The Role and Importance of Physician and Health Care Professional Programs

Linda Bresnahan, Joseph P. Jordan

Physician Health Programs (PHPs) have been supporting and advocating for health professionals for nearly four decades. Initially developed by state medical societies in the 1980s, PHPs recognized the need for therapeutic alternatives to disciplinary measures for physicians facing health issues that could impair their ability to practice safely. Originally focused on substance use disorders, PHPs have since expanded their services to encompass mental health and other co-occurring conditions.

Introduction

When I (J.J.) left private practice and joined the staff of the North Carolina Physicians Health Program (NCPHP; now the North Carolina Professionals Health Program), I knew that programs like the NCPHP were extremely effective in helping physicians recover from substance use problems. Just how effective, I had no idea. I have seen first-hand for the last 17 years how physician lives and careers were saved by a national model that is outright amazing in its comprehensive approach to providing excellence in support and rehabilitative services. This article seeks to introduce the concepts of Physician Health Programs (or Professional Health Programs, as they are now known) to the reader and help them understand just how valuable a PHP can be for their colleagues, organizations, and patients. To this end, I have asked Linda Bresnahan, Executive Director of the Federation of State Physician Health Programs, to help me with this task. I hope you, the reader, will find this information enlightening and possibly helpful someday.

The PHP Model

A PHP serves as a confidential resource for physicians, health care professionals, and trainees dealing with a substance use or mental health issue, cognitive issue, or any issue that, if left untreated, may pose a risk of impairment. PHPs coordinate detection, evaluation, treatment, and continuing care monitoring for participants, ensuring compliance with treatment and care recommendations. Additionally, PHPs are committed to educating the health care community on their principles and promoting physician well-being through various channels.

PHPs have extensive expertise in monitoring and managing safety-sensitive professionals, including physicians who have recovered from a substance use disorder [1–6]. Studies that review the long-term model of PHPs confirm physician recovery rates are markedly higher than the general population—even when extended to five years or more [7–9]. One study reports that professional liability risk for those physicians who complete a PHP is lower than for physicians practicing medicine who have never been followed by PHP monitoring [10].

One national study with collated data from 16 PHPs across the United States outlined the unique model of peer support provided to physicians with potentially impairing conditions [7]. Collecting 904 sequential admissions to these same programs and following them over five or more years resulted in 81% of participants having zero positive drug screens. Of those who completed monitoring, 95% had a license and worked as a physician [7]. Single-state results reflect similar statistics with positive outcomes [11–13]. For example, a retrospective cohort study of 292 health care professionals enrolled in the Washington PHP noted that 25% of participants had at least one relapse, 5% had two relapses, and 3% had three or more relapses during the five-year period [11]. Each relapse was managed within the PHP, which balanced compassionate responses with public safety [12, 13], whereas only 35%–50% of individuals in the general population remain abstinent for one year or more [14].

Factors Contributing to PHP Success

Structure and Confidentiality

Many but not all PHPs operate independently from other organizations and regulatory agencies and do so as 501c3 organizations that work collaboratively with the state medical association and state medical board or regulatory agency.

PHPs operate in a manner that protects the privacy and dignity of the participants in accordance with state and federal laws and/or regulatory agreements. When appropriately authorized, PHPs may offer unique benefits. This includes but is not limited to a safe haven where licensees are not

Electronically published September 9, 2024.

Address correspondence to Joseph P. Jordan, CEO, The North Carolina Professionals Health Program, 220 Horizon Dr, Suite 201, Raleigh, NC 27615 (jjordan@ncphp.org).

N C Med J. 2024;85(5):317-321. 0029-2559/2024/85510

Loyd SIDEBAR

required to disclose psychiatric, addictive, and/or other potentially impairing illnesses to their regulatory agency when such licensees are compliant with their PHP program. PHPs are better positioned for access to care when they can offer confidential services, separate from the licensing board, and when they are defined legislatively or by a rule or regulation of the licensing board as a therapeutic alternative to discipline. This includes parameters for record protection, such as peer review record protection, and/or other immunities to protect the privacy of the PHP communications and participant records.

