

MINUTES

**UTAH
PHYSICIANS LICENSING
BOARD MEETING**

February 8, 2012

**Room 402 – 4th Floor – 9:00 A.M.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 9:00 A.M.

ADJOURNED: 10:30 AM

Bureau Manager:
Board Secretary:

Noël Taxin
Karen McCall

Board Members Present:

Elizabeth F. Howell, MD, Chairperson
Gary A. Hale
James R. Fowler, MD
John W. Bennion, Ph.D.
Kristen Ries, MD
David D. Byrd, MD
Paul J. Affleck, MD
Kenneth L. Schaecher, MD

Board Members Absent:

Richard W. Chapa, MD, Excused
Daniel J. Parker, MD, Excused
Marc E. Babitz, MD, Excused

Guests:

Roberto Montenegro, U of U SOM

DOPL Staff Present:

Ray Walker, Regulation/Compliance Officer

TOPICS FOR DISCUSSION

DECISIONS AND RECOMMENDATIONS

ADMINISTRATIVE BUSINESS:

MINUTES:

The minutes from the January 11, 2012 Board meeting were read.

Dr. Schaecher made a motion to approve the minutes as read. Dr. Ries seconded the motion. **The Board vote was unanimous.**

APPOINTMENTS:

9:15 am

Dr. Paul Earley, Medical Director, Talbott Recovery, Presentation on Treatment of Addiction in Health Care Professionals

Dr. Howell introduced Dr. Earley. She stated he is the Medical Director of Talbot Recovery Center in Atlanta, Georgia. Dr. Howell stated Dr. Earley has worked with impaired professionals since 1985 and they have served on a Board together. She stated the Utah Board has struggled with how to help licensee's in recovery. Dr. Howell stated the Western States tend to be more lenient which does the professional and the public a disservice. She stated the Board wants practitioners to get the help they need but they seem to look at the cost of treatment and believe they cannot afford it. She stated no one can afford catastrophic events in their lives and addiction is a catastrophic illness. She then turned the time over to Dr. Earley.

Dr. Earley stated there are different illnesses and the illness of substance abuse needs to be treated different with aggressive, accurate and clear outcomes. Dr. Earley stated addicts who are smokers tend to reoffend more than people who have quit smoking prior to treatment.

Dr. Fowler stated he has heard Tramadol is good for treating joint pain. He asked if that is true.

Dr. Earley responded he has also heard it is good for joint pain but there is nothing available to substantiate the claim. He stated those who have used Opioids have stated it is for energy. He stated he recommends someone addicted to Fentanyl be in a residential treatment program from four to six months to receive the help they need.

Dr. Howell asked about Heroin addicts. She stated she is aware of a patient who was introduced to Heroin by another Physician.

Dr. Early responded Heroin use was more common in the early 1970's but now Heroin is much stronger than it was then. He stated many Physicians will often start with pills and then move up to injections.

Dr. Byrd commented when an addict is taking up to 200 tablets a day of Oxycodone it becomes less expensive to use Heroin.

Dr. Earley stated in the study that was conducted with a total of 6797 Physicians over a period of 32 years it was found that addiction among Physician Psychiatrists tended to be higher. He stated an example is the use of Propofol, the Michael Jackson phenomenon, where there is a common sign of facial contusions as the addicts use so much they pass out and bang their heads. He stated the Propofol is usually used in the office after work.

Dr. Earley stated Physicians have about the same percent of alcoholism as the general public but the addiction of controlled substances, is higher as they have more access.

Dr. Bennion asked about the U of U and the education they give students regarding addiction.

Dr. Howell responded education has changed over the years but the addiction lecture is only a few hours out of the four years of education.

Mr. Montenegro commented he has had several lectures on addiction and there have been some Physicians brought in who have been addicts.

Dr. Earley commented Physicians hide their addiction well. He stated it usually comes to light when they go to work with alcohol on their breath.

Dr. Bennion asked if there is any evidence hospitals will pick up on issues before people in the clinic notice.

