

# CARE CONFERENCE

Compliance and Regulatory Education  
Best Practices for Athletic Trainers



## The Regulators Role in Wellbeing

How can a dog doctor help Athletic Trainers?



BOARD OF CERTIFICATION  
FOR THE ATHLETIC TRAINER

## **Timothy Kolb, DVM**

OSUCVM 1982

AVMA Committee on Wellness, 2002-2004

OVMLB, 2010-2018, 2022-2024

OVMA Wellbeing Committee, Chair

OVMA Opioid Task Force

Ohio Physicians Health Program Board Member

AAVSB, Board of Directors

“Discovering and living your brilliant purpose brings energy, fulfillment, and wellbeing to your life.”

Dr. Jim Loehr  
Co-Founder,  
J&J Human Performance Institute

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# WELLBEING

Emotional  
Financial  
Spiritual  
Social  
Physical  
Occupational  
Intellectual  
Environmental  
  
(Creative)

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# CULTURE OF WELLBEING

Individual and Organizational  
Productivity, Engagement,  
Satisfaction and Overall  
Health

Psychological Safety

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# WELLBEING

Impairment  
Compassion Fatigue  
Suicide Prevention  
Opioid Epidemic  
Stigma  
Mental Health  
Burnout  
One Bite  
Safe Haven

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- WELLBEING AS EUPHIMISM

# PRACTICE ACT MODEL LANGUAGE AAVSB

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- “The Board must be able to **stop wrongdoers, discipline them,**
- and where appropriate, guide and assist them in continual competence and/or re-education and rehabilitation.”



