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Update!

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The Washington Physician Health Program CARES for Physicians and PAs

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The following is a fictional account created for the purposes of illustrating how the Washington Physicians Health Program (WPHP) works with health care providers. In this example "Cary" is a composite of multiple cases and no identification with actual persons (living or deceased) is intended or should be inferred.

Cary is a 42-year-old physician with increasing stress and difficulty at work over the past couple of years. It all seemed to start when he and his partners sold their practice to a large regional healthcare organization. Almost overnight, it felt like what was once an intimate and supportive practice environment had turned into a tsunami of productivity demands and prior authorization requests, more time in the electronic health record, and less time with patients.

The longer hours at work worsened an already strained marriage, leading to divorce and a bitter child custody battle. Cary thought he might be getting depressed but could not find the time to talk with anyone about it. Then the pandemic hit - worsening Cary's isolation and compounding the financial fallout of the divorce. Restful sleep was becoming increasingly elusive without the help of a nightcap or some Ambien - sometimes both.

Cary was having trouble concentrating at work, chronically behind on his charting, and sometimes late or hurried at work after oversleeping. Colleagues started to notice, quietly worried about Cary, even speaking amongst themselves at times, reluctant to talk with him directly. They knew the rough sketch of what he had been through in the past couple of years and wanted to give him some space. They did not want to pry and did not need to know the gory details. Plus, Cary could be surly with nurses and medical assistants over minor issues. Nobody was eager to ruffle his feathers. However, as time passed, it became increasingly difficult (and awkward) to ignore the situation. There were growing concerns of Cary's ability to practice safely. Something needed to be done, and fortunately, Cary's physician supervisor knew what to do.

The Washington Physicians Health Program (WPHP) has served physicians in Washington for over 30 years. Despite this fact, many have neither heard of WPHP nor understand how it works. Even among those who have some awareness of WPHP, misconceptions abound. Understanding how your physician health program supports you and your peers can help you to effectively utilize this resource should the need arise.

WPHP is a physician-led, non-profit organization whose mission is to facilitate the rehabilitation of healthcare professionals who have physical or mental conditions that could compromise patient safety and to monitor their recovery. Our work is based on a simple and highly effective model: confidential help, not discipline, best promotes a healthy and safe healthcare workforce. WPHP works and our program participants, their families, patients, and communities benefit from our efforts.

WPHP is not part of the Washington Medical Commission (WMC). However, we have a contract with the Department of Health (DOH) which, combined with enabling legislation, allows concerns of impairment to be reported to us in lieu of a report to the WMC. Impairment, by definition, is the inability to practice with reasonable skill and safety to patients due to a health condition. All licensed healthcare professionals are required by law to report healthcare workers who might be impaired to their appropriate regulatory entity. That said, if the concern involves licensees served by WPHP, including physicians and PAs, you are legally permitted to call us instead of the medical commission so long as the illness has not resulted in harm to a patient. WPHP can help with any potentially impairing health condition including psychiatric, substance, non-psychiatric medical conditions, cognitive concerns, burnout, and interpersonal issues.

85-90% of those participating in WPHP today do so without any knowledge or involvement of their licensing board. Some are self-referred to the program, having heard the stories of lives and careers changed for the better, and others have been referred by employers, credentialing entities, or concerned others such as colleagues or family members. Those who are known to their regulator are usually cases in which no one called WPHP when concerns of impairment began to surface and, eventually, someone filed a complaint with DOH instead. Rarely, WPHP must notify the regulator that a professional may not be safe to practice. We work hard to avoid this outcome whenever possible, but we also know that the privilege of the confidential opportunity we offer is conditioned upon balancing the professional's needs with public safety.

Cary's WPHP journey began with a call from his supervisor to WPHP. The supervisor was not sure if he was ready to make a referral, but he remembered a presentation from WPHP where he learned that WPHP is available anytime for consultation, even anonymously. During the call, WPHP outlined some of the reasons the physician might wish to proceed with a referral:

Confidentiality: Privacy is protected
Advocacy: Reassurance of safe practice is needed
Report: Discharge the responsibility to report a concern
Ease: Reduce stress and worry for yourself and others
Support: Access world-class care for a health professional in distress

At the end of the call, the supervisor decided to discuss the matter with the chief medical officer and then together they would talk with Cary and let WPHP know how things went. Two days later, Cary called us. He was not happy to have been referred to WPHP but agreed to the referral in lieu of being placed on administrative leave.

