

Better Together: Physician Health Programs, Professional Liability, and Access to Quality Care

MPLA Underwriting Workshop
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Federation of State Physician
Health Programs



Chris Bundy, MD, MPH, FASAM

Chief Medical Officer
Federation of State Physician Health Programs

Executive Medical Director
Washington Physicians Health Program

Clinical Associate Professor
UW School of Medicine and WSU Elson S. Floyd
College of Medicine



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Disclosures



Speaker has no commercial or other conflicts of interest to disclose



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Learning Objectives



1. Describe the role of the physician health program
2. State the evidence to support the effectiveness of physician health programs
3. Provide 3 actionable strategies through which underwriters can align with physician health programs to achieve common goals



Case

40 year-old physician referred to PHP concerns for substance use

Separation from employment



Completes SUD treatment

Enrolls in 5-year PHP health support agreement



Seeks employment/placement with a large national locums company

Case

Question: Are you currently using, or have you ever used, illegal drugs or legal drugs in an illegal manner?



Physician answers "YES"

Case

Question: Have you ever had any physical or mental condition, including substance abuse or dependency, that has impaired or may impair your ability to work safely and according to accepted standards of performance with patients as a practitioner, or has otherwise been deemed a violation of the law?



Physician answers "YES"

Case

Locums company asks for additional information regarding “yes” responses




PHP provides standard verification of health and safety to practice



Locums company requests physician disclose his diagnosis
Tells PHP that they will not hire if there is SUD and that underwriter insists on disclosure of diagnosis

Case

PHP advises physician to not disclose diagnosis
PHP Medical Director attempts advocacy with employer and PL company



Physician decides not to disclose diagnosis



Locums company informs physician they will not be moving forward with placing them

Questions

- Were the questions asked on the credentialing application appropriate or potentially discriminatory?
- Was it acceptable for the employer or professional liability carrier to condition employment or liability coverage on the disclosure of diagnosis?
- How can we work together to reduce barriers to help-seeking while also managing risk?



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

1-2% per year may be impaired

Leape, L. and Fromson, J. Ann Int Med. 2006



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PHPs can help with any condition that may impact clinical performance...

- Mental health
- Substance use
- Non-psychiatric health conditions
- Neurocognitive concerns
- Psychomotor disturbances
- Problematic workplace behaviors
- Stress and burnout



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What is Impairment?

- Inability to practice with **reasonable skill and safety** to patients as the result of a **health condition**
- Illness \neq impairment
- Competence/standard of care deficiencies \neq impairment



