members are eligible for reappointment. Many of the current committee members have a long history

of having served in this capacity. Combined, the PHN COMMITTEE boasts over 100 man-years of experience.

**What does PHN do?**

- Provides educational and outreach programs to the professional community and general public regarding issues of professional impairment, illness, and health.
- Receives reports of potential impairment from any number of sources
- Investigates or assists the applicable Board with investigation
- Conducts interventions
- Arranges appropriate evaluations
- Arranges and monitors appropriate treatment
- Develops standards for approved evaluation and treatment facilities
- Monitors the professional though, typically, a five year continuing care contract.
- Arranges Toxicology Screens with hair analysis and polygraphy if necessary
- Provides weekly Peer Support Groups around the state
- Works with family members to try and assist them with their own recovery
- Contributes to research in the field of Professional Health.
- Encourages and supports Continuing Education in the field of Professional Health
- Assist all licensed professionals regardless of ability to pay consistent with our charitable mission.
- Works through the Federation of State Physician Health Programs and related organizations to stay abreast of developments in the field of Professional Health

**If our Board has a licensee with a suspected problem, what does PHN do when we call?** PHN and its staff/medical director will discretely obtain all available information. When sufficient information exists to warrant action, we will conduct an intervention with the licensee, assist with arranging a formal evaluation and treatment if appropriate and then arrange a continuing care monitoring contract with the licensee guided by the recommendations from the treating professionals.

**What if the Board decides it will just take disciplinary action instead of sending the licensee for evaluation, treatment, and monitoring?**

Then, it is making a mistake. While PHN exists, ideally, as an alternative to the disciplinary process these licensees have an illness. Discipline is not treatment. Whether the licensee is subject to disciplinary action or not, the licensee needs treatment and continuing care to insure their health and sustainable remission/recovery.

**Does a non-disciplinary approach to licensees with potentially impairing illness work?**

Absolutely! Before 1998 the Mississippi State Board of Medical Licensure routinely took reportable board disciplinary action on all licensees with addictive illness. When a non-disciplinary alternative developed in 1999, the physician program saw its referrals increase by 480%. Many of these referrals now came from partners, friends and even family members – referral sources hesitant to report under a punitive system. Both an



anonymous track and a non-punitive alternative to the disciplinary process made a huge difference.

**Can a Professional who is not currently licensed by the Board participate with PHN?**

Yes. Any professional of a participating profession is eligible for PHN services to aid their recovery regardless of licensure status. The PHN hopes all licensees can gain remission of illness and return to their chosen profession if it is their desire to do so. However, PHN wants to support their health and recovery regardless of licensure status.

**How does the Board know how a PHN-monitored licensee is doing?**

PHN provides quarterly reports on all program participants. In addition, if the licensee has to appear before their board, Dr Carr or his designee from the COMMITTEE will accompany the licensee and answer any questions the Board has.

**Does the Board have the name of all PHN Program Participants?**

If the Board refers the licensee, they have their name. If the licensee is self referred, the same process is followed; however, the Board is aware of the participant by number. PHN Participant anonymity is lost in the event of relapse in the context of their professional work or non-compliance with monitoring which prompts an immediate report to their board by name.

**Can't a PHN Participant get out of this by just moving to another state?**

No. Our contract allows PRN to call the appropriate state Professionals Health Program and/or Board in the event a participant under contract leaves the state.

**How does PHN interface with the professional's Board?**

Each Board signs a Memorandum of Understanding with the PHN defining their relationship, agreements, reporting requirements, etc. The Memorandum of Understanding (MOU) does not deviate substantively from one board to another.

**How is the PHN Funded?**

Participating Boards pay a yearly amount per number of licensees in the profession. Program Participants contribute a reasonable amount based on their profession and national norms. Professionals, their professional organizations, hospitals, and others are asked to contribute tax-deductible donations to the PHN organization.

**Do PHN-styled programs work?**

The most recent data in the country comes from "Project Blue Print". Dr Carr was Chair of the Blue Print Subcommittee of the FSPHP. Dr Carr co-authored the Phase I paper and was a principle editor for the Phase II Paper (Available on request and on PHN Website at <http://www.Professionalshealthnetwork.com>).

Blue Print demonstrated that 904 physicians from 16 state PHPs were monitored an average of 7.2 years with 78% having no relapse over the monitoring period. Mississippi Cases contributed to the study under the program run by Dr Carr demonstrated an 84%

success rate without relapse. If we include those who relapsed and received further intervention and monitoring, the success rate was in excess of 90%.

This amazing data has attracted the attention of the Obama administration associate drug czar who is asking how this success can be translated to the general population.

**Could it be that our profession has few licensees with potentially impairing illness?**

No. Addictive illness alone affects, conservatively, 10% of the population regardless of the profession. Mental illness probably affects a similar percentage. As an example, the AMA has said that at some point in their career, up to 30% of physicians may have a potentially impairing illness. It may be that some professionals are in positions less likely to have the potentially impaired licensee be “noticed” but all professions share the issue of licensee’s with potentially impairing illnesses.

**Why does PRN talk about “Potentially Impairing Illness”?** Impairment is a “functional” classification. Illnesses such as addictive illness exist on a continuum. It is PHNs goal to identify the illness and effect intervention and recovery before the illness progresses to the point of overt functional impairment (See Illness vs Impairment on our web site).