# 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.

# Case 1 – 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

# Case 2 – A Puzzling Ailment

- 42 yo female gastroenterologist, (former) recreational runner
- Self-referred for diagnosis & treatment of RLL pain & weakness
- Walker-dependent x 6 months, in chronic pain on opiates
  - Slow walking from clinic to hospital, late to procedures
  - Difficulty standing for colonoscopies
  - No elevator access from office bldg staff entrance
- PMH aplastic anemia, Parsonage Turner Syndrome L shoulder, B12 & thiamine deficiency
- In med school sudden onset R leg pain/weakness
  - Workup negative, PT helped, resumed running
- Relapse 1 yr later, rested 2 weeks, resumed running
- Gradual worsening, intermittent limp. Stopped running in fellowship.
- 6 mo ago, began tripping/falling with b/l leg pain/weakness.
  - Local neuro workup (MRI, EMG, LP, muscle bx) dx Guillain Barre Syndrome.
  - Transient benefit with IVIG, PT

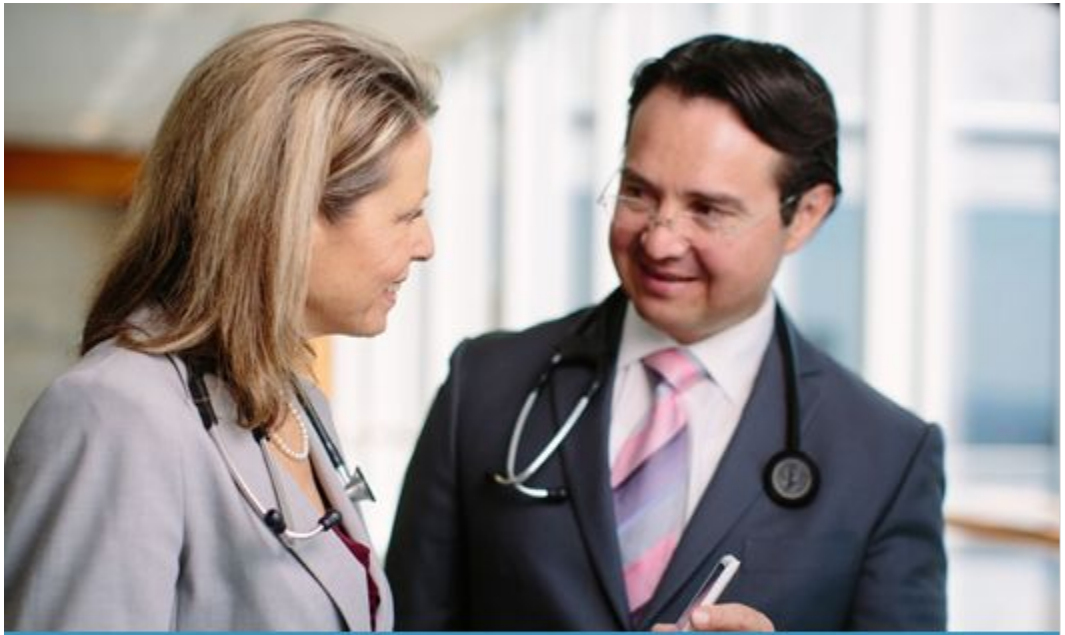
# Why a Physician Health Center?

- 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

MAYO CLINIC



When was the last time you put your health care first?

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Physician Health Center

# 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!

| | Traditional IME | MC Physician Health Center |
|---|---|---|
| External Record review | Extensive | Clinically relevant |
| Physical exam | Focused | Comprehensive |
| Causation opinion | YES | NO |
| Diagnostic testing | NO | YES |
| Specialty consultations | NO | YES |
| Recommendations to optimize treatment & improve functional status | NO | YES |
| Prescribe & adjust work restrictions | NO | YES |
| Recommend accommodations | NO | YES |
| Facilitate ongoing care | NO | YES |

