

BEYOND PHYSICIAN WELLNESS PROGRAMS

Confidential counseling resources have been the cornerstone of most county medical society physician wellness programs. As those programs have been accepted and recognized by physicians, many have begun to expand beyond the counseling resource in a variety of ways. These expansions can include peer support groups, special interest groups, conferences, regional coalitions, and collaborations with related organizations. Some of the best practices are described below.

PEER-TO-PEER SUPPORT

Until recently, peer-to-peer programs have been mostly introduced in hospital settings. Volunteer peers are trained how to listen empathetically to colleagues without trying to fix the problem. Dr. Jo Shapiro's model is perhaps the widest replicated and has a long track record at Brigham and Women's Hospital in Boston. More and more medical associations are adopting this model, both at the local and statewide level.





RIVERSIDE COUNTY MEDICAL ASSOCIATION: COUNTYWIDE PEER-TO-PEER NETWORK AND WELLNESS COMMITTEE CONFERENCE

Contact: Dolores Green, dgreen@rcmadocs.org

Riverside County Medical Association (RCMA) in Riverside, California, runs a 24/7 Physicians' Confidential Line with a trained group of physician experts, psychiatrists, and addiction medicine specialists from its Physicians' Well-Being Committee. The purpose of the Physician Confidential Line is to have a "place" for physicians (or allied health providers) to call for assistance or if they just want to talk. The physicians who staff the confidential line do not engage in counseling of any kind but help direct callers to resources that can assist them. The help line doctor will follow up with the physician to ensure they are getting the help they or their family needs and, if not, assist with getting the help.

These volunteer peer supporters staff the call line a week at a time. Many times, members will reach out to these known volunteers directly. While the line does not receive a lot of traffic, RCMA's board and Physicians' Well-Being Committee believe it is worth the commitment if it serves one member. The program uses a digital call-forwarding service to the cell phone of the volunteer that week. The service handles assignments automatically once a quarterly schedule is set.

If RCMA hears of a physician who is having difficulty or has tried to hurt themselves, the chair of the Physicians' Well-Being Committee contacts them unsolicited to tell them help is available. RCMA widely distributes Physician Confidential Line business cards to hospital medical staff offices and large medical groups to distribute to their physicians. Because the confidential line is considered a "peer-to-peer" activity, it is protected from discovery.

www.rcmadocs.org/CONFIDENTIAL

RCMA has also run an annual Conference on Physicians' Well-Being for the past 35 years. The program is designed to help hospitals and health care organizations comply with California Title 22 regulations and Joint Commission rules on matters related to health and wellness, addiction, mental illness, and behavioral issues of physicians and health care providers. It teaches hospital and medical group well-being committees how to function better and to stay abreast of emerging trends.

www.rcmadocs.org/news-events/2023-pwb-conference.aspx

Proactively, RCMA works upstream to train physicians and staff on practice optimization and team-based care to help reduce stressors involved in managing a practice while also providing excellent care to their patients. RCMA's Practice Optimization Series is a seven-part program based on a book the association published, *The Patient Who Swallowed a Mouse*, a medical practice parable. Each workbook serves as the foundation for dynamic interactive learning sessions that focus on specific practice needs. The practice also can be coupled with a customized RCMA/Inland Empire Foundation for Medical Care individualized practice support program provided through RCMA staff.



SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY: PEER AND CLINICAL GROUPS

Contact: Lindsay Coate, (916) 452-2671, LCoate@SSVMS.org

Physician Peer Groups, an offering of the Joy of Medicine PWP at Sierra Sacramento Valley Medical Society (SSVMS) (see Chapter 5), give physicians the chance to meet with colleagues who understand and identify with what it means to be a physician. These peer groups are not group therapy but a means for physicians to connect with one another to discuss personal and professional successes and challenges. Facilitated by a psychologist or a life coach, SSVMS's three

peer groups meet once a month at a physician's home. Host sites are located throughout the Sacramento region to maximize participation.