Early anonymous (i.e., non-board involved) referral to PHPs can prevent adverse professional consequences and promote timely intervention and treatment. PHPs maintain strong confidentiality protections, ensuring participants' identities are not disclosed without their consent, except in cases posing a risk to patient safety.

Safety-sensitive Workers

PHPs have extensive experience with understanding the needs of safety-sensitive workers. When a health care worker develops a potentially impairing condition, such as a mental health or substance use disorder (SUD), the very nature of his or her work demands comprehensive and sustained monitoring to ensure his or her health and well-being. Safety-sensitive workers such as health care professionals, airline pilots, and others have several qualities that create distinct treatment and case-management needs. These include but are not limited to workplace environment issues, personality factors, a responsibility to the public, and the necessity of balancing the individual's need for privacy with the need for public safety. Health care professionals often have difficulty accepting the role of patient, which necessitates care by treatment providers that are capable of helping the individual overcome such obstacles [15].

Peer-to-Peer Support

Treatment of mental health or substance use disorders or other potentially impairing illnesses among health care workers is markedly more effective in a cohort of peers and in specialized treatment centers that are skilled in the illnesses being served. Specialized treatment centers and providers must be experienced in working with health care professional personality styles and other nuances related

Loyd SIDEBAR continued

to the health care profession. Effective treatment can occur when the health care professional is able to address comorbid conditions and other relevant issues amongst a cohort of peers and the triggers or stressors of the work environment to which he or she will return are understood and properly addressed [16].

Key Functions of a PHP

The essential function of a PHP is to enhance public safety by promoting the health of physicians in their state or province by:

Accepting self-referrals and referrals from others concerned about a health care professional's well-being;

Assessing the validity or eligibility of the referral to the PHP program in a confidential, respectful, and professional manner (collateral information may be obtained to determine the appropriate next steps);

Making initial contact for the purpose of coordinating an appropriate interview, evaluation, or referral as deemed appropriate (some PHPs perform an initial assessment to determine the needs of a potential participant, while others refer all participants to outside providers);

Determining fitness for duty: During this initial engagement and through the PHP process, a PHP serves a critical role of determining if it is in the best interest of the individual's care to refrain from practice to allow them to prioritize their well-being and prevent any concerns of patient safety;

Coordinating evaluation and/or establishing treatment at an appropriate level of care;

Oversight of the participant through the course of evaluation and any subsequent treatment, monitoring participant response and compliance with care provided by qualified health care providers with expertise working with health care professionals;

Establishing a structure for accountability, including case management (this is usually accomplished through a written agreement between the participant and the PHP);

Responding to changes in health conditions or other concerns that emerge during the course of monitoring;

Providing mechanisms to enhance the detection of relapse and to support stability on an ongoing basis;

Compliance documentation: Using objective data to document participant activities that achieve and sustain remis-

Loyd SIDEBAR continued

sion and document appropriate illness management. Such data are used to endorse a participant's well-being and ability to practice medicine safely, from a health perspective, supporting credentialing, licensing, and insurability.

PHP Impact on Patient Care and the Profession

PHPs support professionals' well-being, promote workforce retention, and contribute to patient safety by encouraging help-seeking behavior among health care professionals. They offer rapid intervention, care management, and ongoing support, leading to positive health outcomes for participants. PHPs also play a crucial role in educating the medical community and advocating for physician wellness.

Challenges and Opportunities

PHPs face challenges related to funding, confidentiality, and variability in state regulations. Efforts are underway to enhance consistency and effectiveness through a PHP performance review program, Performance Enhancement and Effectiveness Review (PEER™), and accreditation programs for treatment and evaluation services specialized for health care professionals, Evaluation and Treatment Accreditation (FSPHP-ETA)™. Collaboration between PHPs and other stakeholders can further strengthen PHPs and support for physician well-being and promote patient safety.

Conclusion

PHPs have evolved over four decades to become trusted resources for physicians and health care professionals facing health challenges. Their confidential, supportive, and evidence-based approach promotes early intervention, treatment, and successful return to practice, benefiting both participants and the medical community at large. NCMJ

For more information:

- Contact Linda Bresnahan, FSPHP executive director at lbresnahan@fsphp.org and visit https://www.fsphp.org
- Contact Joseph Jordan, NCPHP CEO, at jjordan@ncphp.org or visit www.ncphp.org
- 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

Linda Bresnahan, MS Executive Director, Federation of State Physician Health Programs, Wilmington, Massachusetts.
Joseph P. Jordan, PhD CEO, The North Carolina Physicians Health Program, Raleigh, North Carolina.

