The Role & Success of Physician and Healthcare Professional Programs

By Linda Bresnahan, MS
Federation of State Physician Health Programs,
Executive Director

Physician Health Programs (PHPs) have been supporting and advocating for health professionals for nearly four decades. Initially developed by state medical societies in the 1980s, PHPs recognized the need for therapeutic alternatives to disciplinary measures for physicians facing health issues that could impair their ability to practice safely. Originally focused on substance use disorders, PHPs have since expanded their services to encompass mental health and other co-occurring conditions.

The PHP Model: A PHP serves as a confidential resource for physicians, healthcare professionals, and trainees dealing with mental health illnesses, including substance use disorders, which may pose risks to impairment. PHPs coordinate detection, evaluation, treatment, and continuing care monitoring for participants, ensuring compliance with treatment and care recommendations. Additionally, PHPs are committed to educating the healthcare community on their principles and promoting physician well-being through various channels.

Success of PHPs: PHPs have extensive expertise in monitoring and managing safety-sensitive professionals, including physicians who have recovered from a substance use disorder.[1-6] Studies that review the long-term model of PHPs confirm physician recovery rates are markedly higher than the general population—even when extended into 5 years or more.[7-9] One study reports that professional liability risk for those who complete a PHP is lower than for physicians practicing medicine who have never been followed by PHP monitoring.[10]

One national study with collated data from 16 PHPs across the United States outlined the unique model of peer support provided to physicians with potentially impairing conditions. Collecting 904 sequential admissions to these same programs and following them over five or more years resulted in 81% of participants having zero positive drug screens. Of those who completed monitoring, 95% had a license and worked as a physician.[7] Single-state results reflect similar statistics with positive outcomes.[11,12,13] For example, a retrospective cohort study of 292 healthcare professionals enrolled in the Washington PHP noted that 25% of participants had at least one relapse, 5% had two relapses, and 3% had three or more relapses during the five-year period.[11] Each relapse was managed within the PHP, which balanced compassionate responses with public safety.[12,13] Whereas, only 35-50% of individuals in the general population remain abstinent for one year or more.[14]

Factors Contributing to PHP Success

Structure and Confidentiality: PHPs usually operate independently from other organizations and regulatory agencies but in collaboration with their state medical association, and regulatory agency. Many are 501c3 nonprofits with state medical association affiliation, and a few are affiliated with their state regulatory agency.

PHPs operate in a manner that protects the privacy and dignity of the participants in accordance with state and federal laws and/or regulatory agreements. When appropriately authorized, PHPs may offer unique benefits. This includes but is not limited to, a safe haven where licensees are not required to disclose psychiatric, addictive, and/or other potentially impairing illnesses to their regulatory agency when such licensees are compliant with their PHP program.

PHPs are better positioned for access to care when they can offer confidential services, separate from the licensing board, and defined legislatively or by a rule or regulation of the licensing as a therapeutic alternative to discipline. This includes parameters for record protection, such as peer review record protection, and/or other immunities to protect the privacy of the PHP communications and participant records. Additionally, PHPs may qualify for HIPAA and/or 42 CFR Part 2. If so, these practices provide added confidentiality regarding PHP communications and records.

Early referral to PHPs can prevent adverse professional consequences and promote timely intervention and treatment. PHPs maintain strong confidentiality protections, ensuring participants' identities are not disclosed without their consent, except in cases posing a risk to patient safety.

State Member Program Criteria: The Federation of State Physician Health Programs, Inc. (FSPHP), is a national organization of PHPs. PHPs evolved from initiatives taken by the American Medical Association (AMA) and the Federation of State Medical Boards interest to have a resource that focused on rehabilitation and monitoring. The initial success of these efforts led to the creation of FSPHP as an independent organization to support the development, collaboration and best practices of all PHPs across the US and Canada. To support the model PHP that was intended in each state with confidentiality to serve this purpose, the FSPHP created criteria for a "State Member Program" which shall have a confidential diversionary role allowing for a therapeutic alternative to disciplinary action and have the support of organized medicine to qualify for membership. Such support must come under the direct auspices of the State Medical Society/Association; or be recognized/approved by the State Medical Society/Association (as a program of the Society/Association). At the core of these requirements is the goal to incentivize early referrals separate from a disciplinary process, and prior to impairment.