<https://joyofmedicine.org/physician-peer-group/>

SSVMS's Balint Group is a group of clinicians who meet regularly to present clinical cases to improve and better understand the clinician-patient relationship. The facilitated sessions focus on enhancing physicians' ability to connect with and care for their patients sustainably.

<http://joyofmedicine.org/balint-group>

ARIZONA MEDICAL ASSOCIATION: STATEWIDE PEER COACHING



Contact: Juliana Stanley, (602) 347-6919

The Arizona Medical Association (ArMA) started a physician peer support program in October 2023 that serves all physicians licensed in Arizona with 18 trained peer coaches. The program has had a respectable response from physicians. Coaches report they have gotten as much out of the experience as the peer participants.

With the aim of overcoming the stigma around mental health services for physicians, ArMA has presented new language to the Arizona Medical Board to change the health questions on the licensing application; presented webinars; and set up a confidential, informal, Virtual Doctors' Lounge. ArMA also plans to provide resiliency training and work with medical schools and residency programs directly.

[Virtual Doctors' Lounge - Arizona Medical Association | http://www.azmed.org/page/VirtualDoctorsLounge](http://www.azmed.org/page/VirtualDoctorsLounge)

NEBRASKA MEDICAL ASSOCIATION: LIFEBRIDGE PEER-TO-PEER PROGRAM



Contact: Lindsey Hanlon, (402) 413-2060

LifeBridge Nebraska, operated by the state medical association, is the first statewide program we know of to use the LifeBridge moniker and logo, but not necessarily in the PWP model described in this tool kit. According to Program Manager Lindsey Hanlon, the hope is that Nebraska physicians will seek help as a normal response to acute and chronic stress rather than just “powering through.” All physicians in Nebraska (regardless of association membership) are encouraged to use LifeBridge Nebraska’s peer-to-peer coaching program at no cost.

- Physicians call a confidential hotline, which is forwarded to a third-party call center.
- The physician selects which peer physician coach they would like to be connected with.
- The peer coach will connect to set a time to meet within 24 hours.
- One of the first determinations is whether the physician needs formal mental health therapy or addiction recovery help. Should neither of those be the case, the two determine together what is needed and useful, and how to meet. Should formal treatment be needed, there is a warm handoff to a provider.
- No information is disclosed to employers or to licensure or medical boards, and no electronic medical record is created. Nebraska passed safe haven legislation in 2023 to ensure complete confidentiality.

<https://lifebridgenebraska.org/>

COACHING



Coaching offers an alternative for physicians not in need of counseling. There are several options available, and they range in price, duration, and focus. Some examples include:

Individual coaching options

- Peer-to-Peer coaching (physician coaches)
- Executive coaching/leadership development
- Lifestyle medicine

Group/organization coaching

- Organizational development
- Strategic planning
- Mediation

For programs offering coaching, it was helpful to learn how things have progressed over the years.

Successes

- Less stigma and more flexibility than counseling
- More likely to share experiences and refer colleagues
- Ability to offer variety of areas of focus
- Coaches trained to refer to counseling if deemed appropriate

Challenges

- Stigma of seeking help still present (although less than counseling)
- Inconsistent pricing-some coaches are physicians, some are not
- Member engagement still considered underutilized
- Continuous funding may present a challenge

Vetting

Because coaches are not subject to the same licensing requirements as counselors, the vetting process can vary widely and considered a “best practice” model. While some rely on word-of-mouth referrals, it’s recommended to have an advisory committee (and/or the program’s Medical Director) monitor and approve new coaching providers. If a program offers volunteer peer-to-peer coaching, an official vetting process may not be necessary, but it’s advisable to verify current license status and ask for references, to be sure they are a good fit for the program.