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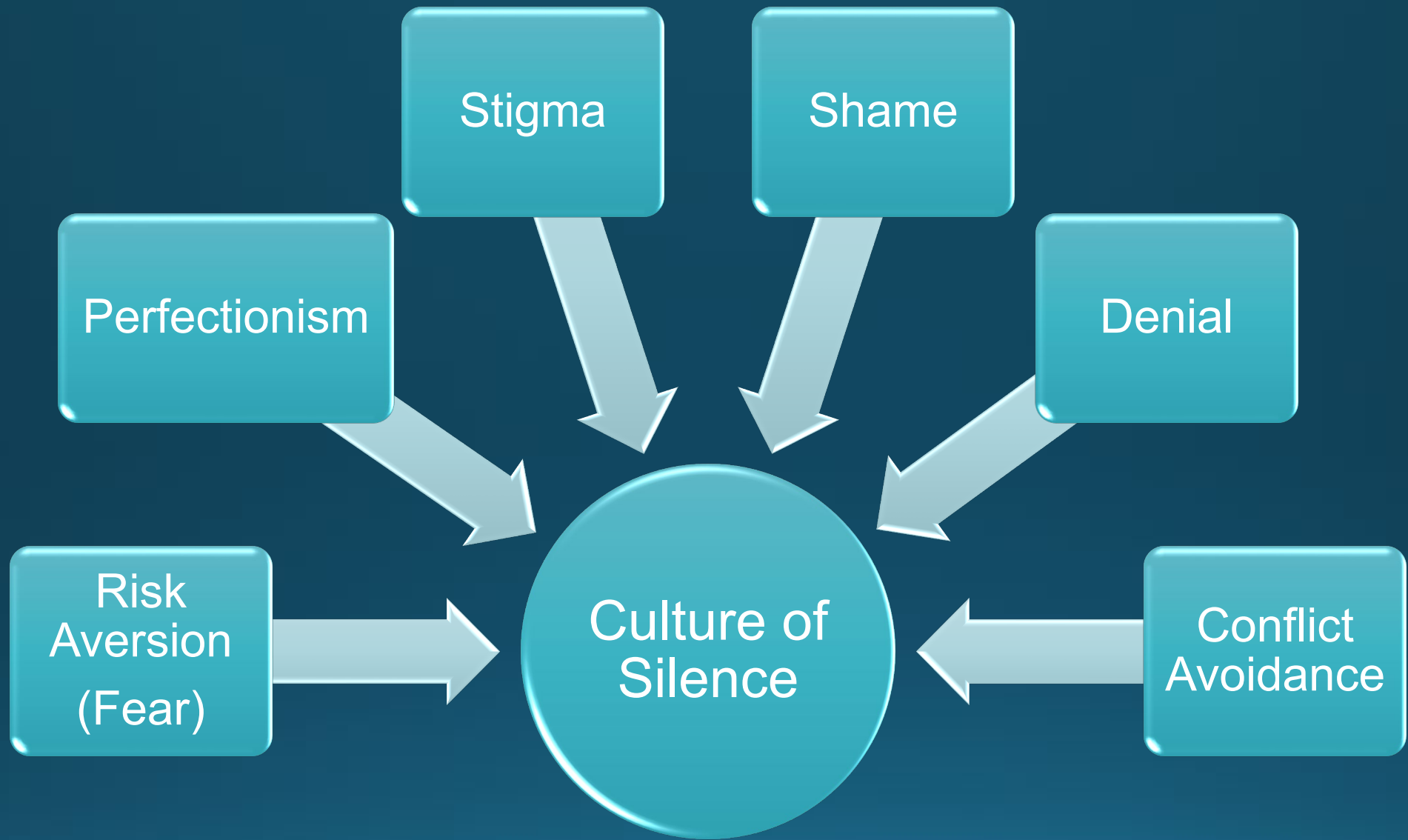
What is a Physician Health Program?

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

PHP ≠ State Medical Board



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Elements of a Model PHP



Confidential
Voluntary
Expert
Peer-Based
Accountable
Preventive
Rehabilitative



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FSPHP Triad of Confidentiality

- Regulatory Protection
 - PHP participation need not be reported or known to regulators
 - PHP is an 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 (with certain exceptions)

An Uneasy Role

Unwell

Uneasy...

