MPHP Connection

Volume 8
December, 2013

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MPHP's Dalco House
December 2013

Mission:

The Medical Professionals Health Program, a program of the Maine Medical Association, assists medical professionals of Maine by providing confidential and compassionate assistance and advocacy. Our staff and committee members help participants with diagnosed substance use disorders. Although we do not provide evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.

Maine Medical Association
Medical Professionals Health Program

Gratitude:

Taking the time to seek and Foster it

Some say that gratitude is the 'greatest of virtues', but there seems to be a tie in public opinion between gratitude and courage. There are days when courage and perseverance pull us through, but we deeply want to feel and believe our environment is caring and supportive.

Some days, gracious thoughts flow freely but other times, negative thoughts elbow their way forward, like feisty children, making it hard to remember the blessings we're so grateful for. We've asked some participants to tell us what they do to foster and maintain feelings of gratitude -

- "I have taken that word "struggle" out of my vocabulary and have replaced it with the word 'challenged.' I am 'challenged' by this life event. When I am "challenged", I look forward to meet the life event head on and am empowered by the change of thoughts engendered by the change of words."
- "For every situation which occurs in my life, be it good or bad, there's always an opportunity to be grateful.....should I have difficulty finding it, I slow down, accept the fact I'm not the boss, and ask for help."
- "My fear of my disease and my awareness that relapse is always a possibility keeps me extraordinarily grateful for all the "yets" that recovery saved me from."

(Continued on page 3)

To read the responses in their entirety, visit:
www.mainemphp.com
(bottom of the page under "newsletter"

During the Holiday Season more than ever, our thoughts turn gratefully to those who have shared their recovery with us and who have made our work so enriching. In this spirit, we say, simply but sincerely,

Thank You
&
Best Wishes for 2014
MPHP Advisory Committee & Staff

Yesterday's the past, tomorrow's the future, but today is a gift. That's why it's called the present.

Chanukah * Christmas * Kwanza * Ramadan * Winter Solstice

Support For Recovery in the Workplace:
How employers can Help

Challenges that Medical Professionals and their employers face

An estimated 8-10 % of their workforce is directly impacted by substance use illnesses. Less than 1% of Maine health professionals are identified to the MPHP as struggling with addiction, leaving 4% undiagnosed or coping silently with the disease. Creating supportive policies for professionals needing assistance with any chronic illness will make seeking help more the norm than the exception.

According to OSHA, "more workers are injured in the health care and social assistance sector than in any other sector."[1] The list of risks to health care workers OSHA has identified is lengthy, including "potential chemical and drug exposures," which mainly refers to physical and physiological exposure, but for an addict whose drug of choice is one commonly administered in the workplace, exposure in the workplace could pose a challenge to recovery, particularly when the addiction is unidentified and untreated. Educating human resource departments on compassionate and responsible responses to addiction and mental illness in the workforce is essential.

Make sure professionals are getting the help they need and deserve. Be sure that a treatable illness (ie. depression, addiction, etc.) aren't being handled with disciplinary action.

Strategies recommended for employers[2]:

Employers can help by ensuring that professionals who need help and medical care receive the treatment and care they need. Addiction is a very treatable illness, ensure employees with suspected health concerns are evaluated and treated as early in the disease process as possible. Expect responsibility from ill professionals and hold them accountable for treatment and aftercare necessary to ensure long term recovery.

- Most important – make sure professionals are getting the help they need and deserve. Be sure that a treatable mental illness (ie. depression, addiction, etc.) isn't being handled with disciplinary action.
- Professional organizations should not discriminate on the basis of any chronic disease management, including illnesses such as addiction.
- "Safe harbor" should exist for employees who seek, or are motivated to accept, assistance and guidance to address their addictive illness. For those diagnosed with a substance use illness, actions to address the illness may include evaluation, treatment and participation in a continuing care monitoring program like the MPHP.
- Boards and employers concerned about public safety related to substance use and recovery, can request advocacy reports. These reports indicate the participant's status in the MPHP and compliance with MPHP requirements.