Coaching Resources (not a complete list):

- Lane County Medical Society
<https://lcmedsociety.com/page/PWP>
- LA County Medical Associatio
<https://www.lacmamembers.com/mdlifeline>
- Nebraska
<https://lifebridgenebraska.org/about/meet-our-coaches/>



COLLABORATIONS

ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION: PHYSICIAN WELLNESS COLLABORATIVE

Contact: Joe Greaves, jgreaves@accma.org

The Bay Area Physician Wellness Collaborative was organized by the Alameda-Contra Costa Medical Association (Lafayette, California) in 2020. Initially, the collaborative served only two counties in the East Bay and met once a month. It started out looking at broader workforce issues like retention.

Although meetings were well attended, the collaborative was unstructured in its approach and focused on sharing best practices and the experiences of participants. In addition to wellness leads, it attracted industry consultants who would use the platform to advertise their services.

In 2022, the collaborative expanded to the entire Bay Area and began to limit involvement to medical group leaders, chief wellness officers, wellness committee chairs, and others charged with “fixing the physician burnout problem.” The collaborative now provides physicians with expert guidance, tools and resources, a forum for sharing experiences and best practices, and a network of peers to support their work.

Using a group coaching model, the collaborative provides a highly structured road map for participating organizations to follow over a three-year period in making changes that can fundamentally transform their practice environment and help restore joy to the practice of medicine.

The collaborative is led by Dr. Paul DeChant, a nationally recognized physician wellness expert with a background in practice redesign and organizational change. The program

includes quarterly convenings focusing on actionable and tangible strategies for improving the medical practice environment. Participants have access to well-known experts in the field and curated information and implementation tools that participants can bring back to their organizations. Participants also have access to an online community to share information and experiences. In addition to introducing new practical strategies, the collaborative provides an opportunity to share what has worked and what hasn't so that physicians can support each other in a collective effort to end clinician burnout.

The collaborative is still working on getting traction outside of the East Bay with about 65 people involved, and 25 regularly attending meetings. It is currently transitioning to three-hour Saturday meetings and opening them up to any interested physician, with the focus shifting from wellness leaders to helping practicing physicians implement practical workplace strategies, such as more effectively managing interprofessional teams, using technology to better serve their patients and save time, managing their inbox, etc.

<https://www.accma.org/Issues/Bay-Area-Physician-Wellness-Collaborative>



COLORADO MEDICAL SOCIETY: PARTNERSHIP WITH STATE PHYSICIAN HEALTH PROGRAM

Contact: Colorado Medical Society, (720) 859-1001; Colorado Physician Health Program, (303) 860-0122

In 2023, the Colorado Medical Society (CMS) began partnering with the Colorado Physician Health Program (CPHP), the state peer assistance/physician health program. For system interventions, CMS has been working on prior authorization reform in the state. CMS has also partnered with CPHP to convene the chief well-being officers from systems so they can share best practices. This network of support includes the Colorado Medical Society.

For individual interventions, CMS initially looked at implementing the LifeBridge PWP model, but it was cost-prohibitive and outside of our scope. Instead, in partnership with CPHP, CMS launched Doc2Doc Wellbeing Consulting in March 2023, which is open to any licensed physician in Colorado. This program provides three free, confidential, preclinical sessions with a physician trained in psychiatry. It operates within CPHP's existing infrastructure of a 24-hour call center with psychiatrist medical directors conducting the sessions. Callers are screened by masters-level licensed clinical social workers or licensed professional counselors for appropriate referral and to ensure no emergency exists. This meets the needs of CMS members, and there is no fiscal note outside of marketing and staff time. CPHP agreed because physicians still fear retribution from the medical board for seeking mental health care. CMS has marketed these appointments as "preclinical" since there is no documentation requirement or evaluation such as physicians undergo in CPHP's full clinical program.

CPHP had seen a large decline in program participation over the past several years, so in just a couple of months after launching, CMS was happy to have seen a modest number of calls made to the Doc2Doc hotline. Some of these were callers that needed to be referred to the traditional PHP program for potential substance abuse. CPHP is funding these appointments for the first six months, and CMS is pursuing all potential sources for funding after that.

