Outcomes and Lessons Learned in a Physician Health Center

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Disclosures:
Dr. Swift is an employee of the Mayo Clinic.
No other disclosures.
A Case – OB or not OB?

• 51 yo OB/GYN
• Referred by employer for Fitness for Duty (FFD) evaluation
• Presented permanent work restriction from PCP stating “may practice GYN but not OB”
• Disclosed “neuropathy” affecting arms

• Employer questions if able to safely perform GYN surgery
Why a Physician Health Center?

• Physicians have unique barriers to care
  • Time constraints
  • Professional relationship with local physicians
  • Confidentiality, especially in own healthcare system
  • May be the only area specialist in topic of concern

• Often resort to self-diagnosis & treatment
  • Or informal “curbside” opinions without thorough evaluation

• Aging physician workforce
Demand for mandatory evaluations

- Employers, licensing boards and physician monitoring programs
- Growth of age-based cognitive screening policies
- Limited options for non-psychiatric diseases/injuries
- Occupational safety evaluations must be
  - Timely
  - Thorough
  - Objective
  - Confidential
When was the last time you put your health care first?
Optimizing the health, safety, and productivity of practicing physicians

- Comprehensive, expert medical evaluations to establish **correct diagnosis and optimal management**
- Objective assessment of how health condition impacts work function
- Unbiased recommendations for practice
Program Description

• Referral source
  • Self
  • Employers
  • Licensing boards
  • Physician monitoring boards

• Scope
  • Comprehensive or targeted medical evaluation
  • Wide variety of specialty consultations and diagnostics
  • Occupational medicine consultation for work-related issues
  • Occupational psychiatry (individual “burnout prevention coaching”)
  • Immersive Healthy Living for Physicians CME course
  • Customized observations (advanced Simulation Center)
  • Formal assessment of fitness for duty
## Not an IME!

<table>
<thead>
<tr>
<th>Service</th>
<th>Traditional IME</th>
<th>MC Physician Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Record review</td>
<td>Extensive</td>
<td>Clinically relevant</td>
</tr>
<tr>
<td>Physical exam</td>
<td>Focused</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Causation opinion</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diagnostic testing</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Specialty consultations</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Recommendations to optimize treatment &amp; improve functional status</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Prescribe &amp; adjust work restrictions</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Recommend accommodations</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Facilitate ongoing care</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>
Not a Medicolegal Exam

• Do not accept cases in litigation or preparing to litigate
• Provide medical evaluation and care, not “Exhibit A”

Not Medical Knowledge/Skill Assessment

• NOT “Do they have clinical competence?”
• INSTEAD “Does their impairment affect performance?”
  • Weakness
  • Tremor
  • Sensory loss
  • Vision impairment
  • Tolerance
Consultative mental health care

Outpatient psychiatric consults:
- Depression/anxiety
- Bipolar
- Schizophrenia, schizoaffective
- Personality disorders
- Substance use disorders/chemical dependency

- Limited inpatient facilities
Resources

- 7 Board-certified Occupational Medicine specialists
- Program manager with experience in specialized occupational groups
- Central coordination of schedule
- Over 4,500 consultants
- State-of-the-art Simulation Center and Procedural Skills Lab
The PHC Process

### Before the Visit

<table>
<thead>
<tr>
<th>Self-referred</th>
<th>Third party referred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe &amp; document the work issue</td>
<td></td>
</tr>
<tr>
<td>Authorizations &amp; financial arrangements</td>
<td></td>
</tr>
<tr>
<td>Previsit interview with patient</td>
<td></td>
</tr>
<tr>
<td>Order &amp; schedule itinerary</td>
<td></td>
</tr>
</tbody>
</table>

### During the Visit

<table>
<thead>
<tr>
<th>Medical only</th>
<th>Medical &amp; occupational</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive history and physical</td>
<td>Occupational Medicine Consultation</td>
</tr>
<tr>
<td>Specialty Consultations</td>
<td>Observed simulation PRN</td>
</tr>
<tr>
<td>Occupational recommendations</td>
<td></td>
</tr>
<tr>
<td>Wrap-up and care planning</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation of Program Outcomes