There are a multitude of treatment and rehabilitation programs available and MPHP can help channel professionals into a programs to treat the issues that are impacting the professional's ability to be reliable in the workplace and practice safely, while preserving their professional licenses. Addiction is a treatable chronic illness, not unlike other chronic illnesses such as Diabetes.

Employers can help recovering professionals return to work by providing a supportive work environment. Addiction, like other chronic illnesses, is treatable, but also requires support, encouragement and monitoring.

(See back page for referenced articles)

End of the Month Challenge:
Monitor and Self Report Requirements

Reports are due when? It's a challenge every month to get self reports, work reports and therapy reports all submitted to the MPHP on time. They are a necessary component of all MPHP contracts - monitoring must include elements from different facets of participant's personal and professional life (primary care providers, worksite monitors, therapists, psychiatrists, addictionologists, etc.) Reports are due… mark you calendars… at the end of the month, but are not technically late until after the 10th of the following month.

Participants who are working or receiving treatment, must provide periodic reports. While we understand there are confidentiality and ethical reasons providers are reluctant to report, missing reports leave a holes in MPHP's recovery monitoring. In order to ensure the integrity of our monitoring and our ability to advocate, participants must ensure their providers are providing the reports as required. MPHP case managers will be discussing this with participants in 2014 and ensuring these reporting requirements are filled.

Reports are due at the end of the month.

Don't wait until the 10th to submit.

Gratitude:
(Continued from Page 1)

- "I had a very good friend who was always positive. He was always smiling and speaking constructively. One of the tools I use to maintain my gratitude is to tell myself "act like Glen".

Like any good habit, gratefulness requires practice and nurturing and it seems easier when we surround ourselves with others who are grateful.

Though we've condensed things here, the wonderful essays written by participants are available on the MPHP website in their entirety.

Special thanks to those who gave of their time to share their insights and experiences with us!

MPHP's New Home on the Web:
www.mainemphp.com

The MPHP is expanding ways medical professionals in Maine can access information about the program. We are pleased to announce that resources and information are now available on our new website!

- Forms, newsletters and documents
- Information about mentorship
- Staff and Advisory Committee
- What we do
- Testimonials
- Helpful links and resources

Accessing information and documents has never been easier or mor convenient! Please visit our new website and let us know what information you'd like to see on the site.

www.mainemphp.com

VETERINARY PRESCRIBERS:
CHALLENGES TO SMALL OFFICES

Abuse of prescription medications is a growing epidemic in the United States. When researching statistics and studies, it was very difficult to determine the extent to which addiction affects the veterinary profession. It's likely that rates mirror the general population (8-10%), but likely that veterinarians are struggling with additional issues and with less of a safety net than their counterparts treating human patients.

Far Reaching Responsibilities

The Veterinarian carries great responsibilities - diagnosis, treatment, patient/owner relationships, management of staff, management of finances, management of resources, identifying and reporting public health issues, each require very diverse skills, often stretching veterinarians time and skills. Just one veterinarian struggling has wide-reaching effects: staff, patient care, and family are all significantly (and negatively) impacted when veterinarians struggle with illnesses like addiction or mental illness. This makes identification and treatment of illness very challenging.

Accountability

Because many small veterinary practices are full-service hospitals, there are both prescription medications for dispensing, and scheduled drugs, used for anesthesia and hospitalized patients. So, animal hospitals have a significant number of prescription medications at risk for abuse. In small practice, it is not uncommon for the same individual to order supplies and dispense medications. The checks and balances that are in place in human hospitals are typically absent in animal hospitals. This presents the classic duo of risk factors for drug diversion and addiction to go undetected: access without accountability.

Risks of Undiagnosed Illness

It's been widely reported in the UK that veterinary medicine is the occupation with the highest rate of suicide. Some studies have reported that veterinarians are at four times greater risk of suicide than that of the general population and twice as high as that of doctors or dentists. Some speculate that the experience, unique to veterinarians, of frequently discussing euthanasia and euthanizing animal patients may be partly responsible for the increased risk. Whatever the reasoning, it's imperative to ensure those who are ill receive prompt help and support to get the treatment they need.

