

## **Episode 21 – 2021 NCMB Annual Report**

**Intro music: 0:00**

### **Podcast introduction: 0:10**

Hello and thanks for joining me. I'm Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. On this episode, we are taking a quick walk through the NCMB annual report for 2021. It covers the calendar year that ran from January one until December 31st. Now, I never dreamed that I'd still be talking about COVID-19 as a predominant factor in our lives and work after all this time. But the truth is, that's the story our annual report data tell. In 2020 the year the pandemic hit; the North Carolina Medical Board saw a significant slowdown of activity on the enforcement side. There were fewer complaints, fewer investigations, fewer board actions. It made sense to us at the time because it seemed obvious that people had more pressing matters to attend to than filing complaints about their medical providers. Now that 2021 is in the rearview mirror, it seems like it was a catch-up year. In 2021, there was more of everything. More complaints, more investigations and yes, more Board actions. There were also more licenses issued than in a typical year and a continued increase in NCMB total licensee population. Stay with me as we take a closer look.

### **2021 Annual Report Data Recap: 1:30**

First, demographics. As of December 31st, the North Carolina Medical Board licensed a total of 57,275 medical professionals. The vast majority of these are physicians who are our largest licensee group, followed by physician assistants who are the second largest. The Board also licenses perfusionists, the folks who keep a patient's heart and lungs operating during certain major surgeries, and also a small number of anesthesiology assistants or AAs. To be more specific, at year end NCMB licensed more than 44,000 physicians, including MDs and DOs or osteopathic physicians. We licensed more than 9,400 PAs and we expect to break 10,000 sometime in 2022. The Board also licenses about 3,500 resident physicians who are completing their medical training in North Carolina. And then we have about 200 perfusionists and 50 AAs. The total licensee population has grown pretty reliably in recent years at a rate of about 2% a year. But between 2020 and 2021, the total licensee population increased more than 3% and yes, there's a Covid tie-in. It will become clear in just a moment. Now licensing. The North Carolina Medical Board has a statutory mandate to regulate medicine and surgery for the benefit and protection of the people of North Carolina. One of the main ways NCMB does this is through its licensing program. Basically, the licensing process is designed to ensure that only those applicants with the knowledge and skill to practice medicine safely are granted a professional license. Pre-pandemic, NCMB was consistently issuing about 5,000 new licenses in a given year. In 2021, the Board issued more than 6,000 licenses. And the year before that, 2020 the first year of the pandemic, NCMB issued more than 7,000 licenses. The reason for this licensing boom is emergency temporary medical licenses. To make sure that North Carolina had enough medical professionals to meet the state's needs during the pandemic, the Board allowed physicians and PAs who were already licensed in other states to get a temporary license in North Carolina. It was free and fast, and as a result, quite a few medical professionals got these licenses. In 2021 emergency, temporary licenses accounted for 7% of all licenses issued and the year before, they made up 28% of all licenses issued. All these bonus licensees have inflated the state's total licensee population. NCMB is no longer issuing new emergency temporary licenses and has inactivated most of those issued during the pandemic, so we may see a dip in the total licensee population in 2022. And finally, enforcement. The enforcement program is the second and most well-known way that the North Carolina Medical Board fulfills its mandate to regulate for the benefit and protection of North

Carolina. As I mentioned, 2021 was a catch-up year for enforcement activity after a lull in 2020. What I didn't say was how much catch up we saw. Between 2020 and 2021, there was a nearly 30% increase in complaints from all sources which led the Board to open almost 2,900 enforcement cases. A record. As is the case most years, complaints from patients and the public were the leading source of enforcement cases, with more than 1,800 complaints received. The Board also closed a lot more cases in 2021 coming to a final resolution in more than 2,650 cases for the year, about a 25% increase from 2020. Not surprisingly, there was also an increase in public Board actions in 2021, about a 32% increase in adverse public actions, to be specific. As is the case in most years, problems with the quality of medical care provided was the number one cause of adverse public action in 2021. We also spotted some interesting data points when looking at the causes of actions. Notably, there was a more than threefold increase in public actions related to licensee alcohol or substance use. The raw numbers are relatively small. It went from eight actions in 2020 to 27 actions in 2021. But it is a troubling indicator of the stress many medical professionals are under. And it wasn't entirely unexpected. Since the onset of the pandemic, NCMB has noticed an uptick both in new instances of licensee substance use and in licensee relapses. To shed some light on what's been happening, I had a recent conversation with Dr. Joe Jordan, Chief Executive of the North Carolina Professionals Health Program, or NC PHP, and Dr. Clark Gaither NC PHP's Medical Director. NC PHP is an independent, nonprofit organization that provides assessment and monitoring services to medical professionals with substance use and behavioral health issues. I asked them to describe what they've observed with NC PHP participants since the onset of COVID.

