

Federation of State Physician Health Programs

Physician Health Programs & Health Professional Programs

Addressing Health Care Professionals at Risk of Mental Health Illness including SUD



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Health Programs

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FSPHP Executive Director & CEO



Federation of State Physician
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Edwin Kim, MD
FSPHP President Elect
Pennsylvania Physician Health Program
Medical Director



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FSPHP Mission

To support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.

FSPHP Vision

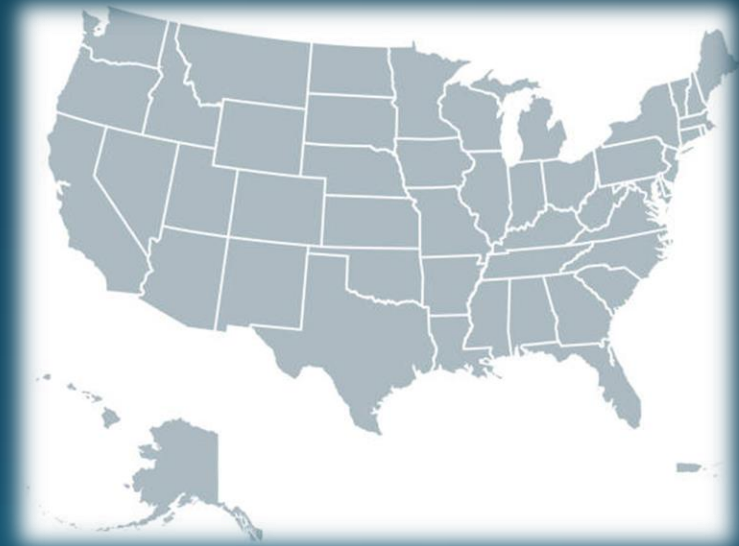
A society of highly effective PHPs advancing the health of the medical community and the patients they serve.

FSPHP Values

- Empowering Membership
- Advocacy
- Collaboration
- Equity
- Education and Research
- Leadership

FSPHP Today

- 325 Members
- 51 State Physician (Professional) Health Programs Members
 - In development
 - Nebraska, Wisconsin, California (MD Program)
 - 2 Programs in Missouri
 - 2 Programs in Arizona
- 159 Associate PHP Members
- 113 Other members including international, individual, industry, & organizational



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Major Initiatives

Together work to ensure that there is a **sufficiently staffed and funded**, model state PHP in every US/territory regulatory jurisdiction

Practice Variation:

- FSPHP PEER™ (PHP review)
- ETA™ (evaluation and treatment provider accreditation)

Confidentiality:

- Record Protection w/ statutory protections
- Alternative to mandated reporting
- License and credentialing question reform

Research:

- FSPHP National Scope of Services Survey
- PHP Participant Outcome Database, best practices research

Suicide Prevention

- American Foundation for Suicide Prevention ISP partnership
- Examine PHP practices and risk
- Develop messaging

Education and Outreach

- Informational videos
- Presence at national meetings of our strategic partners

PEER™ and ETA™

PHP & Treatment Quality and Consistency

- FSPHP Performance Enhancement and Effectiveness Review™ (PEER)™ Program – A review process for PHPs to alignment with best practices among PHPs
- FSPHP Evaluation and Treatment Accreditation™ (FSPHP-ETA™) Program will recognize evaluation and treatment services that are qualified to specialize in the care of health professionals/safety-sensitive professionals



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Why PHPs: Confidentiality & Special Populations – Safety Sensitive

- Examples of Safety Sensitive Workers:
 - Power company employees, especially in the nuclear power industry.
 - Defense contractors in selected areas (e.g., missile defense, drone and aircraft manufacture and highly classified weapons systems).
 - Public servants in the police and fire areas
 - Special attention must be paid to officers in undercover and drug enforcement
 - Airline Pilots
 - Even private pilots must be identified and treated with special attention
 - Attorneys and Judges
 - Healthcare workers (**Physicians**, Physician Assistants, nurses, pharmacists and nuclear medicine staff)
 - Employees of pharmaceutical companies (especially in manufacturing)

What is a Physician Health Program?