Being Prepared Helps Keep Everyone Safe

Clear policies supports a secure work environment for all employees, and optimal care for all patients. Whether it's professionals, office staff, or pet owners, veterinary practices need to be aware of the issues and develop strategies for addressing them. As with many potential problems, this can seem like a low priority, especially when no problem has been recognized. But proactive policies, codified in the employee handbook, and routinely reviewed and updated, can do so much to ensure there will not be a problem with drug diversion. If there is an issue, having the procedures in place will support early detection and appropriate responses.

Substance use illnesses are chronic illness that are very responsive to treatment and long term monitoring. Organizations such as MPHP have years of experience and an excellent track record of helping professionals return to health and retain their ability to practice. The MPHP is available to talk with anyone concerned about the health and wellbeing of a veterinarian. Calls to the MPHP are free and confidential. We're here to help you better understand the illness and how treatment and recovery can help save lives, practices and patients.

For more information, visit our website: www.mainemphp.com.

"Take the first step in faith. You don't have to see the whole staircase. Just take the first step."

Martin Luther King, Jr.

After Hours Contact Information:

MPHP is available

Most MPHP business takes place during the standard work week, but occasionally, unforeseen events arise someone urgently needs to contact the program.* To update the MPHP over the weekend or on holidays, MPHP has arranged for a staff person to check for urgent messages.

Urgent night and evening calls: Participants should leave a message with your case manager . All others should leave a message on the general help line (#1). Calls will be responded to the following day.

Urgent weekend calls: To get a callback over the weekend, leave a message on the general help line (#1). On call staff members check this line over the weekend and will return any messages within 24 hours.

* Anyone experiencing an emergency should seek help at their local emergency room and update MPHP as soon as possible.

What we Do:

The Many hats worn by MPHP Staff

Participants, monitors, boards and employers each see a facet of the program, but in many cases, it's likely a facet of the program.

Intervention and transition to treatment. MPHP case managers are uniquely aware of psychiatric and medical needs or professionals with substance use illnesses and able to recommend appropriate evaluation and treatment options. MPHP maintains a list of facilities, both local and national that have demonstrated expertise in meeting the clinical needs of medical professionals with addictive or other potentially impairing health conditions.

Assessment of aftercare regime. Following evaluation and treatment, MPHP is able to recommend a strategy for follow-up care and monitoring that is significantly more effective at ensuring long term sobriety (50% higher rates of long term recovery than treatment alone). The many components (toxicology testing, therapy, meetings, reporting, etc.) are immensely helpful in promoting the ongoing health of the professionals in remission of addictive diseases.

Monitoring and case management. MPHP understands the intricate balance needed to help sustain sobriety and recovery. Through self and monitor reports, MPHP case managers are in a unique position to see the impact of life events and possible signs of early relapse.

Advocacy. PHP's are often positioned between addiction treatment resources and regulatory boards. MPHP has dual roles of facilitating the rehabilitation of medical professionals who have potentially impairing medical conditions and enhancing public safety. Participation in MPHP is ideally an alternative to professional discipline in cases where no harm to the public has occurred.

Outside advocacy. MPHP is able document the ongoing recovery efforts of professionals in recovery and, for participants adhering to program requirements, will provide advocacy to an employer, credentials committee, and regulatory agencies upon request and with appropriate release of information.

Provider advocacy. Because of the case managers unique insight into how medical and clinical aftercare can impact long term sobriety. MPHP carefully reviews aftercare plans and medications to assure the participants have comprehensive multidisciplinary care that enhances the probably of long term sobriety.

Education. Addressing the stigma often associated with substance abuse illnesses is an integral part of the MPHP advocacy plan. Addressing the issues that challenge professionals in recovery – issues that prevent early identification and treatment, issues that make it difficult for professionals in recovery to find employment, and issues that challenge the self-esteem and wellbeing of professionals in recovery.

Warning - Potentially Harmful:

Prescription Medication & recovering professionals

When Participants need Medical Care. It's almost assured that over the course of an MPHP contract, participants are going to become ill or require surgery for which they'll be prescribed medication. While it's important to seek alternatives to medications that may be addictive or cognitively impairing, MPHP participants are entitled to responsible care and pain management.