<https://cms.org/doc2doc>



CINCINNATI: LOCAL COALITION FOR PHYSICIAN WELLNESS

Contact: Jessica Sellar, jsellar@academyofmedicine.org

It sounds like the start of a corny joke: In 2017, two doctors, a business professor, and a health educator walk into a lunch spot and start talking about physician health. But the punchline was the collaborative startup of a program that quickly grew to cover more than 6,000 clinicians at eight local health systems, including physicians, advanced practice nurses, medical residents, dentists, and psychologists.

Shortly thereafter, a brainstorming meeting was organized, and over 40 people attended. This created constructive collaboration around common areas of concern: access to mental health counseling, burnout and crisis intervention, physician and family wellness resources, and primary care workflows supporting team-based care with scribes and medical assistants.

A local trusted, independent nonprofit full-service psychiatric center stepped up to provide access for local clinicians. The group runs a dedicated 24/7 phone line to triage and connect physicians with psychological and psychiatric therapy as needed. Financial commitments were made by coalition partners, and the program went live in July 2018. It grew to serve six hospital systems, the University of Cincinnati, and Veterans Affairs, in concert with the Academy of Medicine of Cincinnati and the Ohio Professionals Health Program. The program has provided over 2,100 outpatient visits.

<https://academyofmedicine.org/aws/AOMC/pt/sp/physician-wellness>



IDAHO PHYSICIAN WELL-BEING ACTION COLLABORATIVE

Contact: Deb Roman, DO drdebroman@finding-health.com

The Idaho Physician Well-Being Action Collaborative (IPWAC) was created by a pair of Ada County Medical Society (ACMS) physicians in 2018. It brought several sectors of health care together to actively address system-level issues with significant impact on the health of the medical community.

Modeled after the National Academy of Medicine's Physician Well-Being Action Collaborative, the group chose reducing prior authorization (PA) as its first project. The goal was to bring PA capabilities and medication costs and alternatives to physicians at time of service via the electronic health record. "We invited physicians, hospital administrators, and insurance company executives who the organizing pair of physicians had relationships with," says Dr. Deb Roman, a family physician who co-founded the collaborative.

Since then, Dr. Roman reports the group has reduced prior authorizations by over 50% in some instances,

coordinated prior authorization grids, and started to build the infrastructure needed to accomplish their goals. “Most importantly, we have cultivated a strong network of diverse individuals who openly and respectfully share ideas, insights and experiences with each other, and are committed to doing this work together.”

Participants have included representatives from five major insurance payers, two major health systems, the Idaho Retailers Association, the Idaho State Pharmacy Association, the Idaho Data Exchange, and state and local medical associations, as well as independent physicians, pharmacists, and industry consultants. Notably, a representative from the Idaho Department of Insurance comes to each meeting to mitigate any potential antitrust concerns.

Co-founder Dr. Ed McEachern, chief medical officer of St. Luke’s Health Plan, says the collaboration often gets phone calls from people in other states asking how they developed a widespread coalition of health care professionals from several sectors who enthusiastically and successfully work together. Together with Dr. Roman, he offered three key ingredients they think make this work successful:

Cultivate a circle of friends – If we hope to advance cooperative and effective action, we believe that it is essential to nurture and expand our relationships. We have integrated a model for social change described by John Paul Lederach, a sociologist who describes his work as peace building. John Paul has worked for decades to address violent conflicts around the globe. He proposes that social and cultural change start when a small group of people decide that circumstances are intolerable. Before they develop a plan to address the situation, they ask each other:

“Who Do You Know?” NOT who do you know who agrees with us but “Who do you know with whom you have a relationship who you can welcome to join our conversation?”

John Paul suggests that our friendships provide a sturdy and flexible foundation as we work to address complicated issues. With friends, we are more likely to listen carefully and respectfully, consider new ideas, recognize our biases and strive to understand each other. As an example, the Collaborative asks participants to address each other on a first name basis and not let education levels or corporate roles interfere with the unique perspective each brings.

