Physician Assistant Impairment Issues

A Primer on an Important Professional/Peer Review Issue

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ABSTRACT

Like other health professionals, PAs must deal with the issue of impairment. An impaired practitioner is one who is unable to practice medicine with reasonable skill and safety because of physical or mental illness, including age-related impairment, loss of motor skills, and substance abuse. Because PAs practice under the supervision of licensed MDs, they face unique problems when their supervisor is impaired. The AAPA's Code of Ethics and Strategic Plan both stress the responsibilities of individual PAs and PA organizations to address impairment issues. The suggested model for self-regulation is the disciplinary/grievance model, which allows the profession to meet its ethical and legal responsibilities regarding quality, competent health care while providing a compassionate, caring program for impaired PAs/peer supervisors.

Professional societies, long concerned about the performance of their respective members, have developed codes of ethics to maintain high standards.1,2 Since its inception, the American Academy of Physician Assistants (AAPA) has addressed the dual issues of PA competency and standards for the provision of quality, accessible health care services. In its Strategic Plan, the AAPA defines the mission of the Academy to promote quality, cost-effective, and accessible health care while promoting professional and personal development of PAs.3 Included in the goals of the strategic plan are the promotion of professional standards of excellence as well as personal and professional growth programs that are responsive to PA needs.4

HISTORICAL BACKGROUND

With the growth of the PA profession has come increasing concern regarding the maintenance of high ethical standards and quality, cost-effective, and accessible health care.5-7 Each state, territory, and agency of the United States has its own regulatory mechanism for assuring the public of competent health care. PAs have varying degrees of participation and representation in this process depending upon the law of each respective jurisdiction/state. Traditionally, physicians have served as volunteer appointees to Boards of Medical Examiners for the purpose of regulating medical practice, including irregularities related to alcoholism and other drug addictions.
Impairment Issues

Until recent times, the processes were viewed as disciplinary and punitive rather than corrective and rehabilitative. In fact, the recognition of substance abuse as an illness is a fairly recent concept. Alcoholism and drug addiction were recognized as diseases by the American Medical Association (AMA) in 1956 and 1987, respectively. Dealing with sick colleagues has become a therapeutic and rehabilitative process rather than a purely punitive one. There is also legal precedent for actions against regulatory bodies that fail to offer sick professionals an opportunity for treatment and rehabilitation.8

Thus, it is clear that professional organizations have assumed as one of their functions the responsibility of assuring that their peers are competent. To assure the public of quality health care while aiding impaired physicians, the AMA developed the Physician Assistance Program, which has served as a model for similar programs initiated by other professions, including nursing, dentistry, podiatry, pharmacy, law, chiropractic medicine, etc.9-12 Impairment issues, by their nature, fall under the peer review process of these organizations.

The cornerstone of impairment programs is confidentiality. Like the patient/practitioner relationship, the impaired PA/peer review process is a confidential matter.

THE PA PROFESSION AND IMPAIRMENT ISSUES

PAs need to be active in professional self-regulation, particularly in regard to impairment issues. Problems of professional impairment are ongoing and therefore require continued effort on the part of all PAs to maintain high professional standards and assure competent patient care. Failure to participate in self-regulation would represent a significant departure from the traditional role of clinicians in caring for their peers while protecting the interests of patients.

The AAPA’s interest in peer review processes and the impaired PA has been evident in the proceedings of the House of Delegates and resultant policies.13 Like those of the AAPA, the bylaws Association of Physician Assistant Programs (APAP) and of the Student Academy of the AAPA (SAAAPA) have as their stated purpose to assure the public of competent PAs providing quality health care.14,15 All of these organizations have been active in addressing issues of PA impairment as evidenced by workshops and roundtable discussions held at PA conferences.

DEFINITION

According to the AAPA policy statement on impairment, an impaired practitioner/PA is “one who is unable to practice medicine with reasonable skill and safety to patients because of physical and mental illness including deterioration through the aging process, loss of motor skills, or excessive use or abuse of drugs including alcohol.”16

MODEL IMPAIRMENT PROGRAMS

The rationale of impairment programs, as previously noted, is to assure the public of accountable, competent health care providers. The AAPA recognizes its role in assisting PAs in their practice of medicine by providing such services as continuing medical education, assurance of high ethical standards, quality assurance, peer review, and assistance to PAs who have problems, including impairment.