# 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

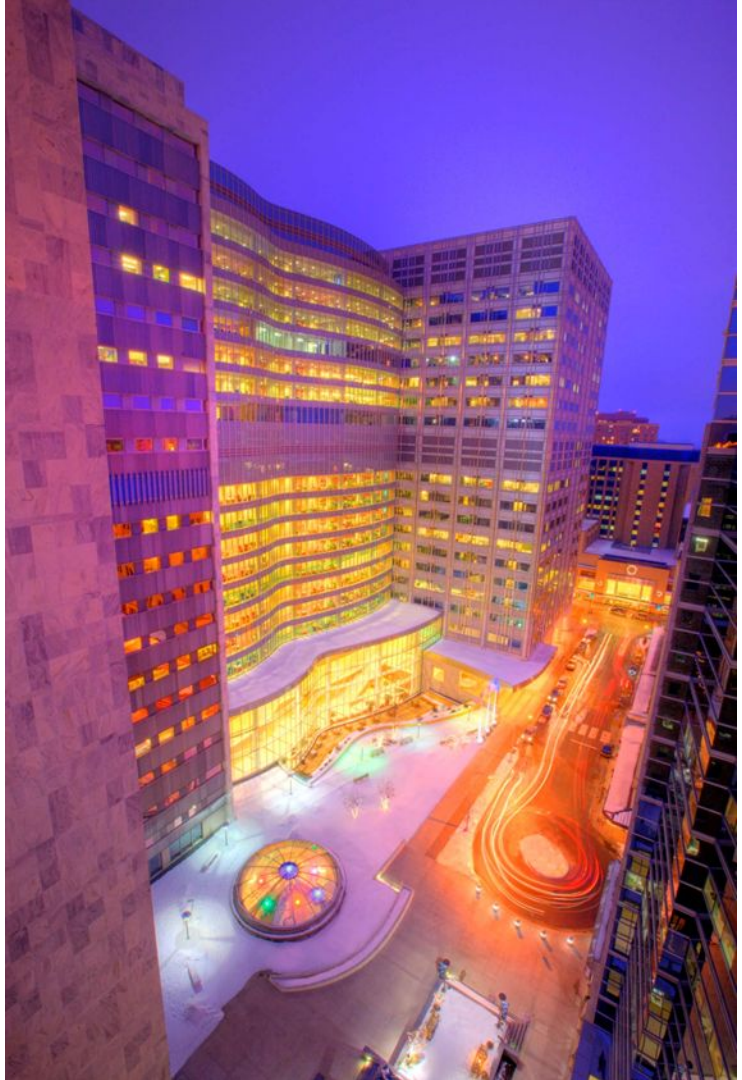
Outpatient psychiatric consults:

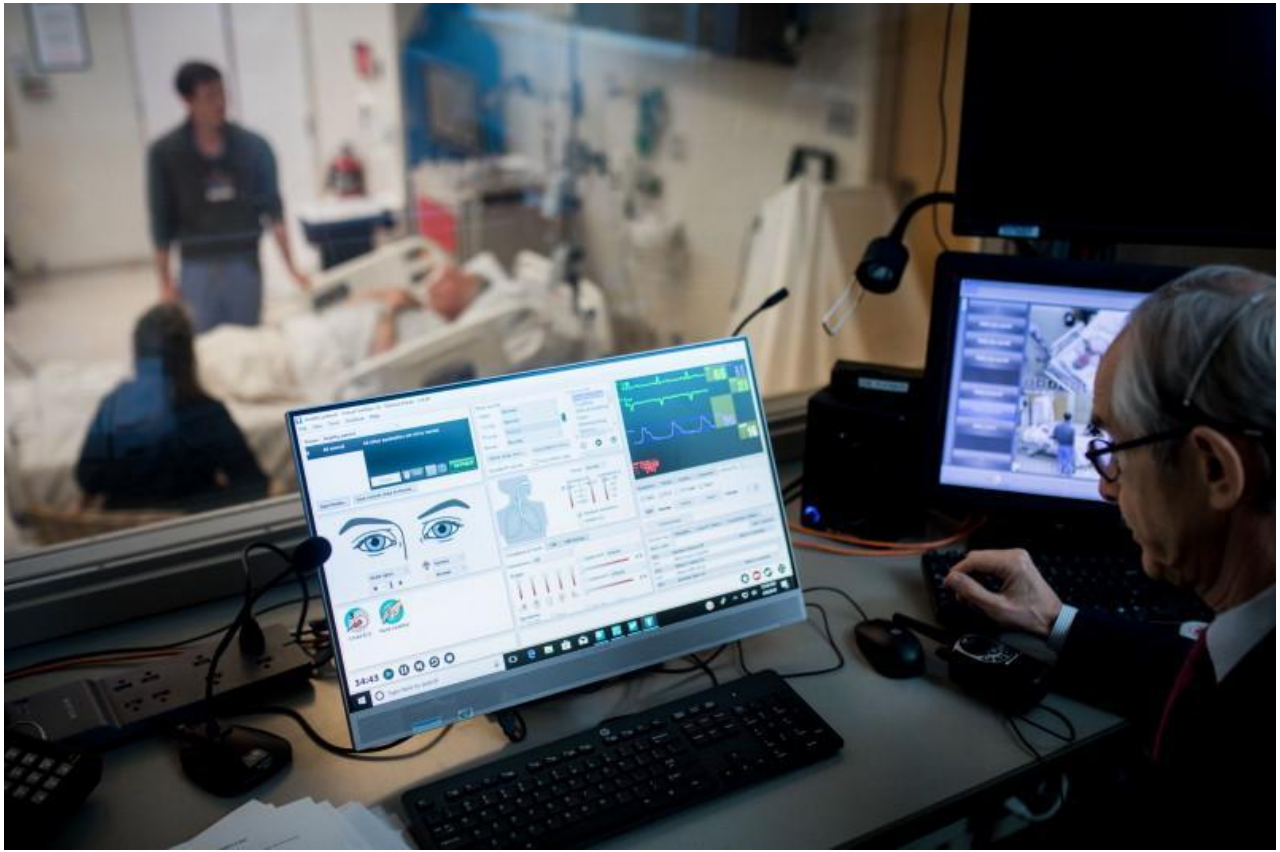
- Depression/anxiety
- Bipolar
- Schizophrenia, schizoaffective
- Personality disorders
- Substance use disorders/chemical dependency