It is not the MPHP intent to come between treatment providers and their patients however, the use of prescription medications may have lasting impacts on the professional's recovery; the MPHP's monitoring strategy; and may impact the MPHP's ability to advocate for professionals participating in the MPHP. The MPHP's approval process is an acknowledgement that alternatives were investigated and no suitable alternative treatments or remedies were appropriate for use.

At no time should participants begin the long term use of mood altering chemicals without permission of the MPHP.

Issues requiring short term use of mood altering substances.

The MPHP understands that occasionally participants will require a mood altering medication and/or a controlled substance for the treatment of an acute medical condition. Participants having elective procedures (i.e., dental work, certain surgeries, colonoscopy, etc.) should talk with their healthcare provider about medications that will be prescribed and consider the use of alternatives whenever possible.

Participants must notify the MPHP IN ADVANCE when receiving a new prescription. It's imperative that MPHP know what substances are being prescribed and have access to appropriate documentation in order to appropriately monitor and support health professionals.

Emergency procedures requiring the use of a mood altering medication and/or a controlled substance should be reported as soon as possible and within 36 hours of discharge.

Chronic issues requiring long-term prescriptions and use of mood altering substances.

In rare cases a participant may require a mood altering medication and/or a controlled substance for the treatment of an ongoing chronic medical condition. The MPHP does not generally support the use of medications that are potentially cognitively impairing or addictive for the treatment of chronic medical conditions in participants who also have a substance use illness. The MPHP will encourage participants to work with their prescriber to develop a taper plan for discontinuing use of the medication prior to the MPHP contract termination.

Safety to practice while taking medication.

The MPHP plays an important role in ensuring that a participant's recovery plan and safety to work isn't adversely impacted by prescriptions. In the coming months, the MPHP will be asking prescribers writing prescriptions of mood altering medications for chronic conditions to evaluate the impacts of long-term use on the participant's recovery. And, if in the opinion of the provider, the impact is outweighed by the clinical benefits, then providers will be asked to acknowledge MPHP concerns in writing

Addressing Addiction:

Video helps Nurses address addiction at work

The National Council of State Boards of Nursing (NCSBN) announced the release of a new video designed to help nurse managers and nurses identify the warning signs of substance use illnesses. The video also provides guidelines for prevention, education and intervention.

"It is vital that nurses and nurse managers understand their ethical obligations and legal imperatives associated with reporting a nurse with a substance use illness." The video emphasizes that supportive and educated supervisors and colleagues can ensure that nurses with this disease can be identified quickly and receive the help they need.

Managing the Holidays:
Not just Managing Through

We've written several holiday survival articles over the past few years, and thought we'd take a different approach this year. Instead of focusing on strategies for facing rough times this holiday season, we're focusing on strategies for making the holidays more joyous.

There are events we feel obligated to participate in, and times when desires to please others exceeds our strength and energy. But, let's face it, we've been down this holiday road a few times before and, though we've often thought of making it different, we still experience the same stressors and triggers. So, before the holiday hustle begins this year, ask yourself:

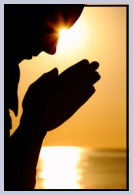
Start with a blank slate, as John MacDougall* suggests, "Zero-based holiday planning," like zero-based budgeting, is where you begin holiday planning with no obligations or commitments.

Make a list of topics that are important to you. That list might include food, friends, gifts, entertaining, religion, decorations, entertaining, travel, etc.

Make a list of values – that list might include, respect, community service, peace, playfulness, gratefulness, hope, etc.

Make sure your list reflects both who you are and who you want to be - you may need to edit this a few times. Once you are comfortable with your lists, start considering activities, events and plans that are in harmony with the topics and values you've listed. With zero based holiday planning, you are able to reduce the feeling of jumping from one holiday crisis to another.

* John MacDougall is the Director of Spiritual Guidance at Hazelden.



What activities are going to contribute to your health and happiness this holiday season?

