

PHYSICIAN WELLNESS PROGRAM INNOVATIONS

Physician wellness programs have evolved over the years as local medical societies adapted programs to meet local needs and as new evidence-based approaches emerged. The programs highlighted here illustrate some of these refined approaches and can stimulate new directions for local programs.



As medical associations consider launching or growing a physician wellness program, it can be tempting to want to “own” a program from top to bottom for greater control and recognition as a member benefit or contribution to the community. However, the general experience is that launching and sustaining a program independent of local health care institutions, medical practices, and other organizations can be a mistake unless you are significantly resourced.



SUBCONTRACTING PARTNERSHIPS

Many societies that started PWP have subcontracted these services to other associations, including some serving non-physicians. Some organizations offer their PWP services to dentists, veterinarians, podiatrists, nurses, and others. Some also work to propagate PWP services throughout the state via specialty or general medical societies.

Considerations when working with other organizations:

Calculate the time it takes for every billed appointment you process. Include an administrative markup, which may change depending on the relationship you have with the other organization.

You may need to grow your base of mental health providers (MHPs) to allow for additional appointment availability, but don't overdo it. While increasing the number adds to your variety in geography or treatment options, it can also increase analysis paralysis for your members in crisis trying to wade through that many options. Adding more contract MHPs also increases your administrative expenses around contracting.

Growing your network puts at risk the level of connectedness your MHPs have with your program. Individual MHPs who end up billing only a few appointments per year will repeatedly have to refresh themselves on your procedures of membership verification or billing. They may also not be willing to prioritize your members for appointment-making if it becomes too sporadic.

You will need a contract for the provision of your service. Consider requiring the other organization's marketing to follow your marketing guidelines. You may also end up having to "genericize" your own marketing or landing page to avoid confusion when other societies' or associations' members access the program.

Working with others can give your organization more caché in the community. Potentially, it also can generate additional revenue if you mark up the services to cover administrative costs.

Consider how your program might collaborate with state physician health programs. As county society programs have emerged, the Federation of State Physician Health Programs (FSPHP) has begun promoting partnerships between state PHPs and local PWP.

FSPHP, a 501(c)(3) nonprofit established in 1991, evolved from initiatives taken by the AMA, the Federation of State Medical Boards (FSMB), state medical societies/associations, and individual state PHPs. FSPHP member programs provide confidential assessment; referral to treatment; and resources and monitoring for physicians/health care professionals and those in training who may be at risk of impairment from mental illness, substance use disorders, or other health conditions. Read more about PHPs in Chapter 6.

INNOVATIONS



• SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY: PSYCHIATRIC ASSISTANCE

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

The Sierra Sacramento Valley Medical Society (SSVMS) Joy of Medicine program provides up to six sponsored lifetime counseling sessions with an SSVMS-approved mental health provider or life coach. SSVMS has partnered with UC Davis Health's Department of Psychiatry to provide direct access for physicians needing a psychiatric evaluation, referral, or medication management.

Through this partnership, any physician practicing in the Sacramento region, regardless of membership status with the medical society, may self-refer to the UC Davis Department of Psychiatry to be seen immediately by an attending psychiatrist experienced in working with the unique needs of physicians. Physicians accessing the program are responsible for payment of these services, through either self-pay or accepted insurance.

<http://joyofmedicine.org/psychiatric/>

• MEDICAL SOCIETY OF VIRGINIA: SAFE HAVEN LAWS



Contact: (800) 746-6768

The Medical Society of Virginia helped lawmakers pass a first-of-its-kind law in 2020 that created SafeHaven, a confidential PWP-like program to address career fatigue and other mental health issues. The law protects information—proceedings, minutes, records, reports, and communications (written and oral)—originating in SafeHaven as privileged.

www.msv.org/programs/safehaven

South Dakota passed a similar law and started a similar program.

www.sdsma.org/Physician-Well-Being-Program



OREGON WELLNESS PROGRAM: STATEWIDE SERVICES CONSOLIDATED

Contact: (503) 222-1960

Since the PWP concept was born in Eugene, Oregon, it is only natural that it would be the first to organize a statewide network of support for physicians. Oregon's work in supporting physicians goes back to at least 1984, when the Foundation for Medical Excellence was started by the Oregon Medical Board in response to an increase in physician suicides. Another early leader was Oregon Health and Science University, which established a confidential counseling program for resident and faculty physicians to address burnout and career concerns.