Acknowledgments

The authors acknowledge the following conflicts of interest: Dr. Jordan works for the North Carolina Professionals Health Program as CEO. Ms. Linda Bresnahan is the Executive Director of the Federation of Physician Health Programs, a national membership association of Physician and Health Professional Programs (PHPs) designed to support physician health programs in improving the health of medical professionals, thereby contributing to quality patient care.

References

1. The sick physician. Impairment by psychiatric disorders, including alcoholism and drug dependence. *JAMA.* 1973;223(6):684–687. PMID: 4739202
2. Carr GD, Bradley Hall P, Reid Finlayson AJ, DuPont RL. Physician Health Programs: The US Model. In: *Physician Mental Health and Well-Being.* 2017:265–294. doi: 10.1007/978-3-319-55583-6_12
3. Earley P. Special populations: persons in safety sensitive occupations. In: *The ASAM Criteria.* 3rd ed. Carson City; The Change Companies: 2013.
4. DuPont RL, Humphreys K. A new paradigm for long-term recovery. *Subst Abus.* 2011;32(1):1. doi: 10.1080/08897077.2011.540497
5. DuPont RL, Seppala MD, White WL. The three missing elements in the treatment of substance use disorders: lessons from the physician health programs. *J Addict Dis.* 2016;35(1):3–7. doi:10.1080/10550887.2015.1102797
6. *Model Physician Health Programs Act.* 2016. Accessed August 2024. https://www.fsphp.org/assets/ docs/ama_physicians_health_programs_act_-_2016.pdf
7. McLellan AT, Skipper GS, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ.* 2008;337:a2038. doi: 10.1136/bmj.a2038
8. DuPont RL, McLellan AT, White WL, Merlo LJ, Gold MS. Setting the standard for recovery: Physicians' Health Programs. *J Subst Abuse Treat.* 2009;36(2):159–171. doi: 10.1016/j.jsat.2008.01.004
9. Weenink J-W, Kool RB, Bartels RH, Westert GP. Getting back on track: a systematic review of the outcomes of remediation and rehabilitation programmes for healthcare professionals with performance concerns. *BMJ Quality & Safety.* 2017;26(12):1004–1014. doi: 10.1136/bmjqs-2017-006710
10. Brooks E, Gendel MH, Gundersen DC, et al. Physician health programmes and malpractice claims: reducing risk through monitoring. *Occup Med (Lond).* 2013;63(4):274–280. doi: 10.1093/occmed/kqt036
11. Domino KB, Hornbein TF, Polissar NL, et al. Risk factors for relapse in health care professionals with substance use disorders. *JAMA.* 2005;293(12):1453–1460. doi: 10.1001/jama.293.12.1453
12. Skipper GE, Campbell MD, DuPont RL. Anesthesiologists with substance use disorders: a 5-year outcome study from 16 state physician health programs. *Anesthesia & Analgesia.* 2009;109(3):891–896. doi: 10.1213/ane.0b013e3181adc39d
13. Buhl A, Oreskovich MR, Meredith CW, Campbell MD, Dupont RL. Prognosis for the recovery of surgeons from chemical dependency: a 5-year outcome study. *Arch Surg.* 2011;146(11):1286–1291. doi: 10.1001/archsurg.2011.27
14. 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. doi: 10.1016/j.drugalcdep.2016.08.625
15. Knight JR, Sanchez LT, Sherritt L, Bresnahan LR, Fromson JA. Outcomes of a monitoring program for physicians with mental and behavioral health problems. *J Psychiatr Pract.* 2007;13(1):25–32. doi: 10.1097/00131746-200701000-00004
16. Knight JR, Sanchez LT, Sherritt L, Bresnahan LR, Silveria JM, Fromson JA. Monitoring physician drug problems: attitudes of participants. *J Addict Dis.* 2002;21(4):27–36. doi: 10.1300/J069v21n04_03