Embrace spontaneity – While we organize a basic agenda for each meeting, we remain flexible, and when our conversations are filled with enthusiasm and creativity, we do not interrupt the excitement. We trust that the energy and wisdom of the group will provide direction. Feelings of vulnerability may arise when “thinking out loud” and straying from a planned agenda. Yet, in these spontaneous moments, previously unseen insights often emerge, inspiring continued enthusiasm.

This approach integrates the concept of unordered space as described by Cynthia F. Kurtz and David J. Snowden. Kurtz and Snowden suggest that facts and patterns emerge from the experience rather than a well-defined framework. The authors propose that in unordered space, knowledge arises from dynamic relationships in the moment and is a function of trust, stories, and connections.

Reach out to “unlikely” friends – Colleagues often ask us, “How did you convince that person to meet for coffee or come speak at your retreat?” Our response is “We just asked!” Importantly, we do not reach out to people to convince them to support or join our efforts. We invite them to meet with us to get to know them, to share ideas and insights with each other, as we would with a new acquaintance, a potential new friend.

We ask questions like “What do you feel are the most important issues that we are facing right now?” and “What do you think are the best ways to address them?” We explore our work with them, sincerely asking for their input, and similarly, invite them to share their work with us. We spend much of our time together learning about each other. When we connect with authenticity and genuine respect, and envision new possibilities for hope and healing in our world, the ripples generated are many and varied. Even if we do not work together in the traditional way, hopefully, both of us come away from the conversation with novel ideas, inspiration, and a new friend.

www.idahocsh.org/idaho-physician-wellbeing-action-collaborative

OTHER IDEAS, SOLUTIONS, AND EFFORTS

ELIMINATING STIGMATIZING APPLICATION/RENEWAL QUESTIONS

ADA COUNTY MEDICAL SOCIETY AND THE IDAHO MEDICAL ASSOCIATION

Contact: Steven Reames, director@adamedicalsociety.org

Ada County Medical Society (ACMS) and the Idaho Medical Association has been highly active in promoting the removal of stigmatizing language about mental health on state medical board application questions related to physician impairment. It is documented that “liability” or impairment questions tended to drive physicians seeking mental health care underground for fear of having to unnecessarily disclose everyday bread-and-butter mental health issues such as depression.

Ada County Medical Society members first brought a resolution to the Idaho Medical Association’s House of Delegates in 2017. Changes at the state board level went slowly with some changes being made to renewal applications in 2018 and the initial application questions being changed in 2020. One of the challenges the board faced, however, was getting the word out to medical licensees about the changes to the application.

In 2023, ACMS brought Corey Feist from the Lorna Breen Heroes’ Foundation to host a workshop, inviting the Idaho Board of Medicine, clinics, hospital systems, and health and medical liability insurance companies to the table to discuss this issue. The meeting was a turning point as the Board



of Medicine executive officer stood up and explained the changes it had made, many of which were unknown to the audience.

By the end of the meeting half a dozen entities—hospitals, clinics, and insurance companies—made public commitments to making changes immediately or within a few months. They modeled their language on that provided by the Breen Foundation or the American Medical Association. The Board of Medicine continues to work to destigmatize language on the application by moving to an “attestation” question and including pro-mental health-seeking language on the application cover sheet or questions.

The board is also working harder to communicate these changes to its licensees, along with changes to the state’s PHP program, which moved to a direct contract with the state board rather than operating through the Idaho Medical Association. Furthermore, because the Idaho Board of Medicine is part of the broader state professional licensing department, these changes are highly likely to cascade to other licensing boards such as dentistry, nursing, pharmacy, and a host of other health licensing boards.

OTHER STATES

These states have made similar progress advancing changes to state board of medicine license applications and renewals:

- **North Carolina Medical Society** is perhaps the first local medical society in the nation to accomplish the goal of changing potentially stigmatizing questions on medical license applications.

