

**The Washington Physicians Health Program:
Partnering for Success**

Washington Association of Medical Staff Specialists
Annual Education Conference
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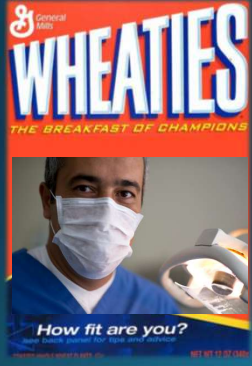
Learning Objectives

1. Define impairment and discuss the relationship between illness and impairment
2. Describe the process by which WPHP helps health professionals and provides verification of health status to credentialing entities
3. Identify barriers to help-seeking and how those barriers negatively impact physician health and patient safety
4. Evaluate the current state of credentialing question reform as it relates to physician wellness



**WPHP and MSM
Mission Alignment**

- Patient is our North star
- Healthy doctors = better health care
- Partners in safety
- Success in our shared mission lowers cost, increases access, and improves care for patients
- Mis/disinformation impedes progress



1/3 health professionals will have an impairing health condition during career

1-2% per year are impaired

Leape, L. and Fromson, J. Ann Int Med. 2006; 144: 107-115.

Impairment: Definition

- Inability to practice with **reasonable skill and safety** to patients as the result of a **health condition** (RCW 18.71.300)
- Illness ≠ impairment
- Clinical care/skill deficiencies ≠ impairment


We are not eager to intervene...

- Campbell Ann Int Med 2007 (US)
 - 96% agreed physicians should report concerns of impairment
 - 45% had encountered impaired/incompetent colleagues and **not** reported them
- DesRoches JAMA 2010 (US)
 - Only 64% agreed with a professional commitment to report impaired colleagues
 - Only 67% reported when there was **direct personal knowledge of impairment**
 - Under-represented minorities and non-US medical school grads less likely to report
- Geuijen PLOS One 2020 (Netherlands)
 - 97% report intent to act on impairment
 - Only 65% had acted when impairment was encountered

Culture of Silence

- Fear
- Shame
- Stigma and stereotypes
- Denial
- Perceived invulnerability
- Inexperience
- Uncertainty
- Ambivalence
- Avoidance


Discomfort = Inaction
The game is psychologically rigged against appropriate action



Conflict avoidant rationalizations avoid short-term discomfort at the cost of long-term suffering

Pay now or pay later (with interest)

Clear policies that direct referrals to the PHP when concerns of impairment arise are necessary to overcome cultures of silence and psychological avoidance





What is the Washington Physicians Health Program?

WPHP: History

- **1972:** JAMA publishes seminal article "The Sick Physician"
- **1974:** WSMA creates Committee on Personal Problems of Physicians
- **1987:** WSMA lobbies legislature for surcharge funding support and appointed an independent Board → Washington Monitored Treatment Program
- **1993:** WMTP becomes WPHP
 - Physician-led, independent, non-profit 501(c)(3) organization
 - Funded by license surcharges through DOH contract
 - Governed by Board of Directors approved by WSMA

WPHP Mission:

To facilitate the rehabilitation of healthcare professionals who have physical or mental conditions that could compromise public safety and monitor their recovery.

and monitor their recovery
and monitor their recovery

What impairs (or may impair) health pros?

- Substance use
- Psychiatric disorders
- Non-psychiatric medical conditions and their treatments
- Cognitive and neurologic disorders (both age-related and not)
- Chronic burnout and distress
- Personality pathology

WPHP can help with ANY health condition, not just SUD

60% of referrals are non-SUD

WPHP Model

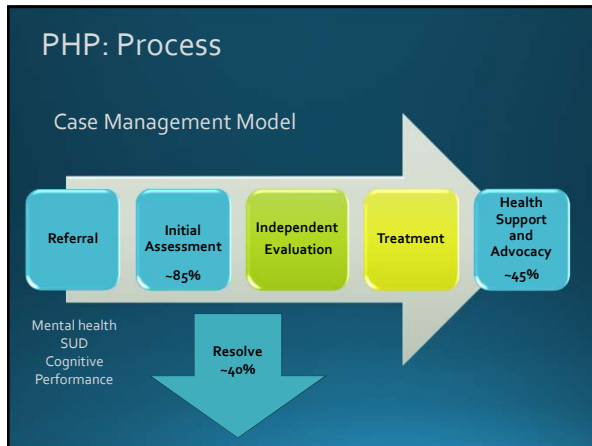
- Voluntary
- Confidential
- Therapeutic
- Accountable

WPHP is not the state medical board!