- Limited inpatient facilities

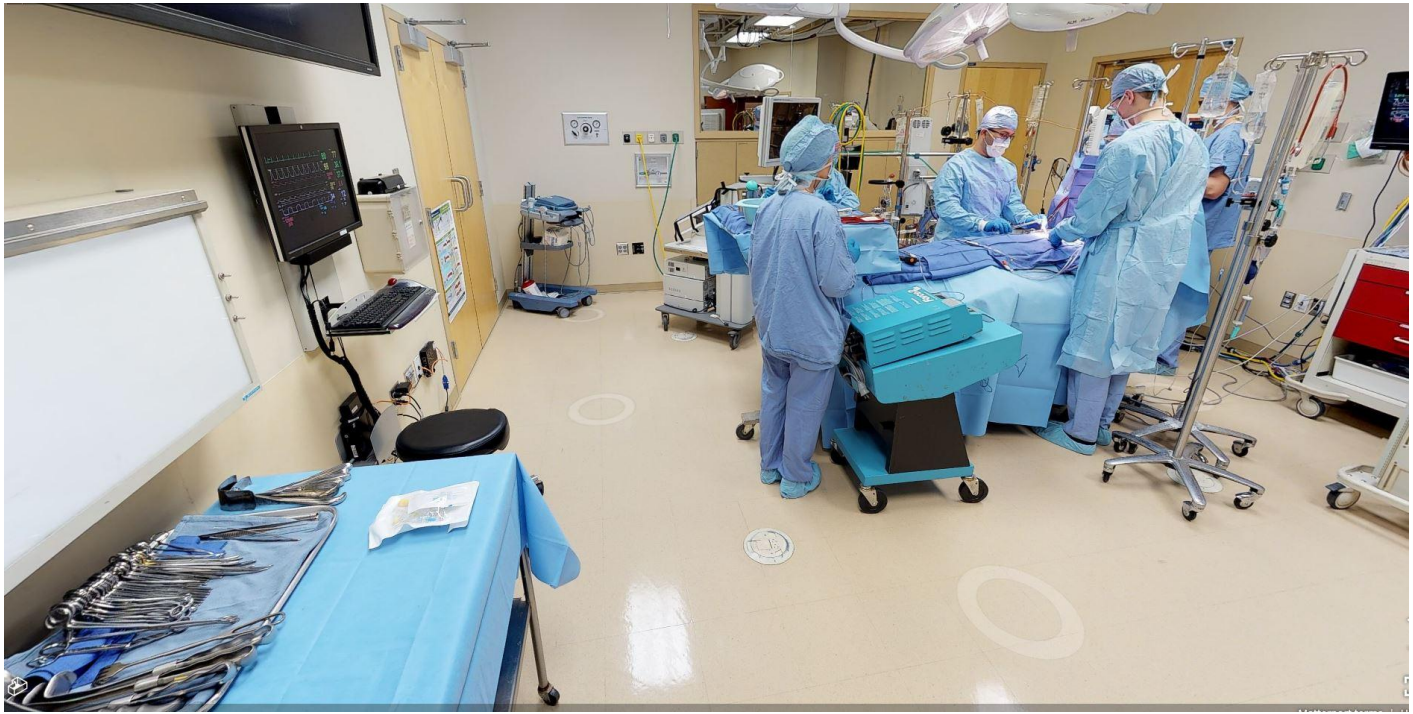
# Resources

- 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

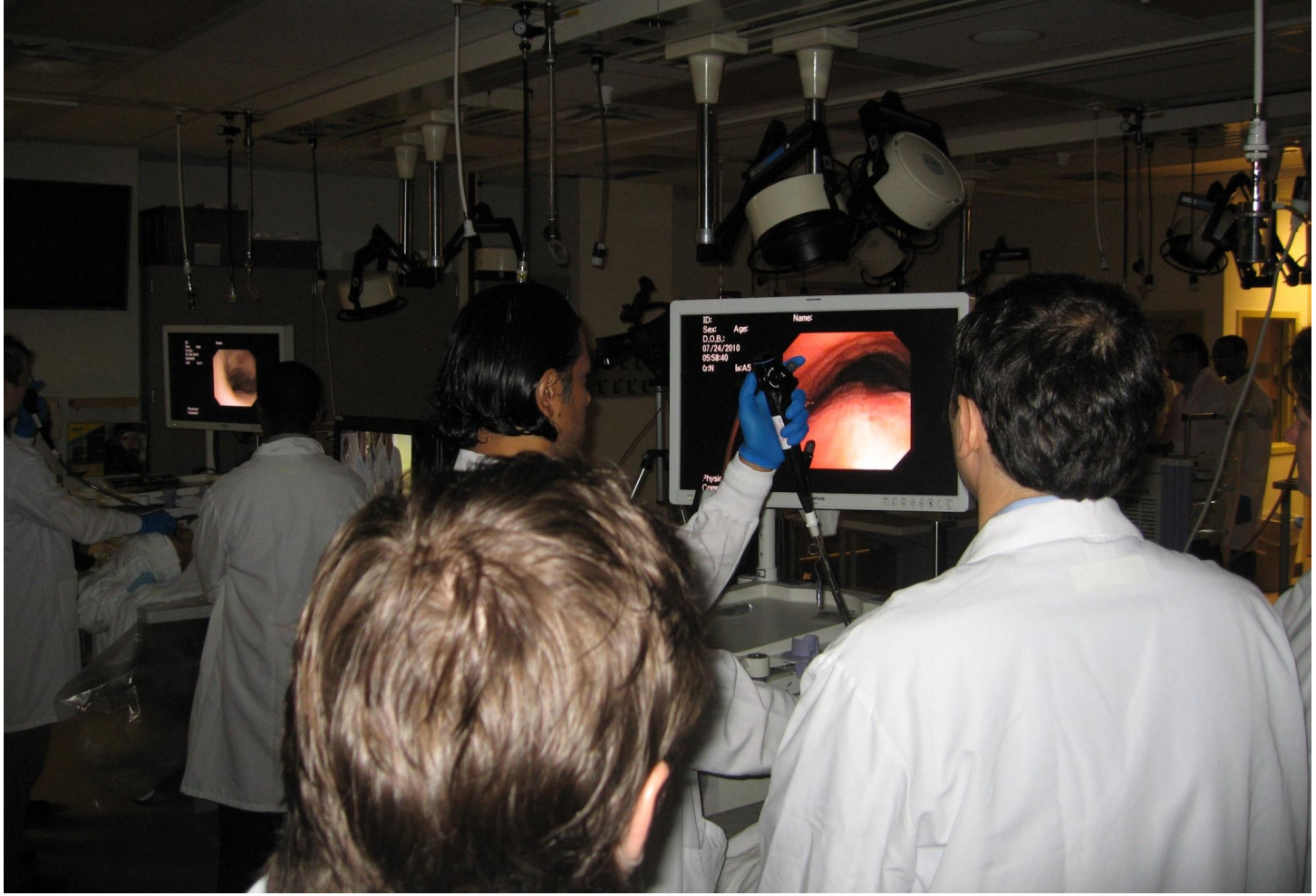




Mayo Clinic Simulation Center

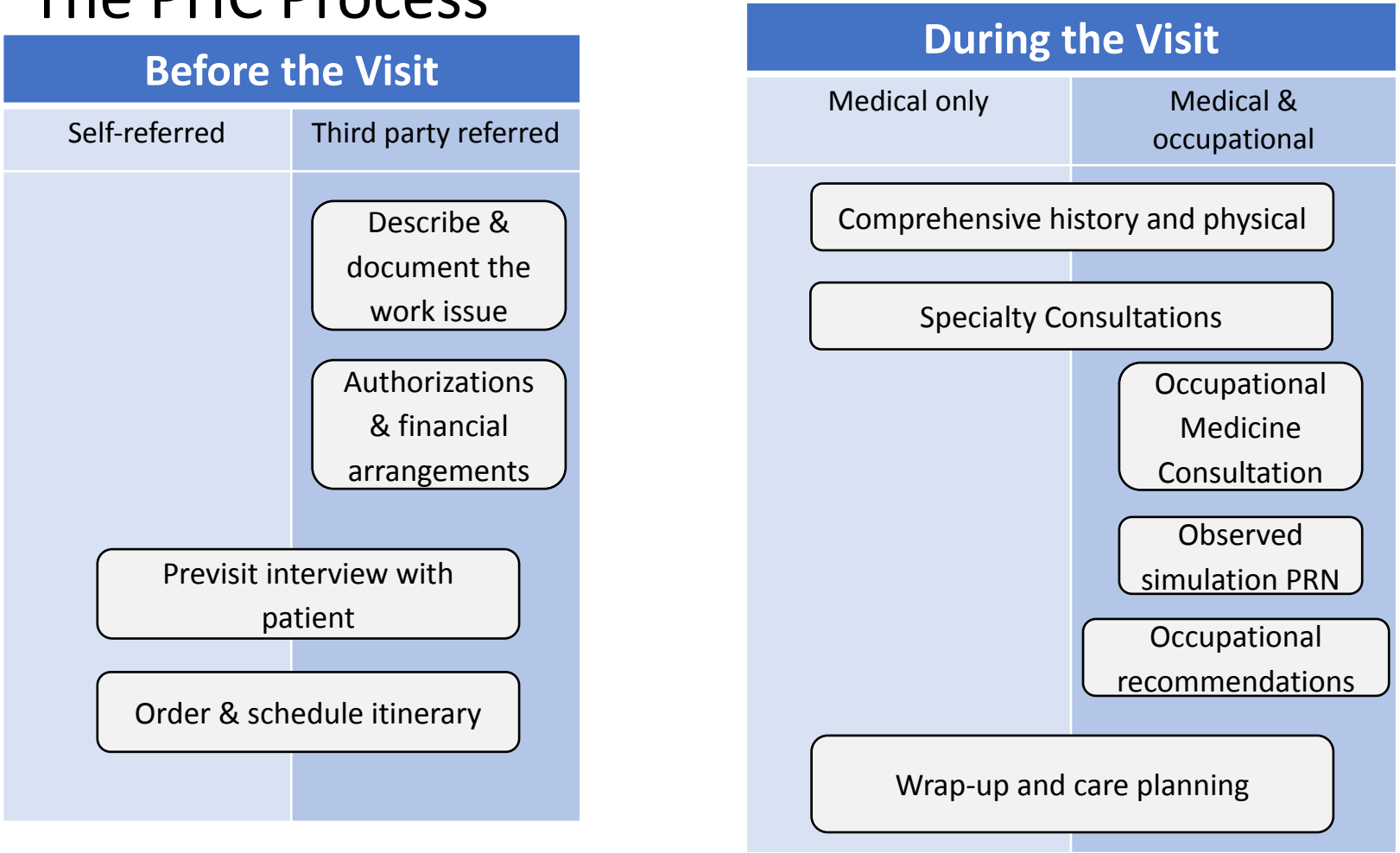


Mayo Clinic Simulation Center




Mayo Clinic Procedural Skills Lab

# The PHC Process



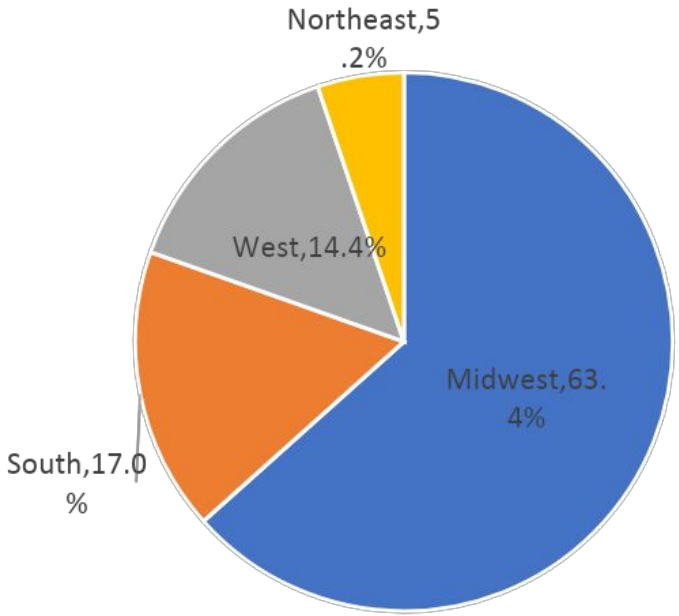
# Evaluation of Program Outcomes

- 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

| | Overall<br>N = 153 |
|---|---|
| Age (y) (mean, range) | 56 (29 – 82) |
| Female | 47 (27.0%) |
| Credentials | |
| Allopathic or osteopathic physician (MD, MBBS, DO) | 143 (93.4%) |
| Dentist (DDS, DMD) | 5 (3.3%) |
| Nurse Practitioner (DNP) | 2 (1.3%) |
| Chiropractor (DC) | 1 (0.7%) |
| Podiatrist (DPM) | 1 (0.7%) |
| Psychologist (PhD) | 1 (0.7%) |

# 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

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

# 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

# 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 1 – 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

# Case 1 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.

# Case 2 – A Puzzling Ailment

- Multidisciplinary eval – Neuro, GI, Rheum, Ortho, PMR
- Mild peripheral neuropathy, b/l gluteal tendonitis
- Functional gait disorder (maladaptive response to pain)
- Multidisciplinary treatment (Neurology, PMR, PT, OT)
  - Behavioral Shaping Therapy (BeST) Program
  - 1 week outpatient
  - 3 – 4 hrs of PT daily

# Case 2 – Outcome

- Graduated RTW with reduced schedule, no overnight call
- Accommodations: extra travel time between clinic and hospital, adjustable stool for seated endoscopy, elevator access
- Weaned off walker
- Weaned off opiates
- Back to full duty within 3 months

# Lessons Learned

- A wide variety of diagnoses can impact ability to perform optimally. Do not assume most physician health issues are related to mental health, substance use, or burnout.
- The majority of self-referred physicians required multispecialty care.
  - *How many of them have a PCP at home?????*
- For occupational concerns:
  - Most physicians with health issues could safety 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

# Questions?

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