Dr. Earley responded usually it is the nursing staff that will approach the Physician and say they do not know what is going on but they smelled alcohol on the Physicians breath. He stated there is usually something traumatic going on in the life of the Physician. Dr. Earley stated John Hopkins has a Physicians wellness committee where Physicians are able to meet with other professionals. He

encouraged Utah to get probationers involved with each other in a wellness committee. Dr. Earley stated the drug and alcohol testing should be very sophisticated and comprehensive, testing for Nubain, Stadol and other synthetic Opioids and hair should be tested at least once a quarter.

Dr. Earley stated addicts need to have a comprehensive assessment which usually takes several days. He stated Hazelden, Springbrook, Talbot and the Farley Center in Virginia are a few he would recommend but there are other facilities. He stated Physicians make bad patients and need to go to a center where they are used to dealing with Physicians, their entitlement, their tendency to diagnose themselves and make their own recommendations, etc.

Ms. Taxin stated probationers go to programs, receive treatment and then come back needing the continuity of treatment. She asked if the programs Dr. Earley suggested find programs for people to attend in their home State when they are discharged. She stated many probationers will stay in touch with the program and go back periodically but many do not.

Dr. Earley responded a good program will make recommendations for patients they discharge. He stated Talbot has started to develop a list of providers for patients. He suggested Ms. Taxin meet with Dr. Howell to develop her own list of therapists based on the issues.

Dr. Howell commented the U of U will be implementing additional training for addiction Psychiatrists in residency.

Ms. Taxin stated she has been working on a side project to pull together Psychiatrists and Psychologists throughout Utah that the Division can work with to assist in the probation process by evaluating and treating licensees. She stated she will add to her list of questions if they would be interested in Dr. Earley's training program.

Dr. Earley stated Ms. Taxin could put together a

small group of the probationers and have one therapist work with them. He offered to assist if necessary.

Dr. Howell stated the Division has a diversion program for impaired professionals and there are more practitioners in the program than are on probation. She stated she is with a program interested in recovery but there are not PIR groups that are viable in Utah.

Dr. Earley commented he runs a Tuesday night program where there are 70 people. He stated sometimes they meet for therapy, sometimes to just talk. He offered to assist in setting up a similar program.

Dr. Earley stated analyzing body fluids consistently is critical to recovery. He stated there are some centers who will assess but sometimes having assessments by non-treatment centers is good. He stated in treatment there are some things to be aware of such as:

- **Triggers must be managed;**
- **Work re-entry should be staged and carefully considered;**
- **Drug diversion produces shame for the addict; and**
- **Shame and guilt need to be differentiated.**

He stated addiction violates the practitioners ethical and moral values and they need to be in groups so they can talk about the issues. He stated Talbot recommends Opioid addicts go back where they handle Opioids to assist in their recovery. Dr. Earley stated patients should go back to their treatment center at least once a year for a tune-up and re-evaluation and testing should be for about five years. He stated there are some treatment centers who have 90 day residential care programs but there are others who do more or less. He stated if practitioners have come to the attention of the Board they usually need longer care.

Ms. Taxin asked about continuing the use of alcohol while testing for Opioid addiction.

Dr. Earley responded no. He stated there is a correlation of the circuitry for Opioid and alcohol in the brain and there should be total abstinence of smoking, alcohol use and Opioid use. Dr. Earley stated Tennessee has the best penetration of Physicians in a recovery program.

Ms. Taxin stated there are many practitioners in the diversion program in Utah which is an opportunity for them to work on their addictions prior to disciplinary action.

Dr. Earley stated the threat of being on probation and, if practitioners are on probation, having to meet with the Board is a great threat to them. He stated everything is handled through the wellness committee's in Tennessee.

Dr. Howell commented in the Eastern States the practitioner signed a life time agreement as they have a life long illness.

Dr. Ries asked how Tennessee and other States fund the wellness committee program and how did it get started.