86% of WPHP program participants are never known to state medical board

A PHP is an alternative to mandated reporting

- Most states have mandated reporting laws for impaired or potentially impaired health professionals (WAC 246-16-200 → 270)
- Ethical and risk management reporting obligations as well
- WPHP is authorized/approved to receive confidential reports in lieu of report to the medical board
- Confidentiality and non-discipline mitigate against culture of silence
 - Lower threshold for reporting
 - Earlier intervention
 - Higher utilization
- Better prognosis for physician
- Better care for patients



- ### PHP Compliance is the Cornerstone of Advocacy
- Bring illness into remission with specialized evaluation and treatment
 - Health support agreements (accountability)
 - Elements of health verification
 - Workplace liaison
 - Toxicology testing
 - Health provider reports
 - PHP group and peer support meetings
 - Mutual support meetings
 - Advocacy: health verification of program participation, compliance, and health status (non-impairment)
 - Refrain from practice if indicated due to illness recurrence
 - Report to state medical board if unsafe and noncompliant (rare)

- ### Outcomes
- Individual PHPs demonstrate markedly higher illness remission rates compared to general population
- Washington Physicians Health Program (WPHP)
 - JAMA 2005
 - 75% successful outcome- substance use monitoring
 - Risk factors – opioid abuse, family history, dual diagnosis
 - Outcomes of a Monitoring Program (MAPHS)
 - J. Psychiatry Practice 2007
 - 75% successful completion - behavioral health & substance use disorder monitoring contracts

Outcomes

Landmark, multisite PHP study ("Blueprint study") replicates earlier findings and demonstrates a highly effective care management model

- Mc Clellan et al. BMJ 2008; Dupont et al. J Subs Abuse Treatment 2009
 - 16 PHPs, 904 physicians with SUD
 - 78% successful completion without detected relapse
 - Including those with relapse and further intervention, over 90% doing well at 7.2 years
 - Single report of patient harm (over prescribing)

"Such programs seem to provide an appropriate combination of treatment, support, and sanctions to manage addiction among physicians effectively."

Outcomes

Professional liability risk for PHP involved physicians is lower than physicians never involved with PHP

- Colorado PHP Malpractice Risk Study: Brooks et al. Occ Med 2013
 - Retrospective claims data for 818 PHP participants vs. 656 reference physicians
 - Pre-monitoring: PHP cohort 111% worse
 - Monitoring: PHP cohort 50% improved, still 28% below reference group
 - Post-monitoring: PHP cohort 20% better than reference group
- Physicians Insurance (Hankes, Misrahy, unpublished)
 - WPHP participants had lower liability risk than non-PHP policyholders

Healthy Physicians Give Better Care!

- Decreased medical errors (West 2006; Fahrenkoph 2008; Shanafelt 2010; Balch 2010; Oreskovich 2012)
- Increased patient satisfaction (Beach 2013)
- Better treatment recommendations and increased treatment adherence (Frank 2008; Duperly 2009; Frank 2013)
- Lower malpractice risk (Brooks 2013)
- Better treatment outcomes such as post-hospital discharge recovery times (Halbesleben and Rathert 2008)

WPHP Participant = Safe Clinician

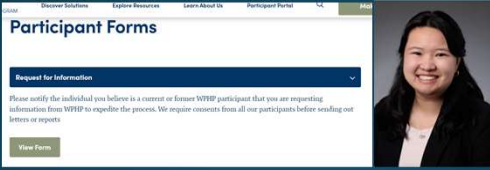
Health Verification

- Treatment adherence
- Reduced risk of impairment should illness recur
- Reassurance compared to professionals with unknown health status

Collaboration


- Policies and procedures that direct Initial credentialing and recredentialing
- Referrals from MEC/MSM to WPHP
- Medical leave
- Return to work
- Verification of program and health status/fitness for duty
- Post-discharge advocacy into perpetuity

Request a Letter...



