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### **How the MDA's Dr. Care Program Helps Fight Addictions**

**Summary:** *The problem of alcoholism, drug, or other forms of addiction remains a serious problem within the dental profession. Addiction can destroy practices, marriages, families -- even end a life. The Michigan Dental Association, through its Dr. Care program, is committed to helping those members facing addiction problems. Working with volunteers and the state of Michigan, the MDA has helped many professionals find their way from the death grip of addiction.*

**By James F. Oles, D.D.S.**

Chair, MDA Special Committee on Peer Review/Health and Well-Being

This month we begin a series of articles in the *Journal* on health and well-being in the dental profession. Like other health care professionals, dentists are subject to extreme job stress, have access to controlled substances, and are often faced with the temptation to self-medicate. Additionally, dentists often work in isolation, creating an environment in which an addiction can flourish.

It is the intent of the Michigan Dental Association to assist the dental community in addiction issues for the betterment of the individual, the profession and the public. This is part of our association's mission, and we take this responsibility very seriously.

Back in the late 1970s the MDA's Committee on Dental Practice was charged with the responsibility of determining whether or not the MDA should have some type of service available to members who were struggling with substance abuse and emotional disorders. After exploring the topic it was recommended that the MDA create a special committee to address this matter. The MDA Special Committee on Peer Review/Health and Well Being officially came into being in 1983.

This committee oversees the association's "Dr. Care" program. Perhaps you've heard of it. This program assists dentists, both members and nonmembers, their families, and dental team members with chemical substance abuse, sexual, and other addictions, mental and emotional impairment and physical disabilities. The level of assistance varies depending upon the addiction or disability. The confidential Dr. Care phone number is (517) 881-4224.

Health and Well-Being Committee members have a one-on-one interaction with individuals who either self-report or are reported to the MDA's Dr. Care Program. Part of the other duties of the committee include maintaining its administrative manual, keeping a regular dialogue with the state of Michigan regulatory officials, and providing education and information for the dental community by sponsoring seminars at state and component meetings, as well as writing articles for various journals.

The Michigan Dental Association is one of 36 state dental associations that operate a health and well being program. The breadth, depth and funding of these programs varies from state to state. Significantly, our MDA program has served as a model for several state dental associations, and a number of others have used parts of the MDA and state of Michigan models that fit their parameters.

### **Treatment, Not Punishment**

The philosophy of the MDA's Health and Well Being committee is treatment-oriented, not punitive. It is designed to protect the public while encouraging and supporting recovery for the dentist suffering from the treatable diseases of chemical substance abuse and mental or emotional disorders. It aims to identify and confirm the well-being of these dentists, protecting their anonymity at all times. It motivates them to seek treatment voluntarily and assumes an advocacy role on their behalf, helping them retain their practices and self-esteem. Furthermore, it provides a means of protecting their families, themselves, and their dental team members from the consequences of nontreatment, incomplete treatment, or failure of treatment.

The committee is comprised of 10 dentists and one student representative from each of our state's two dental schools. Two MDA employees also serve as invaluable assistants to the committee.

The committee operates quietly, effectively, and with complete confidentiality. Committee members serving on the HWB committee do so because they have a strong interest in this field. They believe they have an obligation to give back to their profession, and by doing so in this manner can be most useful. These members have experience with addictions, emotional issues, or one of the other areas falling under the scope of this committee. They continue to increase their expertise through continuing education at state and national seminars, as well as in committee-facilitated seminars.

Dr. Care receives initial contact in a variety of ways. Some doctors have contacted the MDA for assistance when their burden has become too much to bear. Often it's a dental team member or a doctor's partner or associate who makes the first call. Some troubled doctors are brought to the attention of the committee by MDA staff members who attend Michigan Board of Dentistry meetings, or through press clippings (the MDA subscribes to a press clipping service covering every newspaper in the state). Newspapers report quite a bit of police and judicial activity, which often suggests that a particular dentist is dealing with an addiction or abuse issue.

### **Michigan Health Recovery Program**

Back in the early 1990s Michigan's state licensing and regulatory bureau recognized that its program for dealing with impaired health professionals was solely punitive in nature. Thus, impaired licensees were not given the tools to continue to practice while initiating recovery. This was a problem. So, in 1993, the state revised its regulatory process, initiating the Michigan Health Professional Recovery Program. This new program allows licensees working a viable recovery program to be given the opportunity to continue to practice the profession they love while maintaining recovery. Licensees not willing to work a viable program continue through the disciplinary process for the safety of the public and, ultimately, the licensee.

Troubled dentists or other health care licensees enrolled in a viable recovery program with the state are required to work with the state's private contractor. It is the contractor's job to assist these individuals with assessment, referral, and treatment, and to monitor their progress.

### **How Dr. Care Helps**

Dr. Care sees itself as an adjunct to the state's contractor. The MDA doesn't share the names of individuals in Dr. Care with the state. But when the dentist is working with the state's contractor as well as Dr. Care he or she will give Dr. Care permission to interact with the state contractor to enhance the doctor's recovery process. In addition, the state's contractor will suggest that the doctor interact with the MDA's Dr. Care program.