**Interview with Dr. Joe Jordan and Dr. Charles Gaither: 6:59**

JFB: Dr. Gaither, Dr. Jordan, thank you so much for being with me today. I appreciate it.

JJ: Absolutely.

GC: Glad to be here. Thank you for the invitation.

JFB: Of course. So, I've asked you here today because I wanted to talk about this concerning data point that we saw in our 2021 annual report. And that is when we look at cases that were resolved with public action, we look at the causes for the action. And one of the ones that we track is cases that involve licensee alcohol and substance use. And last year, last year's reports, 2020, there were eight such actions. So, there were eight public actions where the primary cause or a primary cause was licensee alcohol or substance use. In 2021, that increased to 27 cases where the cause was licensee alcohol substance use and on a raw number basis that may not seem like a lot, but to go in one year's time from eight to 27, was certainly noteworthy and it's not something that we have observed before just in the many years that the Board has been producing this report. So, I thought it was worth taking a closer look at what could be going on. And I don't think we have to look very hard to think about what's been going on in the last couple of years that could be affecting medical practice and mental health in general. And of course, that's COVID. But I wanted to ask, I guess I'll start with you, Dr. Gaither, to talk about the ways that the COVID pandemic has impacted medical professionals adversely and, in some cases, has caused them to turn to unhealthy habits to cope.

CG: Sure. So, one of the things we noticed prior to the pandemic was that rates of professional job-related burnout were very high among health care providers, and the numbers were climbing. The COVID situation only served to amplify the hallmarks of burnout, which are emotional exhaustion, depersonalization, which is the development of cynicism and disconnection and a lack of a sense of

personal accomplishment. And it intensified the underlying drivers of burnout, which are lack of control, work overload, insufficient reward, breakdown of community, absence of fairness and conflicting values. And so all of those drive underlying drivers of burnout were intensified. And so, providers suffered even more under the burden of burnout. And when providers burnout, sometimes they will act out with either drugs or alcohol or other self-destructive behaviors just in an attempt to make themselves feel better because they feel so bad. One of the primary side effects of burnout is emotional. It deepens depression, or it can cause depression and it can increase suicidality. And so, in my discussions with Dr. Jordan, I said be prepared, because once the COVID...we wouldn't see the peak of the crisis among health care providers during the most intense portions of the COVID pandemic, it would be when things began to relax and open up. And that's when we saw a spike, because then people had the time to consider what had happened and how it affected them, and sometimes it affected them profoundly. Early on, a lot of professionals got furloughed, so there was more time on their hands to indulge in things that sometimes get people into trouble, one of them being alcohol.

JFB: Mm hmm. Dr. Jordan, did you have something to add?

JJ: Yes. Thank you, Jean. I appreciate the opportunity to be here. And one of the things that was really interesting to me and that I anticipated we would then see some ripple effects was that sales of alcohol went up dramatically during the initial part of the COVID pandemic. And so, I suspected and tragically, I was correct that we would see a responding increase in the number of referrals both to the Board as well as anonymous referrals to NC PHP and Dr. Gaither and I have remarked that the last six to nine months, we've been extraordinarily busy. We are doing a quite a bit of initial contacts and referrals to our organization, both from the Board as well as from other sources, which are anonymous referrals and not known to the Board, have gone up pretty dramatically. We're seeing anywhere from six to eight people a week.

JFB: Wow.

JJ: Which is more than and that's for the initial interview where we help them figure out what the next steps are to get back. So, you know, to kind of circle back, there was an increase in alcohol sales and that was combined with an increase in social isolation as a result of COVID 19 in 2020 and 2021. And so, we know within the field of psychiatry and psychology that social isolation increases the propensity of individuals to engage in self harmful behaviors such as using alcohol, using drugs and acting out as Dr. Gaither said. So, in my opinion, Jean, we had a perfect storm. We had the perfect storm of burnout that was already going on and was exacerbated by the condition of COVID 19, as well as the social isolation of COVID 19, and, you know, frankly, you know, a tendency for people to try to deal with their stress and their emotions by the utilization of externals, alcohol, drugs, Internet, whatever. So, it really was just, you know, I'm not surprised. I'm saddened, but I'm not surprised that there was such an uptick in those actions around substance abuse by the Board.