The cornerstone of impairment programs is confidentiality. Like the patient/practitioner relationship, the impaired PA/peer review process is a confidential matter. Confidentiality is also a legal concept that provides protection for both the impaired practitioner and the persons reporting to and administering impairment programs. In addition to preventing public disclosure, confidentiality protects records and files from the legal process of discovery by third parties. Confidentiality is crucial to the effectiveness of any peer review process, especially those involving impairment issues.11,16,17

Models of professional impairment programs have been well described by Wolf.18 Models to identify and refer the impaired professional can be categorized as voluntary, secondary, confrontational, and disciplinary/grievance. In the voluntary model, the impaired individual freely calls and seeks assistance. There is no follow-up, and very few records of contact are kept.

In the secondary model, the impaired individual does not need to contact the assistance program for help; significant others may call as well. The program makes no attempt to contact, investigate, or motivate the person to undergo treatment. Instead it offers crisis intervention and referral assistance.

The confrontation model allows anonymous referral by peers, associates, or colleagues. In this model, reports of alleged impairment are investigated using clearly pre-
scribed formats established by a committee of colleagues designated to follow up on complaints. If the investigation reveals an impairment problem, then the impaired professional is contacted and informed of the findings and complaints. Recommendations for treatment along with threat of further action if referral is declined are a part of this process.

The disciplinary/grievance model involves a linkage with the grievance board or state licensing board and the peer/colleague assistance program. Professionals who fail to meet standards of performance due to impairment may be referred for treatment monitoring in lieu of or in addition to disciplinary action. Acceptance of assistance does not preclude the filing of charges in the disciplinary process. Monitored treatment, limitations on practice, and reporting procedures similar to current probation procedures are used to ensure compliance with the agreement between the impaired practitioner and the governing body/colleague assistance committee.

PAs are responsible for ensuring the provision of quality, competent health care to patients, not only through their own competency but also through responsible supervision.

Model legislation has been developed by the AMA, which has recommended that each of its state medical societies go to its respective state legislatures to establish a disciplinary/grievance model. The advantage of this system is that it affords proper legal protection, including confidentiality, for both the assistance committee and for the regulatory body of the state that governs medical practice. This legislation has now been enacted in more than 30 states and has served as a model for other professions seeking similar legislation. Its essential elements are confidential identification of impaired individuals along with confidential evaluation and intervention followed by treatment as indicated. Upon conclusion of treatment, the program advocates aftercare, monitoring, and the return of the professional to a full and active life, including professional practice if able.

Since 1987, a number of states have passed legislation allowing the formation of consortiums of professionals to manage professional impairment problems. Oregon, Kansas, Pennsylvania, Virginia, and New York, for example, have legislated consortiums to allow joint efforts among professional societies. Many of these consortiums are headed by the physicians' medical societies, which tend to have more experience with these issues. Societies may receive voluntary assistance from the medical society program in working with impaired professionals or may contract with the medical society program for services. This pooling of resources results in less duplication of efforts and assures the state of reasonable treatment and rehabilitative processes coupled with the disciplinary process. At the 1988 AMA Conference on the Impaired Health Professional, such consortiums were felt to be the ideal-impairment program of the future.

THE IMPAIRED SUPERVISOR

It is the PA's ethical responsibility to be cognizant of a supervisor's inability to practice medicine by reason of physical or mental illness, including alcoholism or drug dependency. Accountability to the public is a paramount responsibility of the AAPA, its constituent chapters, and all PAs. The unique concept of PA/MD practice requires special consideration for PAs. PAs generally receive their authority to practice medicine through delegation of specific tasks by licensed physicians. PAs are responsible for ensuring the provision of quality, competent health care to patients, not only through their own competency but also through responsible supervision. PAs who find themselves being supervised by an impaired practitioner will require special assistance. Individual PAs must be aware of the medical practice law and mechanisms available to protect themselves and their patients as well as their supervisor.

EDUCATION AND PREVENTION

Because of the recent recognition of substance abuse as an illness, topics of professional ethics and peer review have rarely been included in the curriculum for health professionals. Failure to recognize signs and symptoms of these illnesses and the human tendency to deny that patients, colleagues, or other health professionals might be suffering from these problems can be alleviated by proper education of all health professionals and consumers.

Recently the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism released a model substance abuse curriculum prepared under the direction of the Society of Teachers and Family Medicine. This program recommends an integrated approach throughout the continuum of medical education emphasiz-
Impairment Issues

ing awareness of the medical profession as a group at risk for impairment. Objectives include the ability to initiate appropriate intervention and the freedom to discuss alcohol use or personal risk factors with colleagues. The student bodies of the AMA have developed stress reduction and impairment prevention programs aimed at substance abuse.\textsuperscript{26,27} Addition to prescription medications is a problem that can only be prevented by rational prescription writing,\textsuperscript{28,29} continuing medical education, and patient/consumer education.