A **confidential** resource to support health professionals when illness may be adversely impacting performance

PHP have a unique and joint obligation to address care and patient safety



The PHP Model - Structures

- Independent Not For Profit 501 (c)(3) and/or
- State Medical Association
- Regulatory Agency Authorized PHP w/
firewall



Physician Health Programs Today

- Voluntary
- Support for the medical boards for those who are disciplined
- Fitness for practice determination
- Experts with safety-sensitive population
- Peer-based
- Rehabilitative
- Preventive
- Accountable monitoring & patient safety
- Separate from the medical board
- Confidential
 - Record Protection
 - Immunity via legislation (authority to accept referrals as an alternative to discipline)
 - Licensure application nondisclosure when PHP compliant

Physician Health Programs

- **Timely** referral to expert health professional evaluators, and treatment providers
- Separate from treatment or other role conflicts
- Verification of Health Status



Populations Served

of State

Program Members

Population being served

49	Physicians - MD
48	Physicians - DO
11	Families of physicians
34	Medical students
28	Dentists
42	Residents
14	Psychologists
28	Podiatrists
17	Nurses
44	Physician assistants
21	Pharmacists
22	Veterinarians



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Physician Health Programs Serving Podiatrists

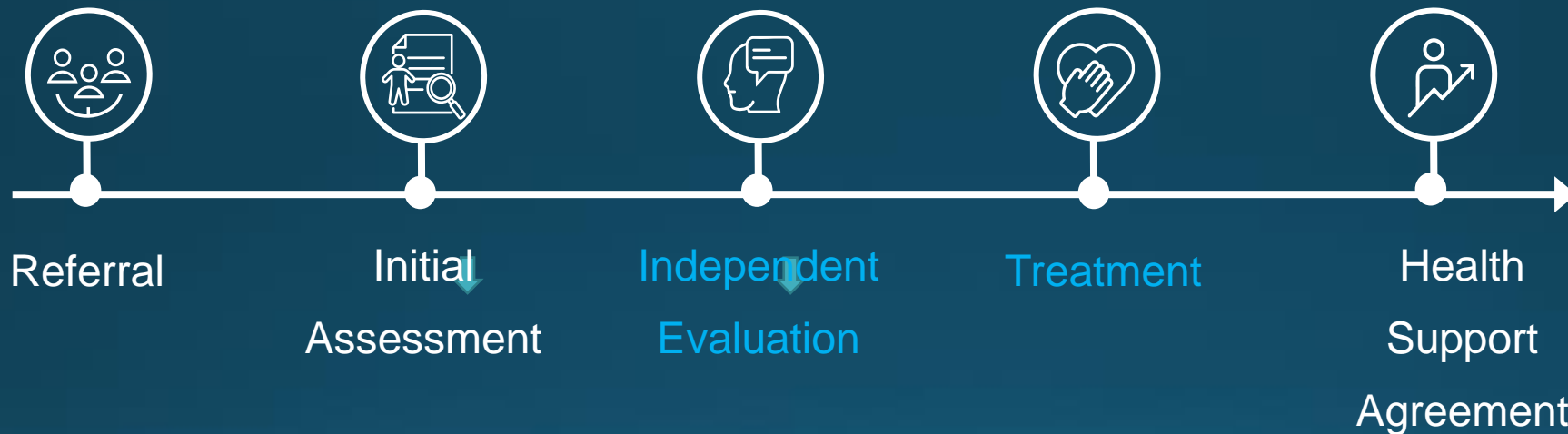
1. Arizona (Gateway Recovery Institute)
2. Arizona (Community Bridges, Inc.)
3. Connecticut
4. Delaware
5. District of Columbia
6. Florida
7. Hawaii
8. Illinois
9. Louisiana
10. Maryland
11. Michigan
12. Minnesota
13. Mississippi
14. Missouri
15. Nevada
16. New Hampshire
17. New Jersey
18. Ohio
19. Oklahoma
20. Oregon
21. Pennsylvania
22. Rhode Island
23. South Carolina
24. Tennessee
25. Utah
26. Vermont
27. Washington
28. West Virginia



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PHP Process - An Individualized Treatment Plan with a Constellation of Services

Case Management Model



Treatment/Monitoring Not Indicated
Coaching, Therapy, Education and/or Other Remediation