Dr. Earley responded the best programs are funded by multiple entities such as hospitals, insurance carriers, Physicians, State licensing boards, Legislatures, etc. He stated one person went to the Legislature and that is how it was started. Dr. Earley stated Colorado will be presenting to the Legislature how much money they have saved by implementing the wellness programs.

Dr. Bennion requested the Board follow up on what Utah can do for Utah Physicians.

Ms. Taxin responded the Board will be able to discuss further at the March 7, 2012 meeting.

The Board thanked Dr. Earley for his presentation.

hearing. Information regarding the hearing is available from Judge Steve Eklund.

APPLICATIONS:

Review Dr. Philipp Taussky's Application for Physician Educator Two Licensure

Ms. Taxin passed around copies of Dr. Taussky's application for the Board to review. She stated he does not yet have a Visa and licensure will have to wait for him to obtain one. Ms. Taxin stated Dr. Taussky does not have the required 24 months of ACGME residency but does have a temporary license in Florida for a three month residency program but otherwise meets Utah requirements from her review. She requested the Board to review the education and experience and make a recommendation regarding licensure as a type 2 Physician Educator.

Dr. Ries recommended licensure as a type 2 Physician Educator as his application documents he is qualified.

Dr. Schaecher agreed with Dr. Ries.

The Board concurred.

DISCUSSION ITEMS:

Distribute Dr. Robert I. Simpson's Order and Evaluation for Review

Ms. Taxin requested the Board to review Dr. Simpson's Order and evaluation for discussion with Dr. Simpson at the March Board meeting. She stated his license is on suspension at this time but he will request the suspension be lifted when he meets in March. Ms. Taxin reminded the Board that the evaluation is confidential and they should bring the material back in March so they have it for reference.

Dr. Byrd asked how Dr. Simpson's issues came to the attention of the Division.

Ms. Taxin responded Dr. Simpson self reported. She stated it took some time with attorney negotiations and Dr. Simpson going to a treatment program but it has worked out well.

FYI

Ms. Taxin informed the Board of Dr. Dewey MacKay signing a surrender of his license Order.

Dr. Byrd asked why the Board did not get this information until now as it came to light a year and a half ago and the Board has been monitoring Dr. Finnegan for a similar situation.

Ms. Taxin responded Dr. MacKay and his legal counsel would not agree with the conditions outlined in a proposed Stipulation and Order. She explained Dr. MacKay had criminal charges and the Division could not take action until the criminal part was completed. She stated Dr. MacKay was convicted. Ms. Taxin stated Dr. Finnegan was giving treatment not up to standard and did not engage in criminal behavior so it is a different case with different facts.

Ms. Taxin mentioned another situation which was an immediate danger concern with Dr. Joseph Berg and an emergency hearing was conducted resulting in the suspension of Dr. Berg's license for up to 20 days until a hearing could be scheduled. She stated Dr. Berg agreed to sign a surrender Order so a hearing will not be scheduled.

FYI

Ms. Taxin informed the Board that Dr. Arif Chowdhury and Dr. Thomas A. Sazani have signed Orders and will be meeting with the Board in March.

FYI

Board members noted the following dates for the 2012 Board meeting schedule: **March 7**, April 11, **May 16**, June 13, **July 11**, August 15, **September 12**, October 10, **November 14** and December 12, 2012. The noted the planned dates are in bold.

CORRESPONDENCE:

ABMS 2011 Annual Review

The Board reviewed the American Board of Medical Specialties annual review and letter from Dr. Kevin B. Weiss.

No Board action was taken.

NEXT MEETING SCHEDULED FOR:

March 7, 2012

ADJOURN:

The time is 10:30 am and the Board meeting is adjourned.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

March 7, 2012
Date Approved

(ss) Elizabeth F. Howell, MD
Chairperson, Utah Physicians Licensing Board

February 16, 2012
Date Approved

(ss) Noël Taxin
Bureau Manager, Division of Occupational &
Professional Licensing