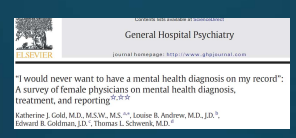
- <https://wphp.org/participant-portal/participant-forms/>
- Samantha Chow, WPHP Health Informatics Coordinator
 - schow@wphp.org
- Toll-free: 800-552-7236

Credentialing Reform




The settlement agreement ...prohibits the court from asking unnecessary and intrusive questions about bar applicants' mental health diagnosis or treatment. It also requires the court to refrain from imposing unnecessary and burdensome conditions on bar applicants with mental health disabilities, such as requests for medical records, compulsory medical examinations or onerous monitoring and reporting requirements.

Intrusive Questions are a Barrier to Help-Seeking



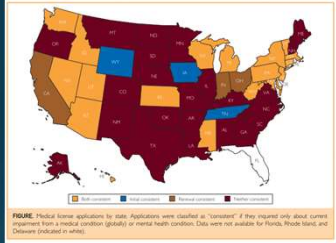
- 2016
- n=2106, convenience sample closed Facebook physician-parent group
- 50% met criteria for mental illness but did not seek treatment:
 - Manage on own 68%
 - No time 52%
 - **Fear of reporting to licensing board or other credentialing body 44%**
- Only 6% with formal dx or tx reported it to state:
 - Not a patient safety risk 75%
 - Not relevant to clinical care 70%
 - Not the business of the medical board 63%
 - Fearful would not get unrestricted license 53%

Intrusive Questions are a Barrier to Help-Seeking



- 2016
- n=2325, nationally representative convenience sample physician surveys
- 40% reluctant to seek care due to possible licensure repercussions
- Physicians working in states with intrusive questions more reluctant to seek help than physicians in states with model questions

Medical Licensure Question Reform




2017

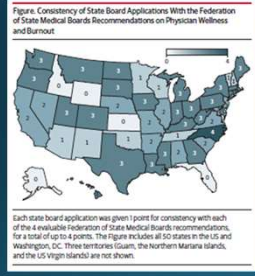
4.1% limited questions to current impairment

Dyrbye LN, West CP, Sinsky CA, Gooders LE, Satele DV, Shanfelt TD. Medical Licensure Questions and Physician Reluctance to Seek Care for Mental Health Conditions. *Mayo Clin Proc.* Oct 2017;92(10):1486-1493. doi:10.1016/j.mayocp.2017.06.020

2018




Medical Licensure Question Reform



2020

- 72% limited to only impaired
- 76% limited to current (2 years or less) impaired
- 46% safe-haven non-reporting
- 15% supportive language

Saddawi-Konefka D, Brown A, Eisenhart J, Hicks K, Barrett E, Gold JA. Consistency Between State Medical License Applications and Recommendations Regarding Physician Mental Health. *JAMA.* 2021;325(19):2017-2018. doi:10.1001/jama.2021.2275



Advocacy Resource Center
Advocating on behalf of physicians
and patients at the state level

**ARC Issue Brief: Confidential care to support
physician health and wellness¹**

2020, rev 2023



**Top E.R. Doctor Who Treated Virus
Patients Dies by Suicide**

"She tried to do her job, and it killed her," said the father of Dr. Lorna M. Breen, who worked at a Manhattan hospital hit hard by the coronavirus outbreak. 2020



Scott Jolley, MD
ER Physician, Salt Lake City Utah

The doctors are not all right

Doctors need mental health support, but the medical profession often punishes them for getting it.

By Julia Belluz | @juliabelluz | Jun 23, 2021, 5:00am EDT

The Dr. Lorna Breen Health Care Provider Protection Act 2022

**The Joint Commission Statement on Health
Care Worker Mental Health**

The Joint Commission does not require organizations to ask about a clinician's history of mental health conditions or treatment. We strongly encourage organizations to not ask about past history of mental health conditions or treatment. As an alternative, we support the recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that currently impair the clinicians' ability to perform their job. It is critical that we ensure health care workers can feel free to access mental health resources. The Joint Commission supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services, including eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment.

