DOCTOR'S CROSSING
CARPE DIEM PODCAST
BY HEATHER FORK, MD, MCC

TRANSCRIPT

EPISODE 122 Medical Review Officer - An Intriguing Side Gig or Employed Opportunity

With guest Dr. Erin Blackburn

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 122. Today we're diving into a very interesting job that you don't hear too much about, which is being a medical review officer, also referred to as an MRO.

Medical review officers are involved with evaluating employers drug screening tests for individuals working in a variety of different jobs. The Medical Review officer acts as an independent evaluator and advocates for the integrity and accuracy of the drug testing process.

Here today to help us better understand the role of the MRO is pediatrician Dr. Erin Blackburn. Dr. Blackburn is going to share how she made her transition into this area, what the work involves, why she loves her job, where you can look for opportunities and more. While Erin does this work full-time, being an MRO is a great option for those of you looking to do something as a side gig. Without further ado, I am very excited to welcome Dr. Erin Blackburn to the podcast. Howdy Erin? How are you?

EB: Hey Heather, thanks for having me.

HF: I'm so excited to have you join us and talk about this area of the MRO because it's not something you hear too much about, but I think this could be a great opportunity for physicians from a variety of different specialties.

EB: Yeah. I hadn't heard about it before I started and I'm still learning new avenues and different ways that people are using this work as part of whatever else they're doing.

HF: Well, we're going to get to hear from you all about this role, but before we go into the specifics, I'd love it if you could share a bit about your journey. Now, back in January of 2022, you reached out to me and you were at the crossroads. So, what was going on at that time?

EB: Right, yeah, that was kind of a dark spot for me. I was really unhappy with what I had been doing, but I felt kind of handicapped because my entire adult life up to that point had been working to get to this career that I was now thinking about leaving which was scary and I felt kind of lost about not knowing how to even go about it.

HF: What was it like for you to be a pediatrician? What was going on?

EB: Right. I made the decision I wanted to be a doctor in high school and from then on it was kind of like jumping on a moving train. I knew what the next step was and the next step

was and so on and so forth. And it took me a long time, even in the points where I was struggling, if I wanted to get off, I didn't feel like I had the ability to get off.

And then once I finally reached my goal, my career where I was in the profession that I wanted, in the situation I wanted and the specialty I wanted, I just didn't find it satisfying the way that I thought I would.

And what I also found was that I found medicine all consuming, that I would go home and I'd still be thinking about the patients or thinking about the charts that needed to be done. If I was not studying, I felt guilty that I wasn't studying and I should be learning more and so on and so forth.

HF: Well, you describe something that a lot of physicians relate to is that it's hard when they go home to turn their brain off or to be really present with their families because they care and they're thinking about the patient that wasn't doing well. There's some lab tests coming in and it is hard to separate and have the boundary that helps us relax and regenerate.

EB: Right. I also think that for me, because I was a mathematics major in college, I liked problems that were solvable and a lot of medicine have unsolvable problems where you kind of guess and hope that you're right and then you just wait and see. And that could be really anxiety inducing.

HF: Oh gosh, that's such a good point because I think physicians are also wired to like the concrete answers, the certainty and the gray of medicine can be very anxiety provoking. And you're right too that people don't usually jump off trains that are moving. So once that momentum is going when you're headed to reach this goal, unless something really adverse happens, you usually don't get off because you have hope that things will be good for you.

EB: Right. Yeah. Some of it was hope that if I just keep working, if I keep pushing, if I keep learning, I'm going to reach that point where I'm cruising and some of it was I don't think I can get off. I've put too much effort into it and too much of my time and finances into I don't think I can get off. I got to keep going.

HF: When we were talking you had no idea that you would get into this area. So, how did you go from being at the crossroads to finding this opportunity?

EB: Right. Like I said, before we started talking, I was kind of in a dark place and it finally got to the point where I just googled "What do doctors do when they leave medicine?" And your face was one of the first things that came up. So, I clicked on your website, I read your story, I listened to some of the other interviews and I just had a wave of relief because those same things that I was thinking and feeling were what others were saying. And that just relieved a lot of guilt that I was carrying around. And when I was talking with you, it started to spark hope that okay I can find the next step forward. I don't know what it is but I can find it.

HF: Well, I'm so glad you found me and I love to help give people hope to get out of those dark places. So then how did you find the MRO position?