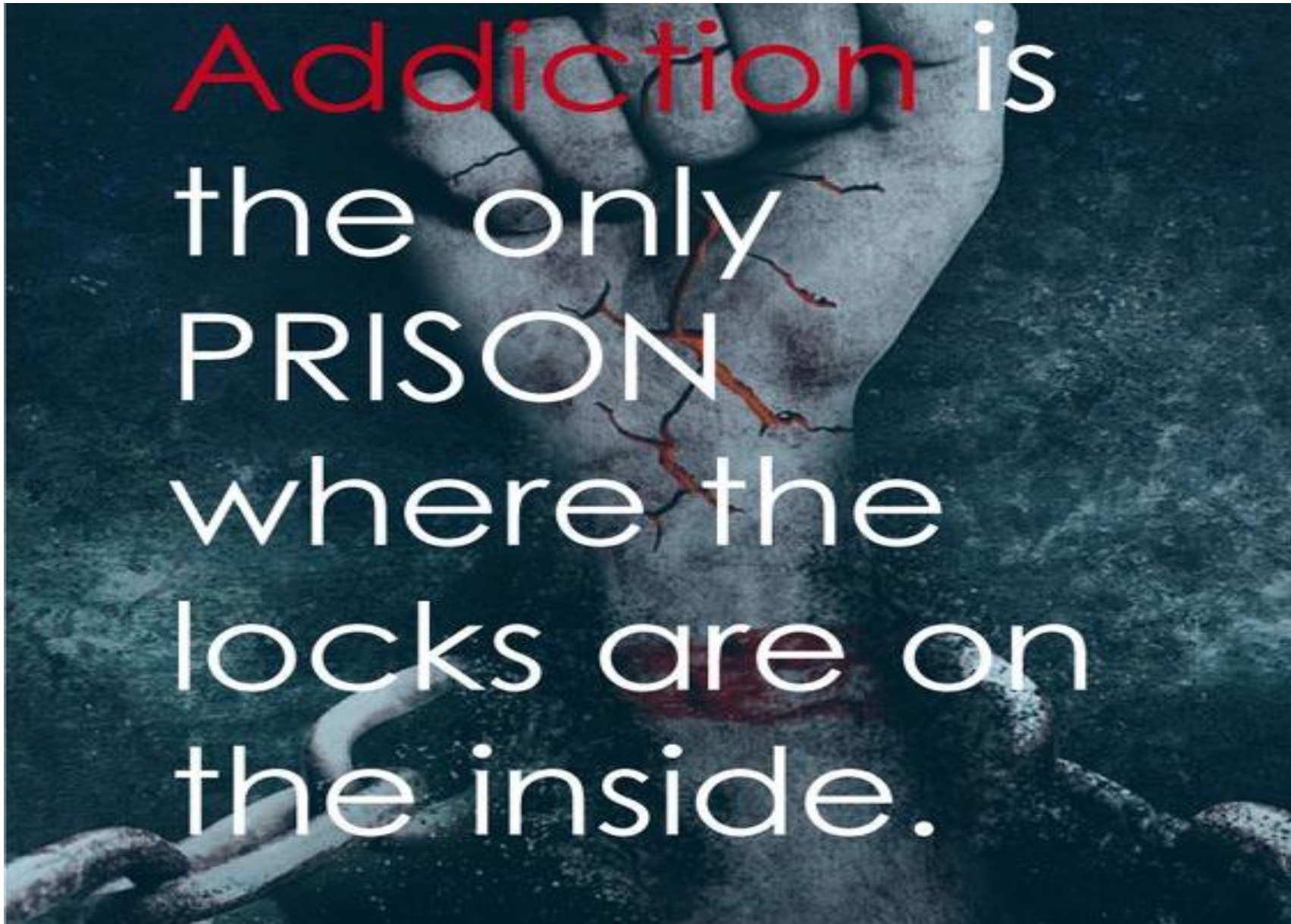
# IMPAIRMENT

- When a person's faculties are reduced so that his/her ability to see, hear, walk, talk and judge distances is below the normal level as defined by the state. Generally, impairment is caused by drug or alcohol use, but can also be caused by mental illness.
- Impairment is also an issue in disability claims under the ADA. A person who has a medical condition (such as hearing loss, osteoporosis, or arthritis) often associated with age has an impairment on the basis of the medical condition. A person does not have an impairment, however, simply because (s)he is advanced in years. Also, environmental, cultural, and economic disadvantages such as a prison record or a lack of education are not impairments.

- [Definitions.uslegal.com](https://www.definitions.uslegal.com)

# IMPAIRMENT: Healthcare Professionals

- Incapacity or impairment that prevents a Licensee from practicing
- with reasonable skill, competence, and safety to the public;



Addiction is  
the only  
PRISON  
where the  
locks are on  
the inside.

# PRACTICE ACT MODEL LANGUAGE AAVSB

- THE BOARD **MAY DEFER ACTION** WITH REGARD TO AN IMPAIRED LICENSEE WHO **VOLUNTARILY SIGNS AN AGREEMENT** IN A FORM SATISFACTORY TO THE BOARD, TO ENTER AN **APPROVED TREATMENT AND MONITORING PROGRAM** IN ACCORDANCE WITH RULES DULY PROMULGATED BY THE BOARD, PROVIDED THAT THIS SECTION SHALL NOT APPLY TO A LICENSEE WHO HAS BEEN CONVICTED OF, PLEADS GUILTY TO, OR ENTERS A PLEA OF NOLO CONTENDERE TO A FELONY OR A CONVICTION RELATING TO A CONTROLLED SUBSTANCE IN A COURT OF LAW OF THE UNITED STATES OR ANY OTHER JURISDICTIONS, TERRITORY, OR COUNTRY, OR A CONVICTION RELATED TO SEXUAL MISCONDUCT.

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# REGULATORS DILEMMA

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- MISSION IS PUBLIC PROTECTION
- KNOW YOUR JURISDICTION
- AUTHORITY TO INVESTIGATE, DISCIPLINE, LEVY FINES
- CONTINUING EDUCATION
- SUSPENSION, REVOCATION



# WHAT IS A REGULATOR TO DO?



# REGULATORS AND WELLBEING

- **ARE WE PART OF THE PROBLEM?**
- **OR PART OF THE SOLUTION?**



**STIGMA:** A mark of disgrace associated with a particular circumstance, quality, or person.

- **STIGMATIZING:**

- Addict
- User
- Substance or drug abuser
- Junkie
- Alcoholic
- Drunk
- Former addict
- Reformed addict

- **PREFERRED LANGUAGE:**

- Person with substance use disorder
- Person with opioid addiction (OUD)
- Patient
- Person in active use
- Person with alcohol use disorder
- Person who misuses alcohol
- Person in recovery
- Person who previously used drugs



# STIGMA: A mark of disgrace associated with a particular circumstance, quality, or person.

- MENTAL HEALTH

- Crazy
- Psycho
- Nuts
- Delusional
- Mental
- Loony
- Manic
- Wacko
- Insane
- Deranged

- Stigmatizing words and phrases can be hurtful even when that was not your intention. (IMPLICIT BIAS)
- Individuals with mental illness may feel “less than” or like it is a personal failing to seek treatment for mental health care.
- Some of this SHAME is self-imposed, but also comes from family, friends, colleagues, and the culture.
- Delay/Avoid treatment; self-medicate; often leads to addiction issues.