[Read a 2018 Forbes article about its story](#)

[https://www.forbes.com/sites/](https://www.forbes.com/sites/physiciansfoundation/2018/07/18/physicians-are-human-too/)

[physiciansfoundation/2018/07/18/physicians-are-human-too/](https://www.forbes.com/sites/physiciansfoundation/2018/07/18/physicians-are-human-too/).

- Massachusetts Medical Society, in a [December 2023 press release](#) reported it is the first state in which every hospital, health system, and local health plan has committed to eliminating potentially stigmatizing or invasive questions from its credentialing processes. This is part of the health care community's broader strategy to support clinician well-being and reduce stigma within the ranks of the profession, and to help connect workers with the mental health resources they need.

<https://www.massmed.org/News/Press-Releases/First-in-the-Nation--Massachusetts-Healthcare-Community-Commits-to-Eliminating--Invasive,-Stigmatizing-Questions-from-the-Credentialing-Processes/>

LOCAL OUTREACH AND PHYSICIAN RECOGNITION

MONTGOMERY COUNTY MEDICAL SOCIETY: PUBLIC RELATIONS CAMPAIGN AND MORE

Contact: Susan D'Antoni, (301) 921-4399

Montgomery County Medical Society (MCMS) in Rockville, Maryland, began collegial dinners as a way of bringing physicians together to reduce stress. It also started a "Proud to be a Physician" campaign, which is promoted at events.



MMS had lapel pins and coffee cups made with the “Proud to be a Physician” message. These are initiatives to celebrate physicians and their contributions. When so many things are causing physicians stress, MCMS wants to be an organization that celebrates and recognizes them. The society holds an annual Celebration of Medicine, which doubles as the installation of officers.

MCMS also initiated an Early Career series of educational programs to help equip physicians to address various personal and professional issues. The society also had annual guest speaker lectures on physician well-being. It conducts regular surveys of physician challenges and has assessed burnout levels in its community’s physicians for several years.

<https://montgomerymedicine.org>

SIERRA SACRAMENTO VALLEY COUNTY MEDICAL SOCIETY: SUMMIT AND PODCAST

Contact: Lindsay Coate, (916) 452-2671, LCoate@SSVMS.org

This society, based in Sacramento, California, holds an Annual Joy of Medicine Summit every fall to give physicians tools and resources to cope with the stressors that are part of practicing medicine. The half-day summit features speakers covering the topic of physician well-being, opportunities for group interactions, and CME credits.

<https://joyofmedicine.org/annual-joy-of-medicine-summit/>

Joy of Medicine On-Call is a podcast that aims to promote and increase access to physician wellness by focusing on topics of mindfulness, burnout, stress management, and joy. The podcast consists of local physicians interviewing their colleagues about their pathways and philosophies of practicing medicine with joy.

<http://joyofmedicine.org/joy-of-medicine-on-call-podcast/>





CHATTANOOGA-HAMILTON MEDICAL SOCIETY: WELL-BEING INDEX TOOL

Contact: Rae Bond, rae@chattmd.org

In 2022, LifeBridge Chattanooga partnered with the University of Tennessee-Chattanooga College of Medicine to launch the Well-Being Index Tool, which had been piloted by the College of Medicine two years earlier but was not continued for financial reasons. The Index is part of a three-year pilot by LifeBridge. It has received strong use by medical residents and students through the dean and program leaders' encouragement but has seen less use by community physicians. Participation has provided some guidance for program development.

The relationship with the College of Medicine has also led to the development of some programs for specific groups, including women in medicine and young physicians. In September 2023, LifeBridge and the College of Medicine partnered in several activities and events for National Suicide Awareness Month, with an emphasis on National Physician Suicide Awareness Day.

<https://www.lifebridgechattanooga.org/>

MEDICAL ASSOCIATION OF SOUTHEAST LOUISIANA: AWARDS FOR WELLNESS WORK

Contact: (504) 302-1900; info@masela.org

Located in Metairie, the Medical Association of Southeast Louisiana is an umbrella organization for parish medical societies. It holds an annual Celebration of Medicine during which officers are installed and physicians are recognized for their work in physician wellness. The association gives awards for Physician and Patient Advocate, Medical Role Model, Public Health Leadership, and Physician Wellbeing Champion to celebrate the accomplishments of physicians and honor them at an annual event with their peers.