JFB: You know, now that I think about it, you're absolutely right. I think I recall seeing on social media and other places, you know, people making jokes about holding up at home with wine and how great did that sound? And, you know, it's funny, but there's obviously a darker side to that. So, all of the restrictions really started to come down in March of 2020, so we are at spring 2020 was when we really

started to sort of feel the crunch. When did you start noticing an uptick in either new referrals or relapses?

JJ: So, it was not immediate. During the March, April, May...so, you know, last year at this time, we saw a corresponding decrease in referrals as you might expect. And so, you know, and I'd be interested to hear Dr. Gaither's perspective because what I saw was around the fall of 2020 was when we began to see a increase in burnout referrals and an increase in substance use referrals. And subsequent to legal incidents for persons that resulted in Board referrals.

JFB: Mm hmm.

JJ: Clark, what do you recall?

CG: Yeah, I think it's fair to say this time last year we were supporting or assisting somewhere between 250 to 275 participants a month, and now we're approaching 350 a month. So, right there is your 30% increase.

JFB: Wow.

CG: We're seeing.

JFB: Yeah. And when just to go back to something Dr. Jordan said, when you talk about a legal event, you're talking about like a DWI or a DYI?

JJ: Yeah. A driving while impaired charge or a domestic altercation charge or a behavioral event. You know, someone gets into a verbal or even a physical altercation with another individual that results in a criminal charge, that is then, of course, brought to the attention of the medical Board. And I do have to say that we have seen, you know, for every action, there's an equal and opposite reaction. And I think, you know, again, going back to what you mentioned of March or April in 2020, you know, people were locked down for a period of time. And when they return to being able to engage in normal social behaviors like going to concerts or going out to an event, I think there was a rebound effect and we certainly have seen some referrals that in my mind, we probably would not have we haven't seen before.

JFB: Hmm. This seems like a good time to talk about the different ways that people can get referred or get started with your organization. You've mentioned arrests or charges. And certainly, you know, if licensees or listeners don't know the medical board does pay attention to those things. We actually contract with a service that notifies the Board when a licensee is arrested in the state of North Carolina. So, if it comes to that, most likely the medical board is going to find out. And once the medical board knows about you, knows that you've got substance use issues, there's really no going back from that. You're going to be known to the Board. The Board's going to have an interest in how you address, you know, the issues that you're going through and asking questions about your safety to practice. And I'd like people to understand that the medical board does, as an organization, value the health and wellbeing of its licensees. It does not want licensees to struggle or suffer with alcohol and substance use or behavioral health issues. It wants them to get appropriate help if they need it, and to do so without fear of reprisal or that they're going to be putting a target on their back professionally. But I think that it's not well understood among our licensees how you do that. How do you go about getting help

without putting that target on your back? So, if you could help connect the dots for people, that would be a great service.

JJ: Sure. And I'm glad to do that because like other, you know, problems that people are experiencing, we would rather help intervene at a early or midpoint of the process than later in the process. And then I'm sure Dr. Gaither can add to this as a family physician with over 24 years of experience, I'm sure he has some thoughts on the matter. But real quickly, and there's a concrete example of this Jean, and that is on the relicensure question for the State of North Carolina Medical Board, it states that if someone is involved in our program anonymously and doing well, they can answer no to the question as to whether or not they have a substance use disorder, which, if left untreated, could render them unable to practice safely. And that there's also a mention of our program for mental health issues saying, you know, we encourage you to be involved. So, the Board has always been very supportive of our early interdiction efforts around substance use and mental health. So, people can come to us on their own, they can call the office and be seen for an initial interview that is free of charge to them as a licensed medical provider in the state of North Carolina. We get a fair amount of referrals from hospitals, residencies, private practices, friends, spouses, colleagues. And I want to point out that probably about 35 to 40% of those 350 people that we're...we're monitoring are anonymous to the respective licensing Board. And so, I would say that if four out of ten people are anonymous that, you know, that avenue is working. But we always wish it were more. And Clark, I'm interested in your thoughts on this.