EB: You and I were working together and I was thinking about a lot of different things, but I was starting to have that confidence of "Okay, I can do this, I can leave medicine. There will be something else that comes along. I have a lot of skills." And so, I was more open to talking about it with the people around me. And so, I ended up speaking with one of my best friends who went to medical school with me about it and he was the one who was like, "Hey, my father-in-law has been a medical review officer full-time for almost 20 years. Would you like to talk to him?" And I said yes.

And so, I reached out to him and we began talking about it. And even when he told me what he did, when I googled it, I was kind of confused. And in those initial conversations

I'm not sure I got much clarity, but really what helped was going to the office and watching him work and then him sort of being able to show me all the pieces in the office, that, "Okay, oh, that's what you do."

HF: That is such a great tip that you're talking about, which is just tell as many people as possible where you're at and be honest and you never know where a lead is going to come from. Now I think it would be a great time if you could give us a bit of an understanding about what an MRO does and what's the day-to-day like a bit?

EB: Right. What an MRO does is they review a drug test for companies. They can either review drug tests for a specific company individually or they can work as part of an organization that reviews tests for multiple companies, an organization runs their drug testing programs.

The advantage for a company hiring an MRO to review their drug testing versus trying to do it themselves is that the physician has that pharmacology and toxicology knowledge that they can better interpret the results. And then a physician can also talk with the employee to try to vet any claims of legitimate medical explanation for what came up on their drug test. Some companies work under legal regulations that require an MRO. The gold standard in drug testing is the department of transportation's drug testing program and they require physician MROs to review all their drug tests.

HF: Can you tell us a little bit more about the qualifications to do this work?

EB: As I said before, the DOT is the gold standard for drug testing and they require that MROs or MDs or DOs that have completed a certified MRO training course and pass their exam. There are two organizations that provide the training certification, the American Association of Medical Review Officers and the Medical Review Officer Certification Council.

HF: So you need to have a medical license.

EB: Correct.

HF: In terms of physicians, Erin, who are doing this work, what are some of the other qualifications?

EB: As I said before, the DOT is the gold standard in drug testing and they require that the MROs or MDs or DOs who have completed a certified MRO training course and passed the associated exam and have an active license in at least one state.

HF: Do they need to be board certified?

EB: They do not.

HF: Could a physician from most any specialty do this as long as they have that active license?

EB: Correct. As you've already said, I'm a pediatrician, so even though my training is specifically in peds, I am able to do this work without any issue.

HF: Before we ask you some more nitty gritty questions, I'm just curious, can you give us an idea of some of the cases that you look at? What is it like to have a positive test and talk to the person and how does this all go down?

EB: Right. Usually an employee gets hired by a company and they're required to take a drug test. They go to a collection site who collects the drug test, which gets sent to the lab and then the lab sends the results to the MRO. The MRO reviews the results and then gets on the phone with the employee to go over the drug test results and go over any

medications or pertinent health history. And then with that information makes a determination about the test, which then they report back to the company.

The MROs also may be in a position where they can identify any possible safety issues and then encourage discussion between the company and the employee's physician to address any of those concerns.

HF: Now if you're talking to someone and they have a positive test that could be kind of dicey. What kind of reactions do you get if you say, “Hey look, this came out positive, we need to chat a bit?”

EB: I'm surprised how many are pretty honest about either their drug use or a lot of these guys do this kind of work for a living. So they're taking quite a few drug tests. Many of them are very familiar with the process and if they have medications that show up on drug testing, they are ready with their script information right away. But the ones who come up with something that they have either used illicitly or where they borrowed something, most of them are pretty honest, they're pretty respectful and pretty honest, which was kind of a surprise for me. I thought I would have more angry people on the phone.

HF: That's a very interesting area here. Is there a path that if someone has a positive test that they can maybe kind of get back to work and have this work out for them?

EB: Yes. Following the DOT regulations, there is a process in place that if somebody has a positive that cannot be explained by a legitimate medical explanation, there is a process of which they can do some rehabilitation and then take what's called a return to duty test. Now they're required to go through several steps and extra testing after that, but there is a path for them to get back to work.

HF: If we're thinking about what kind of physician might like this work, obviously, you have to have good people skills, I would imagine. What are some characteristics of a physician who you think would do well here?

EB: Right. This is a job where you're talking on the phone a lot. And so, if you're not a person who likes talking on the phone, you may not find a lot of enjoyment here. You're talking to the employees, you're talking to the companies, you're talking to the collection sites. Occasionally, you're even talking to the lab about trying to interpret some of these results. And so, it's a lot of phone conversations, trying to get the whole story and make a decision on how to go forward.

HF: Have you had to learn a lot about drugs and testing to be able to do this?