# 2016: American Medical Association

- ADOPTED POLICIES SUPPORTING PHYSICIAN WELLNESS, MENTAL HEALTH
- CONCERNS ABOUT CONFIDENTIALITY
- REFRAIN FROM ASKING APPLICANTS ABOUT PAST HISTORY OF MENTAL HEALTH DIAGNOSIS OR TREATMENT (initial licensure and renewal)
- FOCUS ON CURRENT IMPAIRMENT BY MENTAL ILLNESS OR SUBSTANCE USE DISORDER
- ACCEPT “SAFE HAVEN” NON-REPORTING

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# 2018: American Psychiatric Association

- Recognizes Licensing Boards' important role: charged with protecting the public from impaired practitioners.
- Legitimate to inquire about **current functional impairment** in professional conduct and, when relevant, current general medical or mental disorders, that may be associated with such impairment.
- Prior diagnosis and treatment of a mental disorder are, per se, **NOT RELEVANT** to the question of current impairment. Boards should not include questions about past diagnosis and treatment of mental disorders.

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# 2018: American Psychiatric Association

- Since the Americans with Disabilities Act of 1990
- Questions about a history of mental illness rather than impairment are a form of discrimination because they foster assumptions about a person's functioning based on a diagnosis---similar to categorizing people based on race or gender.

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# 2018: American Psychiatric Association

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- Example Question #1
- Are you currently using narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice \_\_\_\_\_ in a competent, ethical, and professional manner would be impaired? ( yes/no )

# 2018: American Psychiatric Association

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- Example Question #2
- Are you currently suffering from a condition that impairs your judgement or that would otherwise adversely affect your ability to practice \_\_\_\_\_ in a competent, ethical, and professional manner? ( yes/no )

# 2018: American Psychiatric Association

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- SOCIETAL STIGMA
- Licensing Boards Apparent Discriminatory Practices

### IMPACT:

- Licensee less likely to seek treatment
- FEAR public exposure, LOSS of license, career
- Epidemic rates of Burnout
- Exacerbates higher suicide rates

# FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS

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• [www.fsphp.org](http://www.fsphp.org)