PHP direct services

PHP approved referral resources

PHP Compliance is the Cornerstone of Advocacy

- Recommendations for therapy, coaching, and peer support
- Monitoring agreement or **health support agreements**
- Elements of monitoring (**health support agreements**)
 - Workplace monitor/**liaison**
 - Toxicology monitoring/**testing**
 - Health monitoring/**Care provider verification of health status**
 - Group attendance and peer support
- Documentation of health status = verification of program participation and health status (non-impairment); with minimum necessary medical information
- Refrain from practice if indicated due to illness exacerbation

PHP Education and Consultative Services

- Education and outreach
- Institutional Medical education and training
- **Policy development on mental health and substance use**
- Wellness programming
- Consultation: Workforce sustainability, burnout, impairment, employer drug testing, Wellbeing Committees, etc.
- Advocacy: legislative and regulatory reforms; organized medicine
- Collaboration: regulators, healthcare organizations, credentialing entities, public health



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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

Landmark, Multisite PHP Study Replicates Earlier Findings and Demonstrates a Highly Effective Care Management Model

- “Blueprint” PHP Study: McClellan 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.”

Only 35-50% of individuals in the general population remain abstinent for 1 year or more

* 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.

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**



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Access to Care – FSPHP Safe Haven - Triad of Confidentiality

- Regulatory Protection
 - PHP participation need not be reported or known to regulators
 - PHP is authorized alternative to mandated reporting
- Record Protection
 - PHP records are protected from disclosure in legal proceedings
- Application Protection
 - Licensure and credentialing applications permit non-disclosure of PHI
 - Applications do not require disclosure of PHP participation



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Licensure/Credentialing/Insurance Question Reform

- 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?
(Yes/No)

If you are currently a compliant participant in the State Physician Health Program, you may answer "No."

Physician Insurance Adopts 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?

Do you currently use any substance that impairs in any way your ability to practice with reasonable skill and safety that is not known to a state physician's health program or other legally authorized professional assistance or substance use disorder monitoring program? If yes, please explain.

- “Currently” means within the past six months.
- “Substances” include alcohol, drugs, or medications, whether taken legally or illegally.



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Policies that Support PHPs As an Alternative to Discipline

- [FSMB Physician Burnout and Wellness Report of 2018](#)
- AMA:
 - [AMA ARC Issue Brief - Confidential Care 2020](#)
 - [Access to Confidential Services 2019](#)
 - [AMA Model Legislation 2016 Supporting Safe Haven](#)
- [American College of Emergency Physicians 2020 Safe Haven Policy Statement](#)
- [Joint Statement Supporting Clinicians Post COVID](#)
- [American College of Physician Support of Safe Haven 2019](#)



References/Resources:

- 2016 AMA Physician Health Model Act: <https://www.fsphp.org/ama-model-bill-physician-health-programs-act>
- FSMB Policy on Wellness and Burnout 2018: <https://www.fsmb.org/advocacy/impairment/>
- 2019 FSPHP Guidelines: <https://fsphp.memberclicks.net/>
- 2019 ACP Position Statement of Physician Impairment: <https://annals.org/aim/fullarticle/2735179/physician-impairment-rehabilitation-reintegration-medical-practice-while-ensuring-patient-safety>
- FSMB Policy on Physician Illness and Impairment May 2021: <https://www.fsmb.org/advocacy/impairment/>
- 2024 AMA Advocacy Resource Center Issue Brief - Confidential Care to Support Physician Health and Wellness: <https://www.ama-assn.org/system/files/issue-brief-physician-health-wellness.pdf>
- Dr. Lorna Breen Heroes' Foundation: <https://drlornabreen.org/removebarriers/>



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When to Call a PHP

<https://www.fsphp.org/state-programs>

- At any time - Develop a **relationship**: request education and outreach from the PHP; seek pre-referral consultation (can be anonymous)
- Make timely referrals: after informal efforts have failed, before formal remediation or discipline (if possible)



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Summary

- PHPs are a risk management tool that can be trusted
- PHPs are ready to help reassure health status and promote proactive help-seeking with compliance statements
- PHPs address fitness to practice and report when there is a risk to patient safety
- Supporting the work of PHPs saves lives, careers, and families, ensuring that critical resources are available when they are needed most



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