EB: Luckily, your training in medical school prepared you for the basics. And so, it's just kind of some extra nuances about what does not show up, what kinds of testing are done. Because the DOT testing is a two layered testing, which uses immunoassay for the initial screening and then much more specific liquid chromatography, dual mass speck for the confirmation test. And so, you'll get some employees who argue that some false positives could have been the reason for this, that or the other.

And so, you have to know the ins and outs on the discussion with that as far as which would show up and which won't. And so, that's a little bit of extra, but your med school education prepares you pretty well for what you're going to be dealing with.

HF: Interesting. So, what do you like most about this job?

EB: I think it strikes a good balance for me. I feel like I'm using my clinical knowledge and my social skills, but I'm able to have a life outside of medicine as well. I can close my computer at the end of the day and my time is my own. The other thing that I think is really important for me is I'm so grateful for the fact that this work requires that I'm a

physician. Because I had a rocky journey and so being that this requires a physician has helped me sort of find peace because I had to go through all that in order to be able to do this work. This wasn't necessarily the goal I set for myself, but I couldn't do this work without everything I went through.

HF: Well, it sounds like it is a good fit for you, but is there anything that you find challenging about this job?

EB: What I'm working through right now is trying to get up to speed on adult medications and some of the conditions that they're used for. As any physician knows, brand names change frequently. Even my colleagues who have been doing this for a while will occasionally have a medicine they have to look up because they don't recognize the name. But being that I was working in peds, there's not a lot of common drugs between common pediatric medicines and common adult medicines. And so, trying to get up to speed with that so that I'm ready to quickly have that answer when I'm on the phone with an employee has been my learning curve.

HF: Now you've been working with some very seasoned doctors who've been in this over 20 years doing this kind of work. Is that true?

EB: Correct. I have two colleagues that I work with. One's been doing full-time MRO work for 20 years and one I think is on his third year as an MRO.

HF: I see. Because one of the things that happens to us in medicine, which we don't really expect, is the work can become routine and we feel like we're saying the same thing over, we're doing the same thing over. Here you have an example of a colleague who's been in this a long time. How would you respond to someone thinking, “Well, wouldn't this get boring just talking about drug tests and talking to people who have had drug tests?” What is your take on that?

EB: Right. I kind of had that same concern when it was initially described to me. It sounds pretty monotonous, but because of the regulations and all the ways that human error can happen, it makes it really interesting and each case is unique as far as, "Okay, well, does this rule apply or does this rule apply and did they follow the procedure here and does that invalidate the test?" And so, there's all these little nuances where I never feel like I see the same test twice.

HF: I'm sure you hear some interesting stories too. Do you have any story to share about the things that people try to submit a different kind of sample than what they would normally give?

EB: Yeah, that was really fascinating in the training, talking about all the fail safes that are in place to prevent providing fake urine or adding something to the urine. I did not realize. I was naive in my understanding of how many different ways people try to beat the test. And the DOT has some very specific regulations in place and some of them are kind of head scratchers, but then you hear about the story of some guy who was able to get something past the examiner and my mind is blown with just the creativity and the deviousness of it.

HF: Is there anything that you can share some of this ingenuity here?

EB: I know that they told me that it's a requirement that they tape all the ceiling tiles with tamper resistant tape. So any building that has ceiling tiles that you can lift up have to be taped on all four sides with tamper resistant tape in order to prevent someone from placing urine up there for the next guy who comes into the bathroom.

HF: Oh, my gosh. Oh, my gosh. Wow. Anything else?

EB: It was just interesting. There are people out there who sell products to try to beat drug testing. And so, every once in a while we'll start to see a pattern in elevated pH or the

creatinine is off or something like that. And it starts to be pretty consistent across location, across states and we start to wonder "Is somebody selling something?" Because all these guys have the same pH level. That's abnormal. And so, it's just interesting to me that there's this whole black market of fake urine out there.

HF: I remember Erin, when we were talking before we started recording, you were telling me about when an employee can't give a sample. Can you remind me exactly what happens then?

EB: Right. In DOT testing, if a patient can't provide a sample, they're given three hours to provide a sample and they're given 16 ounces of fluid and they only have to give 45 mls. But if they can't give a sample, then they go into what's called a shy bladder process.

HF: The shy bladder?

EB: The shy bladder. That's the name of it.

HF: That's so cute.