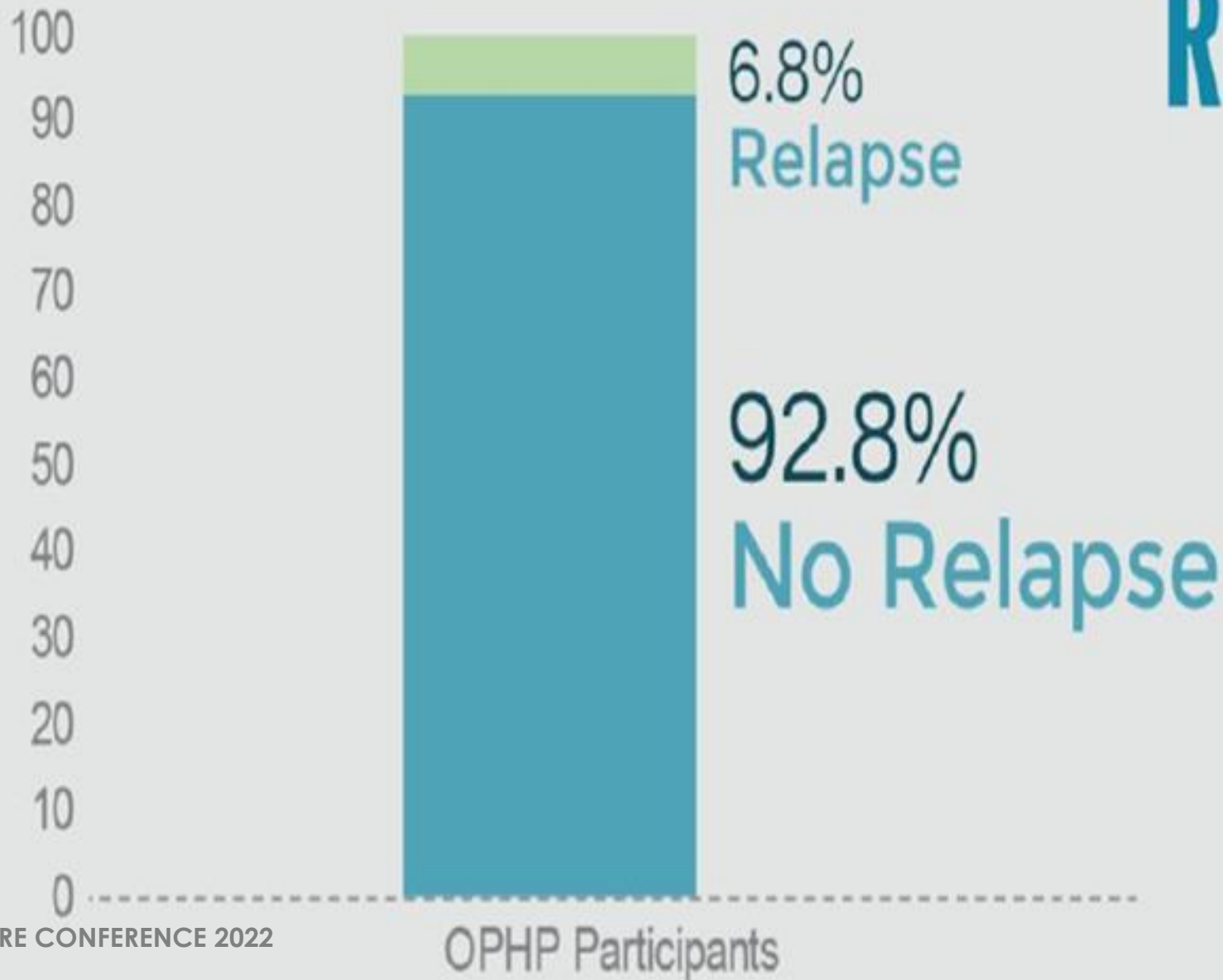
# BENEFITS OF WORKING WITH A PHP

- Confidentiality for professionals
- Understand administrative laws and rules
- Good relationship with Licensing Boards and Associations
- Well trained and credentialed clinical staff, highly involved with each participant
- Experience with professional impairment cases

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# RECOVERY RATE

2004-2015



## Note:

Participants reflected in this chart have relapsed, received additional treatment, and continue in recovery.

# MENTAL HEALTH AND SUBSTANCE USE

23%

HEALTHCARE PROFESSIONALS WITH INCREASE OR SIGNIFICANT INCREASE IN THEIR ALCOHOL OR SUBSTANCE USE DURING THE PANDEMIC

87.5%

INCREASE IN THOUGHTS OF SUICIDE AMONG HEALTHCARE WORKERS IN OHIO DURING THE PANDEMIC

702%

INCREASED FEELINGS OF BEING DOWN, DEPRESSED, OR HOPELESS (NEARLY EVERY DAY) DURING THE PANDEMIC

From Executive Summary of the OhioPHP COVID-19 Well-Being Survey

# AMA Supports “Safe Haven”

- **BURNOUT:** High degree of emotional exhaustion and depersonalization. Low sense of personal accomplishment at work.
- AMA to collaborate with Federation of State Physician Health Programs (FSPHP): Educate medical professionals about wellness, including mental health.
- Advocate for state guidelines for self-reporting health issues without facing discipline from licensing boards.

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# AMA Supports “Safe Haven”

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- “We need to transform the culture to highlight how seeking care for wellness is a sign of strength-----and we must change policy to ensure that physicians seeking care will not suffer professional consequences for doing so.”
- Thomas J. Madejski, MD    AMA Trustee



# Safe Haven Program

- A clearly defined **confidential** path for individuals to seek help for burnout, mental health or substance use disorders
- A **safe space** for early intervention before patient safety becomes a concern
- Access to quality clinical screening/evaluation, treatment, long-term monitoring and support
- A **therapeutic alternative** to disciplinary action for illnesses such as mental health or substance use disorders

# IMPAIRMENT AND SAFE HAVEN MODEL LANGUAGE

- **Draft Rule – Impairment and Safe Haven Program.**

- (A) The board may establish a confidential, non-disciplinary program for the evaluation and treatment of eligible persons who need assistance with a potential or existing impairment due to a mental health and/or substance use disorder. This program shall be known as the board’s safe haven program.