APPENDIX



Federation of State Physician Health Programs

PHYSICIAN WELLNESS PROGRAMS AND PHYSICIAN HEALTH PROGRAMS – A POWERFUL PARTNERSHIP

Chris Bundy, MD, MPH, Chief Medical Officer, Federation of State Physician Health Programs & Executive Medical Director, Washington Physician Health Program

Physician Health Programs (PHPs) have been providing support and advocacy for health professionals for nearly forty years. Most were developed by state medical societies in the 1980s that recognized a need for a therapeutic alternative to discipline for physicians who were suffering from health conditions that could impair their ability to safely practice. In the early years, PHPs mostly helped physicians with substance use disorders. Today, almost all PHPs provide assistance with a broad range of conditions that may impact safe practice including mental health, substance, and non-psychiatric health conditions.

The increasing prevalence of burnout in healthcare, superimposed on the relentless demands of the COVID-19 pandemic, has created an unprecedented need for emotional and psychological support for the healing professions. Today, this need has resulted in an ever-expanding universe of individuals and organizations offering services in the physician wellness space. Ironically, this sometimes makes finding the right help confusing. As partners that both sprang out of organized medicine, PHPs and Physician Wellness Programs (PWP) can complement and support one another's work.

When to refer to a PHP:

Physicians are trained to take care of others. It is not uncommon for physicians to minimize their own health concerns and seek services at a lower intensity than may be effective for the severity of their condition. Along with this tendency is fear, stigma, time constraints, overreliance on

self-diagnosis, financial constraints, and other barriers. As such, PWP will encounter physicians with health conditions of sufficient severity to pose a risk of impairment and need to know their clinical and legal obligations under those circumstances. Consulting with the state's PHP is without cost and can help PWP understand how to identify when it may be appropriate to refer to a PHP. This should be considered when a physician is showing signs of mental health illness, substance use disorder, or other health conditions which could pose a risk to safe medical practice. The state PHP can also assist a PWP in understanding any reporting requirements that may exist when assisting health professionals who are experiencing potentially impairing conditions.

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Early Referral to a PHP Saves Careers and Increases Patient Safety:

Early referral to a PHP can allow for consideration of a much-needed medical leave, peer support, and treatment with demonstrated successful outcomes while minimizing risk to patient safety. PHPs are also available to consult with PWP anonymously regarding individual cases and assist with recommendations. PHPs are not the state medical board but are authorized to confidentially receive referrals in lieu of a mandatory report to the medical board when concerns of impairment arise. PHP participants have exceptionally strong confidentiality protections, and their identity is not disclosed to the medical board unless there is a threat to patient safety. All PHPs encourage voluntary self-referrals and accept referrals from colleagues that can remain confidential. The ultimate goal of a PHP is for early intervention, before there are adverse professional consequences or a complaint is made to the medical board. PHPs provide verification of health status and safety to practice when required by an employer, credentialing entity, or licensing board. In short, early referral to a PHP by a PWP can prevent negative consequences to a physician's career, while providing a

higher level of care when the PWP encounters health issues beyond its scope of services.

To incentivize confidential help-seeking, many state licensing boards are revising their health questions by eliminating invasive questions. In many states, safe-haven language exists such that participants of PHPs can answer “no” to questions asking about health conditions if they are compliant with their state PHP. For example, “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)” You may answer “no” if you are a participant in good standing with the state-recognized physician health program (PHP).”