Safety-Sensitive Workers: PHPs have extensive experience in understanding the needs of safety-sensitive workers. When a healthcare worker develops a potentially impairing condition, such as a mental health or substance use disorder (SUD), the very nature of his or her work demands comprehensive and sustained monitoring to ensure his or her health and well-being. Safety-sensitive workers such as healthcare professionals, airline pilots, and others have several qualities that create distinct treatment and case-management needs. These include but are not limited to workplace environment issues, personality factors, a responsibility to the public, and a need to balance the individual's need for privacy with the need for public safety. Health care professionals often have difficulty accepting the role of patient, which necessitates care by treatment providers that are capable of helping the individual overcome such obstacles.[18]

Peer-to-Peer Support: Mental health, substance use disorder, and other potentially impairing illness treatment among healthcare workers is markedly more effective in a cohort of peers and in specialized treatment centers that are skilled in the illnesses being served. As discussed below, specialized treatment centers and providers must be experienced in working with the healthcare professional personality styles and other nuances related to the healthcare profession. Effective treatment can occur when the healthcare professional is able to address comorbid conditions and other relevant issues amongst a cohort of peers and the triggers or stressors of the work environment to which he or she will return are understood and properly addressed.[15]

Key Functions of a PHP: The essential function of a PHP is to enhance public safety by promoting the health of physicians in their state or province:

1. **Accepting self-referrals and referrals** from others concerned about a healthcare professional's well-being.

2. **Assessing the validity or eligibility of the referral** to

The Role & Success of Physician and Healthcare Professional Programs   (continued)

the PHP program in a confidential, respectful, and professional manner. Collateral information may be obtained to determine the appropriate next steps.

3. **Making initial contact** for the purpose of coordinating an appropriate interview, evaluation, or referral as deemed appropriate. Some PHPs perform an initial assessment to determine the needs of a potential participant, while others refer all participants to outside providers.

4. **Determining fitness for duty:** During this initial engagement and through the PHP process, a PHP serves a critical role of determining if it is in the best interest of the individuals care to refrain from practice to allow them to prioritize their well-being and prevent any concerns of patient safety.

5. **Coordinating evaluation and/or establishing treatment** at an appropriate level of care.

6. **Oversight of the participant** through the course of evaluation and any subsequent treatment, monitoring participant response and compliance with care provided by qualified healthcare providers with expertise working with healthcare professionals.

7. **Establishing a structure for accountability,** including case management. This is usually accomplished through a written agreement between the participant and the PHP.

8. **Responding to changes in health conditions or other concerns** that emerge during the course of monitoring.

9. **Providing mechanisms to enhance the detection of relapse** and to support stability on an ongoing basis.

10. **Compliance Documentation:** Using objective data to document participant activities that achieve and sustain remission and document appropriate illness management. Such data is used to endorse a participant's well-being and ability to practice medicine safely, from a health perspective, supporting credentialing, licensing, and insurability.

PHP Impact on Patient Care and the Profession: PHPs support physician well-being, promote workforce retention, and contribute to patient safety by encouraging help-seeking behavior among healthcare professionals. They offer rapid intervention, care management, and ongoing support, leading to positive health outcomes for participants. PHPs also play a crucial role in educating the medical community and advocating for physician wellness.

Challenges and Opportunities: PHPs face challenges related to funding, confidentiality, and variability in state regulations. Efforts are underway to enhance consistency and effectiveness through a PHP performance review program, Performance Enhancement and Effectiveness Review (PEER™) and accreditation programs for treatment and evaluation services specialized for healthcare professionals, Evaluation and Treatment Accreditation (FSPHP-ETA)™. Collaboration between PHPs and other stakeholders can further strengthen PHPs and the support for physician well-being and promote patient safety.

Conclusion: PHPs have evolved over four decades to become trusted resources for physicians and healthcare professionals facing health challenges. Their confidential, supportive, and evidence-based approach promotes early intervention, treatment, and successful return to practice, benefiting both participants and the medical community at large.