- (B) The board shall contract with one entity, hereafter referred to as the monitoring organization, to conduct the safe haven program. The monitoring organization shall determine the eligibility for participation in the safe haven program and provide associated services to eligible persons.

- (C) Eligible persons shall include individuals licensed as a veterinarian or registered as a veterinarian technician as well as applicants who have applied for a license or registration from the board.

- (D) Services provided by the monitoring organization include but are not limited to the following:

- (1) Screening and/or evaluation for potential or existing impairment due to a mental health and/or substance use disorder.

- (2) Referral to treatment providers approved by the monitoring organization for the purpose of evaluating and/or treating potential or existing impairment due to a mental health and/or substance use disorder, including inpatient or outpatient treatment.

- (3) Establishment of individualized monitoring criteria for a duration determined by the monitoring organization to ensure the continuing care and recovery from a potential or existing impairment due to a mental health and/or substance use disorder.

- (4) Case management.

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## IMPAIRMENT AND SAFE HAVEN MODEL LANGUAGE

• (E) The monitoring organization that contracts with the board to conduct the safe haven program may receive referrals from any of the following:

- 
- (1) Applicants, licensed veterinarians, and registered veterinary technicians.
- 
- (2) Other individuals.
- 
- (3) Employers.
- 
- (4) Professional societies and associations.
- 
- (5) Health care personnel and treatment providers.
- 
- (6) Other entities and organizations.
- 
- (7) The Board

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## IMPAIRMENT AND SAFE HAVEN MODEL LANGUAGE

- (F) To participate in the safe haven program, an eligible person must enter into an agreement with the monitoring organization to seek assistance for a potential or existing impairment due to a mental health and/or substance use disorder. The agreement may specify but is not limited to the following:
  - (1) Treatment and therapy plan.
  - (2) Support group participation.
  - (3) Case management.
  - (4) Duration of monitoring. Relapses, which may be reported to the board, and other failures to comply with the terms of the agreement may result in a longer period of monitoring. As appropriate, an addendum to the agreement may be initiated by the monitoring organization.
  - (5) Approved work activities, including but not limited to abstaining from work while receiving evaluation and/or treatment as well as ongoing monitoring of compliance with any restrictions or limitations specified by the monitoring organization or the board.
  - (6) Random toxicology testing.
  - (7) Releases for seeking information or records related to the person's impairment, including but not limited to family, peers, health care personnel, employers, and treatment providers.
  - (8) Grounds for dismissal from participation in the safe haven program for failure to comply with program requirements.
  - (9) Any required fees associated with participation in the safe haven program, including but not limited to fees for toxicology testing.

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## IMPAIRMENT AND SAFE HAVEN MODEL LANGUAGE

- (G) The board shall not institute disciplinary action based on a safe haven program participant so long as the participant enters into an agreement with the monitoring organization and complies with the same. **The presence of potential or existing impairment due to a mental health and/or substance use disorder shall not excuse acts or preclude investigation or disciplinary action against a participant for other violations of this Chapter.**
- 
- (H) The monitoring organization shall report to the board for further investigation and/or action any participant who is unwilling or unable to complete or comply with any part of the safe haven program, including evaluation, treatment, or monitoring.
- 
- (I) All information received and maintained by the monitoring organization shall be held in confidence subject to Section insert applicable state code section(s) and in accordance with federal law.

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## ACTION ITEMS:

- Review your Board's implicit biases; stigmatizing practices or policies.
- Review and update your administrative rules in line with current AMA and APA policy statements
- Work with your state's PHP / monitoring agency
- Cooperate with allied organizations'/associations' Wellness/Wellbeing Programs
- Establish Safe Haven policies

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Compliance and Regulatory Education  
Best Practices for Athletic Trainers



Tim Kolb, DVM  
AAVSB, Board of Directors  
[timkolbdvm@gmail.com](mailto:timkolbdvm@gmail.com)  
614-323-4772



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For more information, FAQs and updates,  
visit the BOC website at [BOCATC.org](https://BOCATC.org).