- Retrospective chart review
- All consecutive new evaluations (Ineligible if retired or MC employee)
  - Excluded if research authorization denied
  - Excluded if prior evaluation in PHC
- Reason for evaluation
  - Medical care only
  - Occupational evaluation (voluntary or mandatory/Fitness for Duty)
- Demographics (state/region, specialty, age, sex)
- Medical conditions
- Occupational outcomes
## Cohort Demographics

<table>
<thead>
<tr>
<th></th>
<th>Overall N = 153</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (y) (mean, range)</strong></td>
<td>56 (29 – 82)</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>47 (27.0%)</td>
</tr>
<tr>
<td><strong>Credentials</strong></td>
<td></td>
</tr>
<tr>
<td>Allopathic or osteopathic physician (MD, MBBS, DO)</td>
<td>143 (93.4%)</td>
</tr>
<tr>
<td>Dentist (DDS, DMD)</td>
<td>5 (3.3%)</td>
</tr>
<tr>
<td>Nurse Practitioner (DNP)</td>
<td>2 (1.3%)</td>
</tr>
<tr>
<td>Chiropractor (DC)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Podiatrist (DPM)</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>Psychologist (PhD)</td>
<td>1 (0.7%)</td>
</tr>
</tbody>
</table>
Diversity of location, specialty

- From 34 states
- Specialties represented
  - Family Medicine, 14.9%
  - Internal Medicine, 8.5%
  - Cardiology, 7.2%
  - Radiology, 5.2%
  - Ophthalmology, 4.6%
  - Emergency Medicine, Neurology, Orthopedics, Plastic Surgery, all 3.9%
- Plus 25 more
## Nature of Medical Condition

<table>
<thead>
<tr>
<th>Primary health condition</th>
<th>Overall</th>
<th>Occupational</th>
<th>Non-occupational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple systems</td>
<td>50 (32.7%)</td>
<td>13 (14.9%)</td>
<td>37 (56.1%)</td>
</tr>
<tr>
<td>Neurologic - cognitive</td>
<td>28 (18.3%)</td>
<td>28 (32.2%)</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric/Mental Health (other than Substance Abuse)</td>
<td>18 (11.8%)</td>
<td>17 (19.5%)</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>No condition found</td>
<td>13 (8.5%)</td>
<td>8 (9.2%)</td>
<td>5 (7.8%)</td>
</tr>
<tr>
<td>Neurologic - noncognitive</td>
<td>12 (7.8%)</td>
<td>8 (9.2%)</td>
<td>4 (6.1%)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10 (6.5%)</td>
<td>5 (5.7%)</td>
<td>5 (7.8%)</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>6 (3.9%)</td>
<td>1 (1.1%)</td>
<td>5 (7.8%)</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>3 (2.0%)</td>
<td>3 (3.4%)</td>
<td>0</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>3 (2.0%)</td>
<td>1 (1.1%)</td>
<td>2 (3.0%)</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>2 (1.3%)</td>
<td>1 (1.1%)</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Endocrine</td>
<td>2 (1.3%)</td>
<td>0</td>
<td>2 (3.0%)</td>
</tr>
<tr>
<td>Gynecologic</td>
<td>2 (1.3%)</td>
<td>0</td>
<td>2 (3.0%)</td>
</tr>
<tr>
<td>Rheumatologic</td>
<td>2 (1.3%)</td>
<td>2 (2.3%)</td>
<td>0</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>1 (0.7%)</td>
<td>0</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Otolaryngologic</td>
<td>1 (0.7%)</td>
<td>0</td>
<td>1 (1.5%)</td>
</tr>
</tbody>
</table>
Occupational Outcomes

- 2/3 voluntary; 1/3 mandatory
- 60% able to practice without restrictions, or only temporary restrictions
- 24% unable to practice
  - Over half of these due to cognitive impairment
- 16% able to practice with a permanent restriction (e.g. no overnight call, work hour limit, specific physical restriction)
Multivariable analysis of work outcomes
(Ordinal logistic regression)

• Work recommendation NOT independently associated with:
  • Age
  • Sex
  • Mandatory vs voluntary evaluation
  • Work status at time of referral
  • Region

• Neurologic condition associated with permanent restriction or inability to practice (OR 14.2, 95% CI 5.8, 36.4)

• Psychiatric condition associated with temporary restriction (OR 6.2, 95% CI 2.3, 17.5)
Limitations and Caveats

• Tertiary care center, skewed toward more complex medical conditions or occupational quandaries
• Observational study; subject to confounding
• High rate of research authorization opt-out for mandatory referrals
Case, continued – OB or not OB?