Lane County Medical Society in Springfield and the Medical Society of Metropolitan Portland launched their PWPs in 2012 and 2015 respectively, kickstarting the nationwide expansion of programs through numerous county societies, including two more in Oregon. In 2018, the Oregon Wellness Program (OWP) was started to consolidate services as a central financial and policy resource for all individual county society programs. Operated as a project of The Foundation for Medical Excellence, a 501(c)(3), funding commitments have been strong with hundreds of thousands of dollars committed by the medical board and various institutions.

The program has grown beyond the relatively well-resourced medical societies in population centers and extends its reach to the rural areas of the state. Its goal is to use general funds rather than license fees to pay for the program. Other licensed health professionals, such as dentists, have also accessed the program through agreements with OWP.

Over two dozen contracted MHPs are available via telehealth throughout the state. OWP uses a centralized call center through an employee assistance program provider with 24/7 access. The goal is to see new clients within three days, but

if an MHP's schedule becomes full, they can turn off new referrals for a month at a time.

In 2019 and 2020, OWP commissioned a scientific evaluation of its program using a validated questionnaire. As might be expected, the client survey response rate was low, resulting in a small sample to be studied. OWP believes that utilization is the best marker of its success, noting a 50% increase in clients and visits from 2019 to 2020, a direct result of the COVID-19 pandemic. However, the overall study design may provide other programs with a replicable model if statistical data is needed to sustain funding.

<https://oregonwellnessprogram.org>

ADA COUNTY MEDICAL SOCIETY: TAKING THE LOCAL PROGRAM STATEWIDE

Contact: Steven Reames, director@adamedicalsociety.org

Ada County Medical Society (ACMS), based in Boise, Idaho, launched its PWP in 2016. As a metro-centered society, and recognizing it had significantly more resources than more remote county societies, it pondered building out a statewide network for several years before it proceeded. ACMS has worked directly with two hospital systems in rural counties to start their own medical staff-based PWP; they operate under the same PWP principles as ACMS—but with less-than-desirable anonymity for clients.

During COVID-19, ACMS offered emergency access to its PWP for any licensed member of the Idaho Medical Association (IMA). Although over 18 months only a dozen appointments were used, ACMS saw potential for greater utilization. The medical society advanced a resolution through the IMA House of Delegates in 2021 to explore and establish statewide services over the long haul.



Since then, ACMS has contracted with three organizations to extend benefits beyond the county: the IMA, the Idaho Academy of Family Physicians, and the Medical Insurance Exchange of California, a medical liability company formed in affiliation with medical associations in the Bay Area and Idaho during the 1970s.

Once again, utilization has been lighter than expected, even with strong promotion by all the partners. “Promoting the program to a wider and predominantly rural physician audience is a challenge,” says ACMS Director Steven Reames. “What we have learned over eight years is this is not just about starting a program, but about starting a conversation within a medical community. And for that we need local physician leaders and other champions.”

Now ACMS works with its partners to identify regional physician well-being champions to help promote and contract with new local MHPs. Its goal is for various regions of the state to engage in the same kind of extensive dialogue about physician well-being as does the Ada County medical community.

ACMS is still sorting out the “coordination of benefits” issue between overlapping association memberships. For example, are total allowed visits independent of each other or in concert? Which organization will pay the bill? Will the state association pay for the majority of nearly non-functional county societies while ACMS pays for its own members? These and other questions remain as this journey begins. www.physicianvitality.org/



TRAVIS COUNTY MEDICAL SOCIETY: PARTNERING WITH AN INSURANCE COMPANY

Contact: Belinda Clare, bclare@tcms.com

The Texas Medical Liability Trust (TMLT) is a medical liability insurance company with over 20,000 physician policyholders. Beginning in 2023, TMLT partnered with the Travis County Medical Society's (TCMS's) physician wellness program in Austin, Texas, to provide its policyholders statewide access to the program. In this arrangement, TMLT markets the program as a benefit directly to its insured physicians.

TCMS reports the aggregate number of counselor visits completed each month to TMLT along with an invoice for those visits. TMLT then pays for the number of counselor visits reported by TCMS, plus a flat monthly fee for program administration. No names of participants are provided to TMLT.

This partnership provides a significant level of funding and marketing for the TCMS wellness program, while also providing both policyholder benefit and liability risk reduction for TMLT. It is well documented that stress and burnout increase the risk of errors that can result in costly medical liability claims and board complaints.

SAMPLES



[Generic Sub-Contract for Services](#)