CONSUMER
PAs as individuals, the profession as a whole, and the patients for whom we care have a vital interest in ensuring that impairment issues are recognized and dealt with in an appropriate and humane fashion. The AAPA, SAAAPA, and APAP have a vested interest in ensuring recognition and appropriate interventions for impaired PAs and/or supervisors.\textsuperscript{23,24,30} It is the ethical responsibility of individuals, PAs, the AAPA, and its constituent chapters to be cognizant of impairment and to assure the public of competent, quality health care. To this end, the following resolution was passed by the 1990 House of Delegates of the AAPA.

RESOLUTION TO THE 1990 HOUSE OF DELEGATES
Whereas accountability to the public through the assurance of competent care to patients by Physician Assistants and all health professionals is a paramount responsibility of Physician Assistants, and
Whereas impairment issues are an ongoing professional concern, and
Whereas health practitioners whose faculties are impaired due to physical and mental illness including alcoholism/chemical dependency or deterioration through the aging process pose a threat to the welfare of the patients they serve and to the integrity of medicine, and
Whereas, while the extent of PA impairment is unknown, some magnitude of the problem is revealed in the estimate by the American Medical Association (AMA) that 15% of all physicians are either currently or formerly impaired,
Whereas, increasingly, physician organizations, under the leadership of the AMA, and other health care professional societies, have developed policies and methodologies for the prevention, education, identification, intervention, treatment and aftercare of impaired members, and
Whereas the American Academy of Physician Assistants has established a Code of Ethics and the AAPA House of Delegates established the Task Force on Impaired Practitioners and since then, the Task Force and its successor committees have been instrumental in decreasing impairment; developing appropriate CME seminars on constituent chapter impairment committees, and developing guidelines for the chapter committees, and
Whereas Physician Assistants have a special impairment problem if their supervising physician is impaired; legally, PAs must be supervised by licensed physicians, but they may be held both ethically and legally liable for any mistakes in caring for a patient as directed by their impaired physician, and
Whereas the annual report of the Ad Hoc Committee on Impaired Physician Assistants finds the need for and the means to address PA impairment issues.
Whereas the Ad Hoc Committee on Impaired Physician Assistants requests that the House of Delegates adopt the following policy statement on PAs which is consistent with section 300.0/1011 of the Code of Ethics: "The physician assistant shall not participate in or conceal any activity that will bring discredit to the physician assistant profession and shall expose without fear or favor any illegal or unethical behavior in the medical profession … ."

AAPA POLICY STATEMENT ON PHYSICIAN ASSISTANT IMPAIRMENT
The following was adopted by the 1990 House of Delegates and amended in 1992:
Physician assistants have a responsibility to protect patients and the public by identifying and assisting impaired colleagues who are unable to practice with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.

As a first step in determining an appropriate course of action, physician assistants should refer to state laws and should seek the guidance of impairment committees established by state or local level professional societies.
Constituent chapters of the AAPA should establish impairment committees to assist PAs. The principal goals of the PA impairment committees should be to find competent professional help for the impaired PA and to serve as advocates for the restoration of that individual to patient care once he or she has satisfactorily completed a program of rehabilitation. These committees and any peer review processes that they implement must be confidential in nature, protecting the identity of the impaired PA and any records maintained on that individual. This may not be possible in states where law requires mandatory reporting. The Committees are also encouraged to refer to the AAPA docu-
Impairment Issues

continued from page 76

ment, “Developing an Impairment Committee: A Guide for APA Constituent Chapters,” and to establish communications with similar committees maintained by both medical societies.

Physician assistants should recognize impairment in physician supervisors and other health providers and should seek assistance from any or all of the resources mentioned above to encourage these individuals to obtain treatment.

Physician Assistant continuing education and student programs through APAP should include components for education and prevention as well as identification and treatment of impaired practitioners/PAs.

APA endorses the establishment of support networks for recovering impaired PAs.

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REFERENCES


78 Physician Assistant May93

Physician Assistant is proud to announce the winner of the May 1993 Student Scholarship. Selections were made by the Association of Physician Assistant Programs (APAP) based on an essay submitted by each applicant describing his or her accomplishments as a student to promote the PA profession and anticipated contributions to the profession after graduation. A new winner will be announced each month in Physician Assistant.