• B/L cervical osteoarthritis with nerve impingement
• Symptoms resolved with corticosteroid and rest
• Remains asymptomatic unless prolonged extension or side flexion or overhead lift/push/pull
  • Prolonged forward flexion (robotic or open laparoscopic surgery) does not exacerbate
• Customized observation in Simulation Center
• Room set-up matched photos from employer
• Simulations
  • Fetal monitoring
  • Perineal massage
  • Routine delivery
  • Precipitous delivery
  • Shoulder dystocia
  • Episiotomy repair
  • Bedside ultrasound
• Objective measurements i.e. goniometer
Findings

• Fetal monitor – requires craning neck
• Perineal massage – OK (standing)
• Routine & Precipitous delivery – OK
• Shoulder dystocia – awkward neck postures
• Episiotomy repair – prolonged neck extension + side flexion
• Bedside ultrasound – prolonged static neck rotation (over 90 degrees!) + extension
OB/GYN Case Recommendations

• Detailed report with observations and measurements.

• Restrictions issued:
  • Limit neck extension over 20 degrees or rotation or side flexion over 45 degrees to 15 minutes at a time, and cumulatively an hour per day.
  • Occasional lifting, pushing, or pulling up to 20 lb of force above shoulder height.

• No medical restriction on forward neck flexion, use of arms/hands, or below-shoulder weight handling.
Lessons Learned

• A wide variety of diagnoses can impact ability to perform optimally.
• The majority of self-referred physicians required multispecialty care.
• For occupational concerns:
  • Most physicians with health issues could safely return to practice.
  • Significant cognitive impairment carries highest risk of inability to practice.
  • Psychiatric illness usually requires only temporary restrictions.
• Helpful resources in complex cases:
  • Advanced simulation center
  • Experienced occupational medicine physician
A Framework for Evaluating Physician Fitness for Duty
“Hypoglycemia? Well, maybe. But like that pain in your shoulder, it could be a lot of things.”

Step 1: Diagnosis
Diagnoses found in “suspected dementia”

- Hearing loss
- Depression
- Bipolar disorder
- Sleep disorder
- Substance use disorder
- Personality disorder
- Cultural differences
- Miscommunication
- Medication adverse effect
- Multiple sclerosis
- Parkinson’s disease
- Alzheimer’s dementia
- Lewy body dementia
- Mild cognitive impairment
- Adult learner with basic computer skills meets EMR
DAMMIT, JIM, I’M A DOCTOR, NOT A COMPUTER EXPERT
“A physician who treats himself has a fool for a patient” (attributed to Sir William Osler, b.1849 – d. 1919)

If the man who is his own lawyer has a fool for his client, it is equally true that, under serious circumstances, the man who is his own doctor has a simpleton for his patient. (London “Notes and Queries, 1874)

...in such (gout) cases no man ought to be his own physician, for fear of having a fool for his patient. (William Grant, 1781)

He that Consults his Physician, and will not Follow his Advice, must be his Own Doctor: But let him take the Old Adage along with him. He that Teaches Himself has a Fool to his Master. (Sir Roger L’Estrange 1692)

Over 60% of physicians resort to self-treatment
Whom? physician, employer, board

How? in writing, w/ROI

What?
• Dx Yes/No
• Treatment status
• Impairment Yes/No
• Restrictions or Accommodations
• Anticipated trajectory
• Full/partial recovery
  • Stable
  • Progression

When? Initial, Interim, PRN, Final/Stable

Communication

Risk + Capacity + Tolerance

Restrictions

Accommodations

So What?

Not = disability

Job task-specific or pervasive (cognitive)

Diagnosis

Accurate

Objective

Complete

Treatment

Formal

State of the art

Potential for functional improvement

Impairment

So What?

Not = disability

Job task-specific or pervasive (cognitive)
Questions?

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