Unsafe



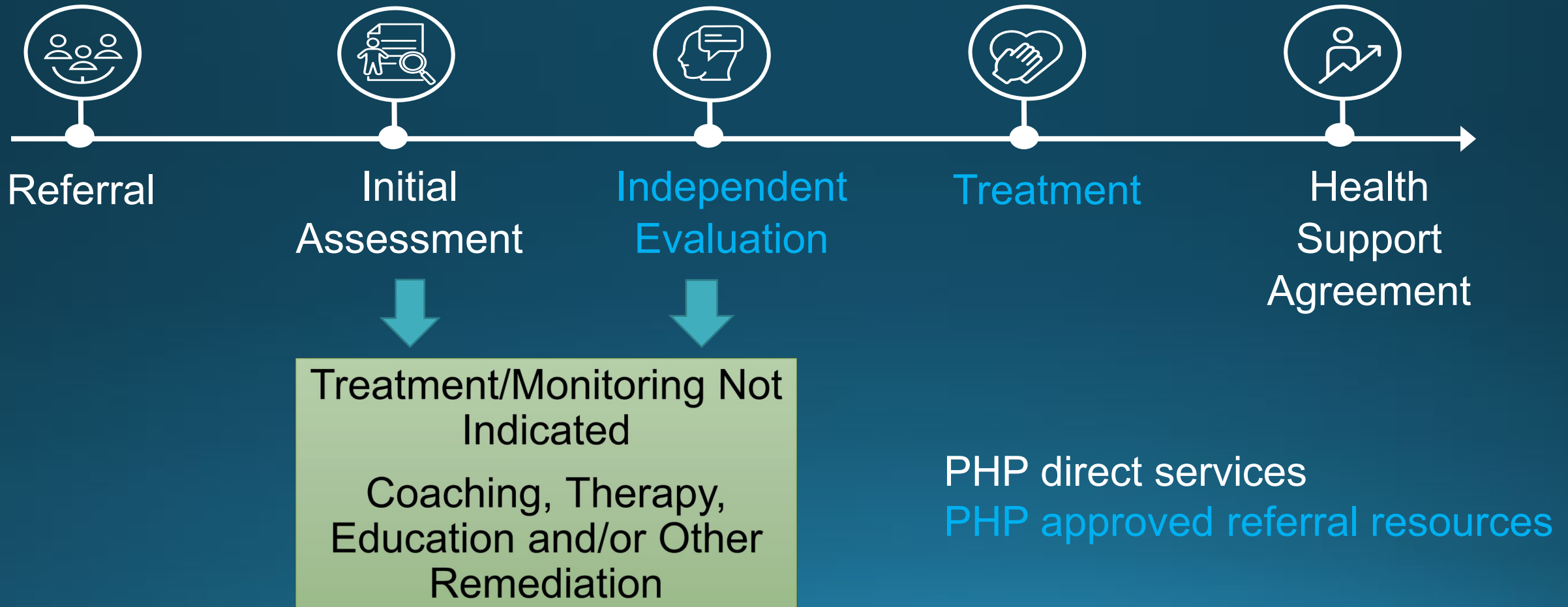
Proactive/prevention driven
Self-directed/autonomy
Rehabilitative focus
Confidentiality



Reactive/event driven
Other-directed/compulsory
Patient safety focus
Accountability

PHP Process

Case Management Model



PHP Approved Resources



Comprehensive Diagnostic Evaluations for HCPs

Counselors and psychologists

Psychiatrists and mental health APC's

Neurologists

Neuropsychologists

Professional coaches

Practice assessment programs

Remediation courses

And more.....

Health Support and Verification

- Health support agreements (1-5 years)
- Chronic illness management
- Accountability
- Health verification: health provider updates, workplace liaison reports, PHP individual and peer group check-ins, high-reliability toxicology testing paradigms
- Verification of program and health status (safety to practice) to consented 3rd parties (employers, credentialing entities, regulators, etc)



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Polling Question

What percentage of PHP participants have full, sustained illness remission at program completion?

- a) 40%
- b) 60%
- c) 80%
- d) 95%



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Outcomes

Individual PHPs demonstrate markedly higher illness remission rates compared to general population

- Washington Physicians Health Program (WPHP)
 - JAMA 2005; SUD participants
 - 75% no return to use during program participation
 - Risk factors for return to use – family history, hx high potency opioid use, co-occurring illness
- Outcomes of a Monitoring Program (MAPHS)
 - J. Psychiatry Practice 2007
 - 75% successful completion - behavioral health & substance use disorder health support agreements



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Outcomes

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

- “Blueprint” PHP Study: 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

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



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Polling Question

In our organization, all things considered, PHP-involved health professionals are a _____ underwriting risk and should pay _____ premiums than others doing the same work:

- a) Lower, lower
- b) Lower, equal
- c) Higher, equal
- d) Higher, higher



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Outcomes

PHP graduates have lower professional liability risk

- 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% higher risk
 - Monitoring: PHP cohort 50% improved, still 28% higher risk than reference group
 - Post-monitoring: PHP cohort 20% better than non-PHP physicians



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PHP and MPL Alignment



- Patient is our North Star
- Healthy doctors = better (safer) health care
- System issues driving doctors out of health care (burnout, malpractice fatigue, risk aversion, etc.)
- Success in our shared mission lowers cost, increases access, and improves care for patients
- Mis/disinformation impedes progress



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3 Strategies Aligned to Common Purpose



Credentialing



Quality




Connection

Strategy 1: Credentialing Reform

Questions about prior mental health diagnosis and/or treatment:

Contents lists available at ScienceDirect

 **ELSEVIER**


General Hospital Psychiatry


journal homepage: <http://www.ghpjournal.com>

“I would never want to have a mental health diagnosis on my record”:
A survey of female physicians on mental health diagnosis,
treatment, and reporting☆☆☆

Katherine J. Gold, M.D., M.S.W., M.S.^{a,*}, Louise B. Andrew, M.D., J.D.^b,
Edward B. Goldman, J.D.^c, Thomas L. Schwenk, M.D.^d

ORIGINAL ARTICLE

 CrossMark

 MAYO CLINIC

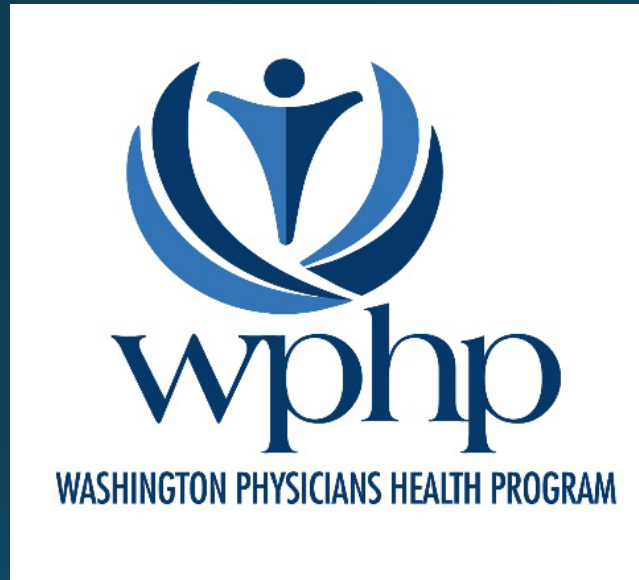
Medical Licensure Questions and Physician
Reluctance to Seek Care for Mental Health
Conditions

Liselotte N. Dyrbye, MD, MHPE; Colin P. West, MD, PhD; Christine A. Sinsky, MD;
Lindsey E. Goeders, MBA; Daniel V. Satele, BS; and Tait D. Shanafelt, MD

Not evidence-based
Discriminatory
Discourage treatment

Action: Audit, revise, promote

Strategy 1: Credentialing Reform Example



Stella Moeller, Senior VP, Underwriting



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PI 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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Strategy 2: Quality Improvement