In the event a dentist isn't working with the state contractor, perhaps because the state isn't aware of that doctor's addiction issue, the MDA will encourage that doctor to self-report. A doctor who truly desires to do whatever it takes to have a viable recovery process will make the report to the state's contractor.

It is very important that the health care professional maintains a strong paper trail of his or her recovery process. Self-reporting provides that critical documentation. He or she may need an entity to be an advocate, in case any civil or regulatory charges arise from past addiction or mental health problems.

The MDA Health and Well-Being Committee interacts with the Michigan Health Professional Recovery Program whenever it is asked by the program, or if the committee feels it necessary to report information, as long as the committee stays within the boundary of its peer review parameters. The committee is a peer review committee, and as such falls under the state statute for peer review, ensuring confidentiality.

### **Making the Call**

How does the Health and Well-Being Committee typically operate? Two words to come mind: "quietly" and "effectively." Typically, a call will come into the MDA office on the private Dr. Care phone line. Such calls are answered by staff member Grace DeShaw-Wilner, or in her absence, Lisa Boettger. The calls range from anonymous callers seeking information on addictions or abuse all the way to doctors who identify themselves and indicate they are contemplating suicide.

The MDA has received urgent phone calls from doctors, priests, wives, children, associates, partners, dental team members, patients -- even cleaning people who have found the doctor in his or her office under the influence of a substance after hours.

MDA staff obtains as much detail as the caller is willing to share. It's important to note that staff protects the confidentiality of the caller at all times, never violating the caller's trust. If the caller is reluctant to divulge enough information for staff to act upon, then staff will work over time with the caller in order to build the necessary trust to allow the caller to be comfortable divulging information.

It's typical for a caller at first contact to ask questions about the law, such as whether or not to self-report a driving-under-the-influence (DUI) conviction. This initial contact may either facilitate more contact in the future, or not. Ultimately, it's our staff's goal to get the caller to a comfort level where the he or she will speak with a committee member. This process often creeps along in "baby steps," with staff always leaving control totally in the hands of the caller. The only time staff might come on strong with the caller is if the dentist is an imminent threat to the safety of another human being or him or herself.

Over the past few years the HWB committee has been very successful. It's assisted over 200 Michigan dentists. Many dental family members in recovery today are leading sober lives, and their mental or emotional disorders are under control, thanks to Dr. Care committee referrals to treatment facilities. Are there those who have refused help? Of course. However, numbers mean very little when we're talking about human life . . . about a dentist who wants to continue the chosen profession he or she loves so much . . . about a family that wants its mom or dad back.

It is important to remember that Michigan law requires all health care licensees to self-report any alcohol or drug-related conviction. Reports may be made to either the state at (517) 373-9196, or to the Michigan Health Professionals Recovery Program at (800) 453-3784. Additionally, a health care professional who has reasonable cause to believe that another health care professional is impaired is required by law to report that individual to the state licensure authorities.

Should you have any concerns or questions about addiction issues facing you or your colleagues, it's reassuring to know that you can always call your MDA's Dr. Care program first and get the answers you may need to save a practice, a career, maybe even a life.

### **About the Author**

**Dr. James Oles**, a general practitioner in Clinton Township, has served as chair of the MDA Special Committee on Peer Review/Health and Well-Being for the past nine years, and has served as a committee member for the past 12 years.

A former member of the American Dental Association's Well-Being committee, Dr. Oles has taken part in the ADA's bi-annual Well-Being Institute and also has attended the University of Utah School on Alcoholism and Other Chemical Dependencies the past 13 years. He is also a speaker on chemical dependency issues.

### **Practicing Under the Influence**

Michigan Public Act 328 was amended via House Bill 4656 in December 2003. This act pertains to licensed health care professionals who engage in the practice of their health profession while under the influence of alcohol or a controlled substance.

Essentially, the professional is guilty of a misdemeanor if he or she practices with a bodily alcohol content of .05 or more grams per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine. Furthermore, it is a misdemeanor to practice while

under the influence of a controlled substance. Due to the illegal or improper use of the controlled substance, his or her ability to safely and skillfully engage in the practice of her health profession is visibly impaired.

The MDA's Health and Well Being Committee worked with MDA staff on the language of the bill prior to its enactment. The committee was concerned over the possibility of false reports. There have been instances where a health professional has been falsely accused of practicing while under the influence. Thus, the committee asked the sponsoring legislator to address this concern. The committee is aware that the concern is addressed under the Michigan Penal Code, section 750.411a, which makes it a misdemeanor to make a false report of a misdemeanor, punishable by imprisonment for not more than 93 days or a fine of not more than \$500 or both.

For a fully copy of House Bill 4656 members may contact the MDA's Kris Nicholoff at (800) 589-2632, ext. 405; knichol@michigandental.org.