

Reentry to Practice

Insights from the Federation of State Physician Health Programs

FSMB Workgroup on Re-entry

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Federation of State Physician
Health Programs



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Disclosures

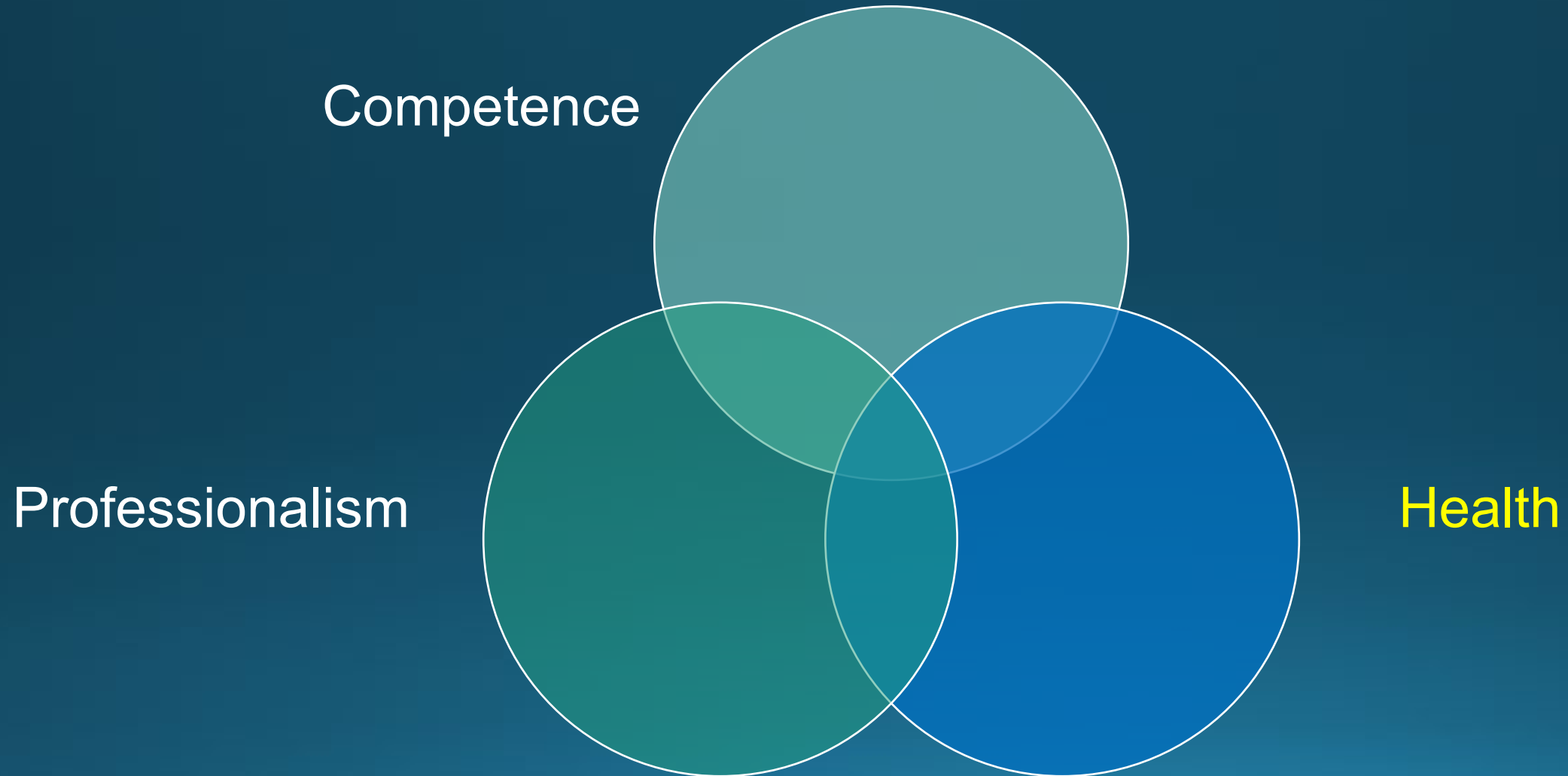


Speaker has no commercial or other conflicts of interest to disclose



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Elements of Clinical Performance



Fitness for Duty

- Physical, emotional, and mental condition allows performance of job duties in a proper, safe, and competent manner
- FFD evaluation: **medical evaluation** performed by a licensed medical practitioner
- Routine, for cause, or return from absence

American College of Occupational and Environmental Medicine
<https://ohguides.acoem.org/04-fitness-for-duty-introduction/>



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Reentry vs return to work

- Reentry: extended period of clinical inactivity not resulting from medical board disciplinary action
- Return to work: return to clinical practice following a relatively brief medical leave for fitness assessment and/or restoration the duration of which would not be expected to necessitate reentry planning. Typically managed by PHP



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PHPs routinely make recommendations for practice cessation pending further evaluation and treatment

PHPs rely on approved evaluators to determine FFD as a part of return to work and re-entry planning following a period of illness



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Return to Work Planning

- Fitness for duty assessment
- PHP endorsement/advocacy
- Accommodations/graded reentry
- Health support agreements (aka “monitoring”)
- Elements of health verification (care provider reports, peer group meetings, case management meetings, toxicology testing)
- Workplace liaisons
- Difficult RTW pathways (including reentry)
- Transition assistance (sometimes out of medicine)



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FSPHP Insights

- Maintain clear conceptual distinctions between fitness/impairment, and competence (see FSPHP Public Policy Statement Physician Illness, Disability, and Impairment: Differentiation and Responsibility)
- Return to work vs reentry
- SMBs should seek an endorsement of fitness from PHP when practice leave was caused or exacerbated by illness or impairment
- SMBs should act in reliance on PHP endorsement and not seek disclosure of PHI in developing orders/reentry plans



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FSPHP Insights

- SMBs should avoid imposing overly specific or arbitrary requirements and leave the monitoring to the PHP
 - Example language:

“Licensee shall enroll with the PHP and follow all PHP recommendations and program requirements. Licensee shall cause PHP to submit quarterly verification of health and program status. Licensee shall remain in the PHP until discharged. Expulsion from the PHP prior to satisfactory program completion will be a violation of this order. Licensee may petition for termination of this order when the following conditions have been met....”

- Always
Be
Consulting!



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Closing Thoughts

- Reentry policy is well done but has orphaned the ill/impaired physician with board action
- Thank you for considering our comments and feedback
- Reentry considerations underscore PHP value in assisting SMBs navigate reentry and return to work
- Absent a PHP, SMBs are forced to obtain PHI directly from treatment providers
 - Risk of bias/discrimination in regulation
 - Undermines the trust in the care provider-patient relationship = worse outcomes



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Questions?



Thank You!

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