MPHP 2015 Conference:
Health, Wellness and Sobriety

APRIL 2015

In 2013, MPHP hosted it's fist conference featuring a host of terrific speakers and topics. Attendance exceeded our expectations with 130 professionals from Maine attending. We were all very excited following the event and staff, speakers and attendees and committee members all wanted to ensure there was a follow-up conference.

MPHP has committed to again hosting a conference focused on recovery and wellness. This conference is expected to take place in April 2015. Stay tuned for more information. If you would like to help out on our program committee, please contact the MPHP to volunteer.

mphp@mainemed.com or (207) 623-9266 ext. 1

Hidden Sources of Alcohol:
What Happens When its Cooked

Holidays are often a time of celebration, gift giving, and meals shared with family and friends. It's important, whether visiting friends and family or dining at a restaurant, to check whether the food you're about to eat is prepared with alcohol. It's not always evident, so it's important to ask the host or chef to share the ingredients – remember, others are likely to appreciate the information as well.

Foods to Avoid:

Beer, wine, spirits: These are obvious, but also avoid the non-alcoholic varieties. They are likely to contain as much as 3% alcohol.

Flaming meals and desserts: Although some of the alcohol burns away, even after the flame has died, the food still contains an estimated 75% of the original alcohol content. (Key words – hibachi or flambé.) Desserts to avoid - Bananas Foster, Baked Alaska, Crepes Suzette)

Soaked/poached fruit: Even when the fruit is cooked or poached, it is likely to retain 25% of it's original alcohol content. This fruit is often served plain or in a sorbet. (fruit frequently soaked in alcohol includes pears, cherries and strawberries)

Holiday Fruit Cake – fruit and nuts are very healthy, but say 'no' when it's soaked in spirits!

Poppy Seeds: No poppy seed bagels, poppy seed covered buns, or poppy seed lemon cake.

Foods to Beware:

Marinades and sauces, glazes – most are okay, but some contain wine, wine vinegar and other condiments that contain alcohol. Check the ingredients carefully.

Dishes with "Marsala", "Piccata", "Risotto" in their names – these traditional dishes contain alcohol

Vanilla Extract (min 35% alcohol) – especially avoid beverages containing extracts. A safer choice is vanilla flavoring or imitation extract (less than 3% alcohol).

Pam Cooking Spray – Grain Alcohol is the 2nd ingredient on some varieties! Check the label.

Health Products to Avoid:

Analgesics (drops and elixirs) and liquid cold and cough remedies, liquid vitamins, and mouthwash and other alcohol-based health and hygiene products (mouthwash, face wash, etc.)

Any medications with side effects of sedation or stimulation.

'Cooking off the Alcohol' Doesn't Work.

The entire alcohol content doesn't evaporate or boil away when food is cooked. A study from the U.S. Department of Agriculture's Nutrient Data Laboratory showed that it can take longer than two and a half hours of baking time for all the alcohol to be cooked out of food. The amount of alcohol in an individual serving can be quite low, but when you're looking to avoid alcohol, even a little matters.

Cooking Method	Remaining Alcohol
alcohol added to boiling liquid & removed from heat	85%
Flamed Alcohol	75%
Simmered/Baked with alcohol:	
15 minutes	40%
1 hour	25%
2 hours	10%

Thoughts on Mindfulness:
How Does Mindfulness Change Life Experiences

Increased awareness:
Mindfulness can describe many practices, but at its heart means coming back to the present moment, being aware of what's going on in our body, our mind and our surroundings – being attentive to what needs to be witnessed, felt and accomplished today. Mindfulness, helps us better understand our emotions in real time, and understand them in a non-judgmental way.

Healthy responses:
Develop responses that are based on immediate experiences not fearful anxieties. Anxieties tell you that something bad *might* happen, that you *might* not be good enough, or that someone *might* be thinking poorly of you. **Certain prehistoric parts of our brain are still inclined to be anxious**. But, by being mindful, we can cultivate a different relationship to these distressing thoughts and discourage anxiety and worry.

Focus on appreciation:
It's not just being aware of what's going on, but actively focusing on what's positive in the present moment. When we have a headache, all we want is for it to go away, and when it does we are so happy. So, if you don't have a headache right now, make note of it.