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When Counseling and Professional Coaching is Sufficient:

Conversely, PHPs will encounter physicians who are not at risk for impairment and would benefit from a service and support offered by the PWP. PHPs can refer such individuals to a PWP and provide referral information for the PWP to healthcare organizations, employers, and supervisors who are reaching out to the PHP for physician wellness resources such as counseling and professional coaching. Many PHPs engage their healthcare communities through education and outreach events and can use those venues to help raise awareness of PWP services. PHPs and PWPs can co-sponsor educational events, promote one another on their websites and on social media, and join forces on important advocacy issues such as licensure and credentialing question reforms, confidentiality protections, reducing stigma and discrimination, and other issues impacting physician wellness and impairment.

PHPs and PWPs were both born out of organized medicine’s efforts to address unmet health and wellness needs in the physician workforce. Together we can ensure that there is

no wrong door for physicians seeking help. Together we can change the lives of physicians for the better. Together we can advocate most effectively for the health and wellbeing of the profession while promoting high-quality care.

..... **What is involved in referring myself or a colleague to a PHP:**

When someone is referred to a PHP it typically means they are a physician or a healthcare professional, and there are concerns about their health or well-being. Here's what you can generally expect when a health professional contacts a PHP:

- **Assessment:** The PHP will conduct an assessment to determine the nature and extent of the healthcare professional's issues. This assessment may include a comprehensive evaluation of their physical and mental health, as well as an assessment of any potential mental health concerns including substance use disorder. Often there will be a need to use evaluators with special expertise in the assessment and unique needs of health professionals.
- **Treatment Recommendations:** Based on the assessment, a treatment plan tailored to the individual's specific needs will be recommended. This plan may include counseling, medical care, professional coaching, or other interventions.
- **Health Support and Advocacy:** If a serious health condition is diagnosed, the PHP will typically engage the participant in a program to ensure wrap-around care and document health status to advocate and support continuation or return to practice. This can involve peer support groups, toxicology testing, meetings with healthcare providers, and ongoing support.
- **Confidentiality:** PHPs often emphasize confidentiality to encourage healthcare professionals to seek help without fear of professional repercussions. The level of confidentiality may vary depending on state laws

and the specific circumstances of the referral, so we encourage each person to seek out clarity upon contacting their PHP.

- **Reporting to Licensing Boards:** PHPs may have obligations to report program or health support agreement violations to the state medical board as delineated in the contract, statute, or regulation. Ideally, a PHP should only be required to report situations in which a participant poses a risk to patient safety and is uncooperative with efforts to mitigate that risk. In many states, a majority of PHP participants are never known to their licensing board, and that is the goal.
- **Ongoing Support:** PHPs may provide ongoing support to healthcare professionals after they complete their initial health support agreement through continuing care agreements, annual reunions, and other activities to maintain long-term health and wellbeing.

The specific processes and services offered by PHPs can vary from one state to another, but they generally follow a similar framework. It's important to engage with the PHP and follow their recommendations to address the underlying issues and continue or regain the ability to practice medicine safely and ethically.

Considerations for When to Refer to a PHP: A Summary

Sooner or later, those who aim to assist physicians will encounter a concern for impairment and need to respond accordingly. As such, mental health providers and wellness professionals who serve physicians and other health professionals outside of the purview of a PHP should:

1. Thoughtfully appraise their ability to ensure safety to practice for professionals in their care and understand the legal and ethical requirements for protecting public safety within the context of the therapeutic relationship.

2. Understand the circumstances in which involvement with a PHP might offer a benefit such as the need for advocacy in employment, credentialing, or licensing matters.
3. Utilize the added layer of confidentiality protection that PHPs offer when a reportable concern for impairment arises.
4. Familiarize themselves with their state's PHP and consult (anonymously if needed) if concerns of impairment arise.

Proactive collaboration and relationship-building with the PHP can help facilitate an excellent outcome when one is faced with a health professional in distress.

All but three states have a Physician Health Program that meets FSPHP criteria for membership. Three states that do not currently have a program are Nebraska, California, and Wisconsin. Efforts are underway to develop a PHP in these states. A complete directory of [PHPs is here](https://www.fsphp.org/state-programs).
<https://www.fsphp.org/state-programs>

For more information:

Contact FSPHP 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>