During his initial call to WPHP, Cary was given the opportunity to discuss the situation from his perspective, learn more about the program, and what the process would look like if he chose to move forward. He learned that information he discussed with WPHP would not be shared with his employer, the medical commission, or anyone else without his consent. With these reassurances, he gave an overview of his difficulties in the prior few years and admitted that it might be helpful to talk in some more detail.

Cary scheduled an initial assessment which included toxicology testing, a cognitive screen, and clinical interview. The clinical team then met to discuss his case and formulate a plan. Cary was recommended to complete a comprehensive diagnostic evaluation at a WPHP-approved facility qualified in the evaluation of safety-sensitive healthcare workers. Initially, Cary was reluctant and angry about the referral for additional evaluation. He thought he was being railroaded by WPHP and questioned our expertise and motives. He had read some stories online about doctors who were mistreated by PHPs and wondered whether there was any truth to them. WPHP answered all of Cary's questions, reviewed program outcome and satisfaction data with him, and encouraged him to take time to discuss his options with his key supports, his employer, and even an attorney if needed. Ultimately, Cary was able to begin trusting WPHP and decided to proceed with the evaluation.

Cary was diagnosed with untreated recurrent major depression dating back to early college and a mild alcohol and sedative/hypnotic use disorder. He was surprised because the evaluation process was much more valuable than he expected - Cary felt like he was beginning to connect the dots and gain a better appreciation for the causes of his unhappiness. He discovered he was suffering from professional burnout, which was contributing to his depression and maladaptive use of substances. He was referred to a mental health counselor, psychiatrist, and primary care physician and enrolled in a one-year behavioral health monitoring agreement that included toxicology monitoring for abstinence from drugs and alcohol. WPHP obtained quarterly treatment updates from his health care providers and, in turn, WPHP provided quarterly verification of safety to practice to his employer without the need to disclose any private health information.

After a year of monitoring, toxicology testing was discontinued. However, Cary asked to continue in the other program elements for another 6 months because he was benefiting from the coaching, support, and accountability that he was receiving. He told his case manager, "This past year has been better than I could have ever imagined. I thought I would miss the alcohol or have trouble stopping Ambien, but I've learned healthier coping methods and my depression is way better. I was resentful at having to come here at first, but now I am grateful for how much things have improved. I'm getting along better with my ex, and I'm more present for my kids. I want to keep the momentum going."

Cary continued in his therapy and began dating a woman in the running group he joined. He cut back his hours at work and, ironically, his work RVU productivity and income improved as his burnout lessened. At program discharge, Cary's worksite monitor (the supervisor who referred him to WPHP) remarked that, not only had Cary's performance concerns improved, but he was a model physician in the group and seemed to enjoy his practice more. He said, "Cary actually thanked me for sending him to WPHP!"

It might be tempting to imagine that the foregoing narrative is an overly optimistic portrait intended to shamelessly promote WPHP. However, it is outcomes like Cary's that get me out of bed in the morning. Cary's story, while fictitious, exemplifies the rule rather than the exception. However, you do not need to take my word for it. Visit our website and review the outcomes in our annual report. Read our participant success stories and watch an inspiring video. Know that where there is despair, we offer hope.

I am grateful that physicians and PAs continue to choose and support WPHP. You have helped make us a national leader among physician health programs, an accomplishment that benefits all we serve. Beyond our direct service to program participants, know that we are also working tirelessly to advocate on behalf of the professions that underwrite our work, that we are always in your corner and ready to help. With concerns about physician burnout, mental health, and suicide at an all-time high, our mission and partnership with you could not be more critical.

Need help or have further questions? WPHP **CARES** for you and is ready to help!

Call 800-552-7236 or visit www.wphp.org

COVID-19 Disaster Cascade Recovery Updates

October 18, 2023 12:00 – 1:00 PM PST

Register Here

In this webinar, Dr. Mauseth will identify current trends in behavioral health, recommend specific evidence-based resilience and coping strategies for at-risk populations, and increase awareness and facility about cross-cultural communication and behavioral health issues.

Educational Objectives

Upon completion of this educational activity, participants should be able to:

1. Identify current trends in behavioral health.
2. Recommend specific evidence-based resilience and coping strategies for populations at risk.
3. Create awareness and facility about cross-cultural communication about behavioral health issues.

The webinar will be recorded and continuing education is available for physicians and PAs.

Continuing Medical Education

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, the Washington Medical Commission, and the Washington State Department of Health. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians. The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.