Skill for reducing stress:
This skill can be practiced any time, anywhere. Practice enjoying whatever you're doing -- walking to the office, washing dishes, brushing teeth. Focus on what's positive about that experience – the crisp air, warm sudsy water, or clean minty smell. This can be a great stress reducer

Focus on Tobacco Use:
Part of a Healthy Life

Many people in recovery believe that quitting smoking interferes with recovery by eliminating a coping strategy. But, tobacco -treatment trials in patients receiving mental health treatment have found that smoking cessation did not result in increased use of alcohol or illicit drugs.[1]

- Cigarette smoking is responsible for about one in five deaths annually (i.e., more than 440,000 deaths per year)
- Illness attributed to tobacco use is the leading preventable cause of death.
- On an average day, adults aged 18 or older smoked 588 million cigarettes. (SAMHSA)
- Adults with AMI or SUD (24.8% of adults) smoked almost 40% of all cigarettes smoked by adults

Given these facts, it seems ironic that tobacco use is often the lowest-priority concern for professionals in recovery. So, while we're not formally focused on tobacco use and cessation, the MPHP believes that failing to focus on it at all, would be irresponsible. The MPHP staff wants to ensure that each participant has an opportunity to live a healthy and sober life. While focusing on tobacco use isn't always well received, we believe it's important.

RESOURCES:

http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php
http://www.cdc.gov/tobacco/quit_smoking/
http://smokefree.gov/
http://www.lung.org/stop-smoking/how-to-quit/getting-help/
http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/

[1] Hall SM, Prochaska JJ. Treatment of smokers with co-occurring disorders: emphasis on integration in mental health and addiction treatment settings. Annu Rev Clin Psychol 2009;5:409-431

Resources:

How Employers Can Help:
https://www.osha.gov/SLTC/healthcarefacilities/(11/24/2013)
http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/discrimination-and-the-addicted-professional

Gratitude: (full essays):
https://sites.google.com/site/onlinemphp/home/mphp-documents/mphp-newsletters

Managing the Holidays:
http://www.hazelden.org/web/public/surviving-the-holidays.page

Books on Mindfulness to consider:

Mindfulness and the 12 Steps: Living Recovery in the Present Moment, Therese Jacobs-Stewart

The Mindful Path to Addiction Recovery, Lawrence Peltz MD

The Mindfulness Workbook for Addiction, Rebecca E. Williams and Julie S. Kraft

The Mindfulness and Acceptance Workbook for Anxiety, John P. Forsyth and Georg H. Eifert

12 Step Buddhist, Darren Littlejohn

Surrender versus Compliance, Harry Tiebout (www.silkworth.net/tiebout)

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Medical Professionals Health Program

Helping:
- Dentist
- Denturists
- Hygienists
- Nurses
- Pharmacists
- Physicians
- Physician Assistants
- Veterinarians

Supported by:
- Maine Professional Licensing Boards
- Maine Hospitals and Medical Staffs
- Medical Malpractice Carriers of Maine
- Individual contributions

RELATED RESOURCES:

Available Online:

MASAP listing of all recovery meetings - http://www.masap.org/site/maar-support.asp
Lunder-Dineen Health Education Alliance of Maine - http://www.mainehealtheducation.org/
Alcoholics Anonymous - www.alcoholics-anonymous.org
Alateen - www.al-anon.alateen.org
Narcotics Anonymous - www.na.org
National Council on Alcoholism and Drug Dependence - http://ncadd.org
American Council for Drug Education - www.acde.orgwww.drugabuse.gov
Substance Abuse and Mental Health Services Administration - www.samhsa.gov

Monitor and Self Reports: due end of the month - no later than the 10th of the month.

Caduceus Groups:

Monday ~
Bangor: 7:00pm, Acadia Hospital

Tuesday ~
Lewiston: 7:00pm, St. Mary's Hospital
Farmington: 5:00pm, Education Ctr. UMF (rm. 322)

Wednesday ~
Portland: 7:00pm, Mercy Hosp.

Thursday ~
Presque Isle: 7:30, Aroostook Medical Center
Calais: 7:15 pm, 15 Palmer St.
Manchester: 7:00pm, Community Church