EB: Yeah. Unfortunately, it's usually not cute because often it is someone who's trying not to give a sample because they know that it's going to be dirty. And so, in order for a failsafe, they have written into the regulation that if they can't provide a sample, they have to get a medical examination by a physician to determine if there was a reason why they couldn't provide a sample. And some are legitimate like if a guy gets hospitalized that night because he is in congestive heart failure. Yeah, he has a reason why he couldn't provide a sample that day. But often a reason isn't found and then they have the consequences of refusing to provide a sample.

HF: Interesting. So, the shy bladder is a term.

EB: It's a cute term but not a cute situation.

HF: Right. Interesting. And I'm curious how a physician would then determine why they can't give a sample.

EB: Right. Yeah. We end up using a lot of urologists to sort of assess that if they have a reason why they couldn't give a sample, but anybody's able to do that exam, family med or occ med or that kind of thing. It's a little difficult in our situation because we're based out of Kansas and we MRO for companies all across the United States. So we don't do the exam ourselves. We're trying to coordinate with other physicians to get that exam done.

HF: I'm sure that helps keep it interesting. And also you get to be a bit of a Sherlock Holmes it sounds like in this job.

EB: Right, yeah. When you're talking to them on the phone you're trying to get them to admit to what they use so you have a better idea for the next guy that calls with that same situation, but it's really hard to get them to fess up.

HF: A very good intuition and people skills that are coming to play. We're going to take a short break and then we'll come back and talk about compensation and where to look for these jobs. But don't go away, we'll be right back.

My dear listeners, I just wanted to let you know in case you weren't aware that on my website doctorscrossing.com there is a freebies tap and there are a number of different freebies in there, but the one I wanted to talk about today is the starter kit.

If you're at the crossroads and you're really not sure which way to go or what your options are, the starter kit is a pretty hefty PDF that will talk to you about a lot of the things I use with my coaching clients, which is how to look at your current situation, how

to potentially make things better, but then also how to begin exploring options. And I talk about a lot of the different nonclinical jobs that you can have and their links to specific podcasts in this guide.

If you're interested in the starter kit, you can go to www.doctorscrossing.com and just hit the freebies tab at the top of the page and you'll find all the freebies there, including the starter kit. All right, now let's go back to our lovely guest, Dr. Erin Blackburn, and we're going to talk a little bit about compensation and some ways to explore this job.

All right, Erin. Everyone is usually interested in finding about what they can make in a job like this and they're obviously side gig opportunities, full-time opportunities. Could you give us a little bit of guidance?

EB: I think it's very variable depending on how your work is structured. I think for a full-time salaried MRO, it could be comparable to pediatrics or family medicine, but if you're paid per test then it could really be variable depending on your volume. I think that the two certifying organizations could provide some guidance as far as typical per test rates. But as I had said before, some MROs work individually with companies and some work as part of an organization. And so, then certain organizations could have standard rates per test or they could be salaried positions both part-time or full-time. Just kind of depends on how you're doing your MRO work.

HF: Do you have a sense of whether most physicians do this as a side gig opportunity versus working full-time?

EB: I actually asked this question to my mentor who I've been working with, who's been in the business for about 20 years. And I think more physicians do it as part-time in addition to something else as opposed to full-time MRO work.

HF: If someone was interested in looking for an opportunity, whether it is a side opportunity or full-time, where do you suggest they begin to look?

EB: There are job postings on places like LinkedIn and then some people may have been approached or will be approached by their medical organization, particularly those doing some occ med work that they may be asked to add this into their repertoire. And don't underestimate the networking because like I said, I got this job from my best friend's father-in-law.

HF: Absolutely. That's a great point. And someone doesn't have to be clinically active to do this, they just need to have the active license. Is that correct?

EB: Correct.

HF: Okay. So that would be helpful for some folks. We're getting close to wrapping up here. Do you have any last thoughts that you'd like to share for physicians at the crossroads or in this transition process?

EB: I think what I found most comforting on my own journey was discovering that I was not alone. That the thoughts and feelings that I was having are similar to many physicians, including many on your website who've had that same kind of fear. But that doesn't make you a bad doctor or a failure. And I promise that the dark days are numbered and if you keep walking down this path, you'll reach the light.

HF: Those are beautiful words of hope. Thank you so much for sharing them and also I really appreciate you coming on the podcast, Erin, to talk about this really interesting role.

EB: Thank you. It was a lot of fun.

HF: Yeah, great job. So listeners, thank you. I love having you here. I appreciate you coming and supporting the podcast and sharing it. If there's anybody you know you think might like this episode and find it of value, please share it. That would be lovely. As always, don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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Podcast details

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