FSPHP Performance
Enhancement and Effectiveness
Review Program™

FSPHP Evaluation and Treatment
Accreditation™

FSPHP Research and
Anonymized Data Warehouse



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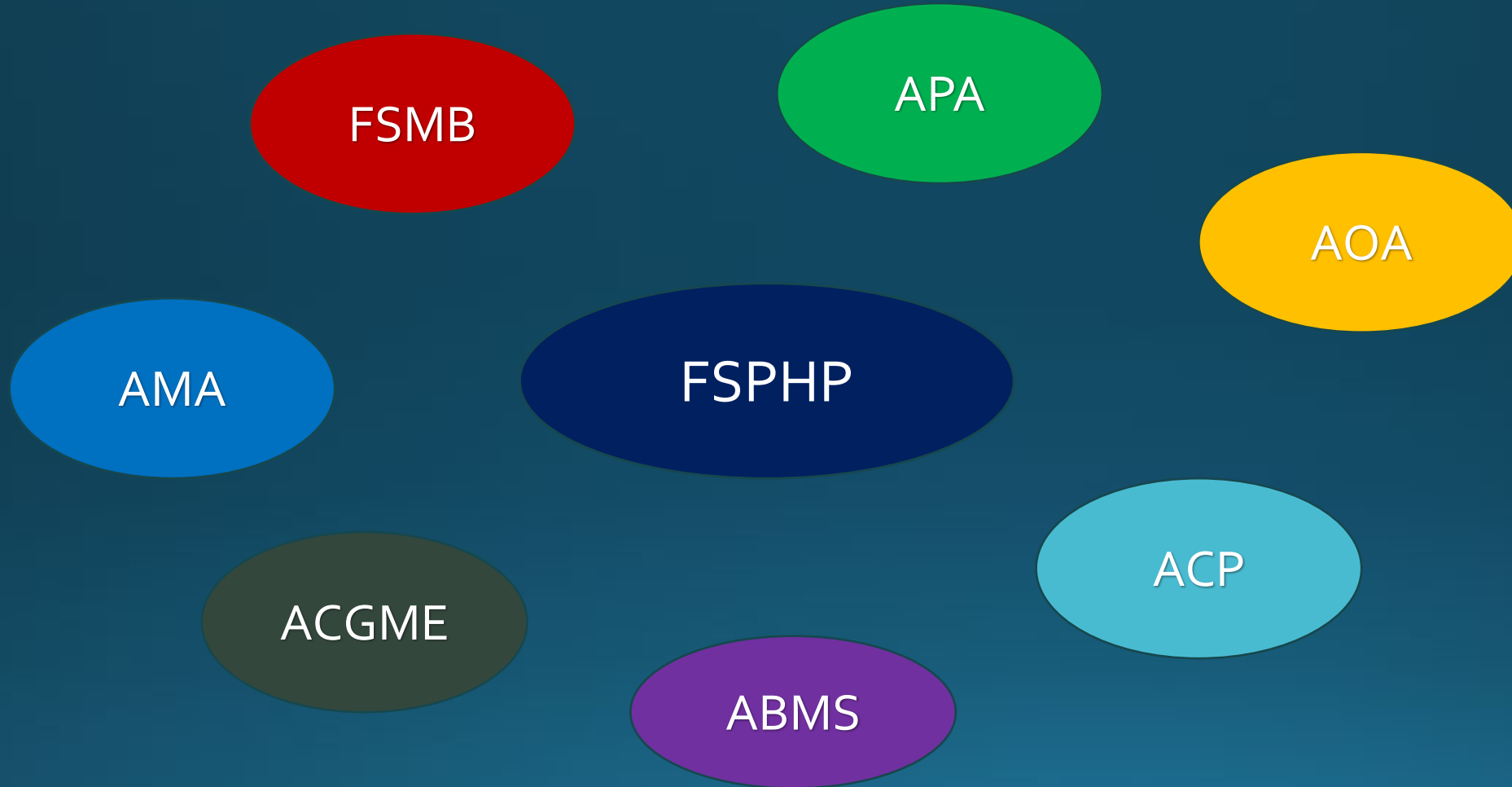
Strategy 2: Quality Improvement

- Research and disseminate best practices
- Decrease practice variation among member PHPs
- Reveal structural and regulatory gaps that impede PHP performance and service
- Leverage additional local support for PHPs when and where needed
- Accredit those qualified to evaluate and treat safety-sensitive HCWs



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House of Medicine Quality Champions



MPL Quality Champions

Your name
here!

Doctors
Company

PI

FSPHP

SVMIC

MPLA

Medpro
MLMIC

Action: Join the Club!