CG: Yes, I completely agree with that. When NC PHP opened its doors over 30 years ago, most of the referrals came from the Board, almost nobody self-referred. But over the years as people began to learn who we are, what we do, how we do it, they became comfortable enough to pick up the phone and give us a call. And so now about a full quarter of what we get, are self-referrals and that's the way we prefer it. We prefer somebody to pick up the phone. And to be truthful, some of the number of 24% somebody has encouraged them to call us. But still, if they pick up the phone and call us even at someone else's urging, then they are anonymous. They come in anonymously and we prefer it that way because they're usually less far along in their other course of their addiction and they're easier to treat. We can get them back to work faster just it's just better and there's less encumbrments to getting them the help that they need. And so just picking up the phone and calling us and say, "Hey, I think I've got a problem". And they can do that. They can call us, they don't have to give their name if they don't want to. They can say, "Hey, this is what's going on with me. Does that sound like something that y'all can help me with"? We've had a provider come in who said, I am burned out. I don't know what to do, and we've given them information and resource materials, and they felt like they, you know, were listened to and heard and sometimes they leave without any further help. So, we encourage providers who recognize that they have an issue or they don't perhaps know what's going on because sometimes burnout is hard to identify. We encourage them to give us a call and certainly employers and partners and hospital exec committees and things like that, we get referrals that way, too, that remain anonymous.

JFB: Dr. Jordan, could you add a little bit to that? You both have mentioned picking up the phone. Could you give the phone number if you would, that somebody would call if they wanted to start this conversation? And then also just talk a little bit more about the confidentiality of that phone call. Because I think, you know, for a lot of people, if they are concerned about outing themselves as someone with a problem, they may be leery of taking that first step just because they don't believe that

the information is truly going to be confidential. And then also just to reinforce, Dr. Gaither, you referred to this, that just making that first call is not a commitment, it sounds like. So, if you could just address those points, that would be great.

JJ: Sure. And I'm particularly proud of the work that Dr. Gaither has been doing around burnout. And, you know, we've seen a steady uptick of the people that come to us for that particular issue and have, you know, a single meeting with us, which is fine. So, if someone wants to call NC PHP, if they need to ask us about our services, the phone number is 919-870-4480. And we have offices in Raleigh and Asheville. So, we try to cover the full geographic range of the state to make it within two-hour drive for most persons. You know, the confidentiality part of PHP is quite sacred, and I use that term on purpose, but it's also legally protected. So, if someone comes to NC PHP, we cannot reveal that person's involvement with our program except for very, very specific situations, very similar to what would be going on in, say, a doctor's practice. So, if the person presents an imminent danger to themselves or their patients and that is a pretty high bar, we do not break anonymity at all capriciously. And in fact, there's been years that we haven't...haven't had any anonymity breaks, which we are instructed by our general statute. I want to be upfront with that, that, you know, if somebody is in imminent danger to themselves or their patients, we have to protect them and protect patients. But that very rarely happens Jean. We protect strenuously the confidentiality of our participants in their files, and their information is protected both by the general statute as well as our ethical codes and some federal statutes as well. So, people can call, people can talk, people can come see us and have very little concern that they will have their confidentiality broken in any way, shape or form. And far and away the people that come to see us do so with some assurance that they will receive compassionate and understanding help without concern of being outed, so to speak. I want to point out that about half our staff are themselves persons that are in long term recovery from substance use disorders. We have licensed psychologists, therapists, counselors, physicians, PAs working on our staff. And on last count we have well, over a hundred years of clinical experience at NC PHP that can assist persons that may be experiencing any range of possible issues. I had an incident recently where a person came in and I'm going to be very oblique on purpose who was dealing with a protracted grief issue. They had lost someone very close to them, and that had resulted in some...some real difficulties for them. He came in, we sat down, we talked for a couple of hours. I made some suggestions. I gave him the names of some people in his geographic area that are skilled in working with physicians and understand the unique challenges of a medical career. And he left quite happy. And that to me is extremely rewarding because he was able to avail himself of our services without any concern whatsoever on his part. And I've had some follow up contact that has led me to believe that he's doing much better. And I know Clark has had two or three cases where people were burned out, and this is within the last two or three weeks where they came in and sat down with him. Got some well, I don't want to speak for you, Clark. What would you say about those cases?