February 23, 2023

Wyden, Booker and Merkley Urge DOJ to Protect Physician Health Privacy and Hold State Medical Boards Accountable for Violations of the American Disabilities Act

An estimated two-thirds of state medical boards violate Title II of the ADA with personal, taxing, and unnecessarily broad questions about doctors' psychiatric history

DOJ Response 6/26/23:

"Inquiring about applicants' medical conditions substitutes inappropriate questions about an applicant's status as a person with a disability for **legitimate questions about an applicant's conduct.**"




DR. LORNA BREEN HEROES' FOUNDATION

Additionally, 21 health systems are in the process of making these changes.

- Avera Health
- Ballad Health
- BayHealth
- Chesapeake Regional Healthcare
- Children's National Hospital
- Hartford Healthcare
- Iowa Statewide Credentialing
- Indian Health System
- Johns Hopkins Health System
- LCHC Health
- Mass General Brigham
- MedStar Health
- My Michigan Health
- NYC Health + Hospitals
- Oklahoma State University Health
- Salford Health
- Sonoh
- University of New Mexico, SOM
- UHealth
- Virginia Commonwealth University Health

University of Washington in progress
Washington Credentialing Standardization Group 2023, 2025



THE IDEAL CREDENTIALING STANDARDS FOR INITIAL-PRACTITIONER APPLICANTS

See Practice Criteria and Protocol for Healthcare Organizations

January 2024

10. HEALTH STATUS

In accordance with the *Dr. Lorna Breen Health Care Provider Protection Act of 2021* and the National Institute for Occupational Safety and Health's statement on intrusive mental health questions, NAMSS recommends the following wording for asking about an applicant's health status:

"Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?" (Red Flag)

Primary Sources: Applicant attestation; practitioner's application; peer references, physical, if applicable.

Red Flag Example: Discrepancy between information disclosed and information verified.

Remove Intrusive Mental Health Questions from Licensure and Credentialing Applications

A Toolkit to Audit, Change, and Communicate

All in Working Fast for Healthcare

1. AUDIT
Review and understand application requirements and your own practice

2. CHANGE
Use evidence of practice change events when ready

3. COMMUNICATE
Develop a plan to share your changes

What Is Your Practice?

Model Language

Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a safe, competent, ethical and professional manner? (Yes/No)

Next Level: Why even ask?

"Safe harbor" provision language and application question example.

2. Personal Data Questions	Yes	No
<p>Please Note:</p> <p>The Commission does not inquire about personal medical conditions unless notified that they represent a limitation or impairment to safe medical practice.</p> <p>"Medical Condition" includes social, behavioral, physical, physiological, and psychological conditions or disorders. The Medical Commission does inquire about substance use of applicants. If you have a medical condition or substance use disorder that may limit or impair your ability to practice medicine safely, it is your responsibility to contact the Washington Physician Health Program (WPHP) for an assessment (800-525-7236. If the behavior or condition is "known to WPHP", that means you have informed WPHP of your medical condition(s) and you are complying with all WPHP requirements for evaluation, treatment, and/or monitoring - if any. The WMC considers this a safe haven in the application process.</p> <p>Acknowledgment and Agreement</p> <p>By submitting this application, you acknowledge and agree to the following:</p> <p>If the Commission has information that you may be suffering from a condition for which you are not being appropriately treated that impairs your judgment or would adversely affect your ability to practice medicine in a competent, ethical, and professional manner, the Commission may request that you undergo an evaluation with the WPHP or other health examinations at your expense. By submitting this application, you consent to such examination(s). You also agree the full and complete examination report(s) may be provided to the Commission, which is the regulatory authority of the licensee. You waive all claims based on confidentiality or privileged communication. You understand that failure to submit to a required examination(s) or provide the requested report(s) to the Commission may be grounds for denying your application.</p>		

Washington Medical Commission

Credentialing Reform



Journey to Greatness — Leading the Pack

Questions?

Thank You!

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