For more information:
- Contact Linda Bresnahan, FSPHP executive director at lbresnahan@fsphp.org and visit https://www.fsphp.org/
- To contact your state PHP: https://www.fsphp.org/state-programs
- Videos about PHPs: https://www.fsphp.org/state-program-videos
- Stories from Participants: https://www.fsphp.org/php-participant-stories
- More resources: https://www.fsphp.org/resources

To view the National Policy Related to the Physician Health Program Model, see digital version of magazine at https://nebmed.org/about/publications/ to access these links.

REFERENCES:

1) The sick physician. Impairment by psychiatric disorders, including alcoholism and drug dependence. *JAMA*. Feb 5 1973;223(6):684-7.

2) Carr GD, Bradley Hall P, Reid Finlayson AJ, DuPont RL. Physician Health Programs: The US Model. *Physician Mental Health and Well-Being*. 2017:265-294:chap Chapter 12.

3) Earley P. Special populations: persons in safety sensitive occupations. The ASAM criteria 3rd ed *Carson City: The Change Companies*. 2013

4) DuPont RL, Humphreys K. A new paradigm for long-term recovery. *Subst Abus.* Jan 2011;32(1):1-doi:10.1080/08897077.2011.540497

5) DuPont RL, Seppala MD, White WL. The three missing elements in the treatment of substance use disorders: Lessons from the physician health programs. *J Addict Dis.* 2016;35(1):3-7. doi:10.1080/10550887.2015.1102797

6) *Model Physician Health Programs Act.* 2016. https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf

7) McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ.* Nov 4 2008;337:a2038. doi:10.1136/bmj.a2038

8) DuPont RL, McLellan AT, White WL, Merlo LJ, Gold MS. Setting the standard for recovery: Physicians' Health Programs. *J Subst Abuse Treat.* Mar 2009;36(2):159-71. doi:10.1016/j.jsat.2008.01.004

9) Weenink J-W, Kool RB, Bartels RH, Westert GP. Getting back on track: a systematic review of the outcomes of remediation and rehabilitation programmes for healthcare professionals with performance concerns. *BMJ Quality & Safety*. 2017;26(12):1004-1014. doi:10.1136/bmjqs-2017-006710

10) Brooks E, Gendel MH, Gundersen DC, et al. Physician health programmes and malpractice claims: reducing risk through monitoring. *Occup Med (Lond)*. Jun 2013;63(4):274-80. doi:10.1093/occmed/kqt036

11) Domino KB, Hornbein TF, Polissar NL, et al. Risk factors for relapse in health care professionals with substance use disorders. *JAMA.* Mar 23 2005;293(12):1453-60. doi:10.1001/jama.293.12.1453

12) Skipper GE, Campbell MD, DuPont RL. Anesthesiologists with substance use disorders: a 5-year outcome study from 16 state physician health programs. *Anesthesia & Analgesia.* 2009;109(3):891-896.

13) Buhl A, Oreskovich MR, Meredith CW, Campbell MD, Dupont RL. Prognosis for the recovery of surgeons from chemical dependency: a 5-year outcome study. *Arch Surg.* Nov 2011;146(11):1286-91. doi:10.1001/archsurg.2011.27

14) Fleury MJ, Djouini A, Huynh C. et al. Remission from substance use disorders: A systematic review and meta-analysis, Drug Alcohol Depend: 2016:168-293-306

15) Knight JR, Sanchez LT, Sherritt L, Bresnahan LR, Fromson JA. Outcomes of a monitoring program for physicians with mental and behavioral health problems. *J Psychiatr Pract.* Jan 2007;13(1):25-32. doi:10.1097/00131746-200701000-00004

16) Knight JR, Sanchez LT, Sherritt L, Bresnahan LR, Silveria JM, Fromson JA. Monitoring physician drug problems: attitudes of participants. *J Addict Dis.* 2002;21(4):27-36. doi:10.1300/J069v21n04_03

17) Ellis E. NC Physicians Health Program offered help to hundreds last year. NCMedSoc.,Available at: https://secure.ncmedsoc.org/physicians-health-program-offered-help-to-hundreds-last-year/. Accessed April 30, 2019

18) FSPHP PHP Guidelines, https://www.fsphp.org/fsphp-guidelines--policies--position-statements