CG: Just similar to your experience. Recently, a couple of providers came in who were obviously burned out. They recognized they were burned out and they scored high on the burnout survey tool that we use. And so, we gave them I gave them some information and some strategies to help with that. Give them a book. We make ourselves available in the future if they need any additional help. But they didn't request any. And so, they left armed up, you know, tooled up with what I felt they needed and...and with an invitation to come back at any time that they needed additional assistance.

JFB: Right. Those are all examples of people who reached out for help. They were able to talk with someone, get some strategies, get some resources, but they didn't necessarily, you know, no contracts were signed, you know.

JJ: Correct.

JFB: They didn't become part of the PHP system. Well, thank you for sharing that. I really just wanted to ask, you know, sort of what's the outlook here? Do you think it's going to start to improve? And if so, what's going to drive improvement? Where's the light at the end of the tunnel, I guess?

JJ: So, Jean. I'm going to take that and then I'd like to hear obviously from Dr. Gaither with his experience. I think the light at the end of the tunnel is exactly what we're doing here today. I think increased knowledge of our offerings for the medical professionals of North Carolina. That's one light at the end of the tunnel. Another light is decreasing stigma around mental health and substance use disorders. Just real quickly, the Substance Abuse Mental Health Services Administration for the United States of America recently put out some facts that one in five Americans are experiencing a mental health challenge at this time, and one in seven are experiencing a substance use disorder. So, if your listeners think they may have that issue, I would invite them to at least let us help them look at that a little bit and determine whether or not they need to get some help. Because if that many people in America are experiencing those issues, it stands to reason that, I think you said there's 54,000 licensed medical providers in the state of North Carolina. There's some doctors out there. There's some PAs out there that that need help and are a little scared to reach out. And I'm speaking to them and saying, we are here to help you. And that's the light at the end of the tunnel. What do you think, Dr. Gaither?

CG: Yes, I agree. There are resources out there to help. Both physicians and PAs are sometimes reticent to ask for help, either out of fear or fear that their license will be in jeopardy, or they'll be judged or they'll appear less than in some way, form or fashion. But again, we can keep their information safe and confidential and get them the help that they need. And that is actually...asking for help is a strength, not a weakness. And I remind providers all the time that excellent care of patients begins with excellent care of self. Providers need to take good care of themselves so they can be the best provider that they want to be. And I don't think we've yet seen a retreat in the numbers. I think the numbers will continue to be elevated for an additional length of time, and that's unknown. But we stand ready to assist anyone who needs assistance.

JFB: Great. Well, in a way, I guess you could say those elevated numbers are not necessarily a bad thing because they represent people who are seeking assistance or who are trying to get better.

CG: Exactly.

JFB: Glass half full, you know, like. All right. Well, thanks to you both. I greatly appreciate you taking the time to be with us here today. And I hope that you help put some minds at ease as far as reaching out to PHP for help.

JJ: Yes. And again, Jean, thank you for letting us be a part of this. We like to carry a message of hope. We do believe that people can get better. And uh and, we just appreciate the Board's support of that matter.

CG: I would echo that and say thanks for the invitation and allowing us to share what we do. We do have a website, by the way, it's [ncphp.org](http://ncphp.org) and folks can go there. There's some resource information on the website and also some testimonials there that are worth a read.

JFB: Great. Thank you so much for being with me today. I appreciate it.

**Podcast Closing: 30:28**

Well, that brings us to the end of this 2021 annual report episode of MedBoard Matters. It probably goes without saying that there's a lot more detail in the full annual report which you can find online on our website or on the podcast show page at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast). You'll find a lot more data as well as information on the important policy and education work and can be accomplished in 2021. I'm biased, but it's worth a read. If you like, we'll even send you a printed copy. Finally, I just want to reiterate something that I discussed with Dr. Jordan and Dr. Gaither, which is that any medical professional licensed by the Board can seek help for substance use or mental health issues without notifying NCMB and without their identity becoming known to the Board. There's just no reason to delay getting help if you or someone you know is struggling. As always, we would love to hear your comments and suggestions. Email us at: [podcast@ncmedboard.org](mailto:podcast@ncmedboard.org). Thanks for listening and I hope you will join me again.