Strategy 3: Partnership



Actions:

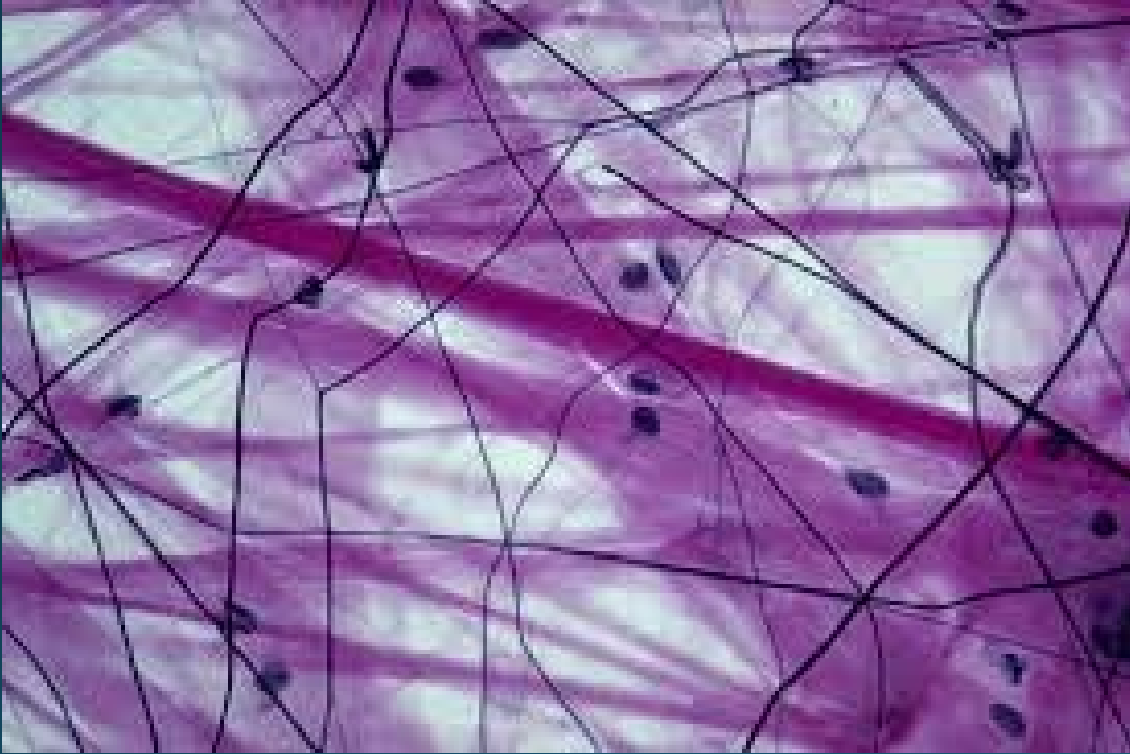
- Do lunch!
- Consider board positions
- Partner on local initiatives
 - Education events
 - Legislative issues
 - Networking opportunities
- Innovations that **can reduce risk and drive your brand** → addressing cost barriers

Interaction Drives Innovation!



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Strategy 3: Partnership



Build Connective Tissue

- FSPHP membership: www.FSPHP.org
- FSPHP Committees:
 - **Mary-Lou Misrahy** (Physicians Insurance) FSPHP Accreditation Review Council
 - **Susan Montminy** (Coverys): MPLA representative to FSPHP Accreditation Review Council



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Learn, Teach, Join!



<https://www.fsphp.org/2025-annual-conference>

Call for Abstracts: August 2 to September 27, 2024

Join FSPHP: www.fsphp.org



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Summary

- PHPs are a risk management tool that MPLs can trust
- PHPs are at the ready to help reassure your underwriting and promote proactive help seeking among your policyholders
- Supporting the work of PHPs saves lives, careers, and families, ensuring that critical resources are available when they are needed most
- Together we can accomplish things that we could never do alone!



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Questions?



Thank You!

cbundy@wphp.org

lbresnahan@fsphp.org



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