RESOLUTION 13-18

Title:	Improve Physician Health Programs
Introduced by:	Denise Collins, MD, for the Wayne County Delegation
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Referred to:	Reference Committee E
House Action:	**APPROVED**

Whereas, in 2007, thirteen state Medical Boards indicated that the diagnosis of mental illness in and of itself was sufficient for sanctioning physicians[1], and

Whereas, a Physician Health Program (PHP) is defined as a "confidential resource for physicians, other licensed healthcare professionals, or those in training suffering from addictive, psychiatric, medical, behavioral or other potentially impairing conditions,"[2] and

Whereas, while PHPs operate in 47 states and the District of Columbia, there are no formal programs in California, Nevada, and Wisconsin[2], and

Whereas, PHPs were created with the intention to rehabilitate and monitor physicians with mental illness, physical illness, and substance use disorders[2], and

Whereas, PHPs are charged with oversight of licensees who are deemed to be in need of evaluation and/or treatment (namely, those with illnesses that have the potential to interfere with the safe practice of medicine)[3], and

Whereas, documentation of untreated "mental illness" is enough to require an evaluation[3], and,

Whereas, many psychiatric disorders (including personality disorders or gender identity disorders) do not have a well-defined treatment and may not impact the physician's' ability to carry out their health care obligations[3], and

Whereas, PHPs insist that the selection of evaluator(s), whether an individual clinician or a multidisciplinary center, should be the responsibility of the PHP, although, if possible the licensee may be allowed to select an evaluator(s) from a PHP-approved list[3], and

Whereas, physicians can be referred to a PHP by their employer, a colleague, a family member, or even themselves[4], and

Whereas, PHPs do not provide treatment services, but instead offer long-term case management and monitoring to ensure that physicians follow the program mandated for them[5], and

Whereas, substance use disorder treatment recommended by PHPs typically mandate participation in 12-step programs[5], and

Whereas, despite the fact that physicians with substance use disorder are forced to partake in 12-step programs, research on the efficacy of these programs is mixed and there are other

effective programs for substance abuse treatment[6,7,8,9,10,11], and

Whereas, physicians must agree to cooperate with the PHP and adhere to any recommendations it makes (including specific treatment type) in order to avoid disciplinary action and remain in practice[12], and

Whereas, PHPs must report to the state licensing board any physician suffering from serious psychiatric illness, drug or alcohol dependence, or any condition it deems to be potentially impairing and may place the public at risk who refuses their recommendation for treatment[3], and

Whereas, a recent survey of medical students found they would avoid seeking help for psychological problems for various reasons, including loss of confidentiality (37 percent) and fear of a negative impact on their career (23 percent)[4], and

Whereas, two states — North Carolina and Michigan — have already been asked to investigate many of the issues raised by PHP critics[13], and

Whereas, the North Carolina audit found that, "physicians may be vulnerable to intimidation because failure to comply with Program directives can result in referral to the North Carolina Medical Board (Medical Board) and the loss of the physician's medical license,"[14] and

Whereas, the same audit found that the North Carolina PHP had a lack of objective and independent due process procedures, which prevented physicians from successfully appealing against potentially erroneous accusations and evaluations, and in effect were operating outside of the law, a concern echoed in other state PHPs[14,15], and

Whereas, many of the evaluation and treatment centers to which PHPs refer their clients also sponsor PHP meetings, resulting in a significant potential for conflicts of interest[15], and

Whereas, a recent publication in the Journal of Addiction Medicine called for national standards for the day-to-day operation of PHPs and for PHPs to be routinely audited to ensure soundness and fairness of practice[15], and

Whereas, due to a lack of consistent funding, participating physicians are forced to pay at least a portion of treatment costs in about half of the available treatment centers[16], and

Whereas, 30 of the 43 PHPs in a 2009 survey received a substantial portion of their funding from their state licensing boards, which creates a potential conflict of interest as these PHPs may become beholden to licensing boards rather than risk loss of financial support or closure[12], and

Whereas, although multiple studies show high success rates for PHPs in substance use disorders, they often appear to calculate these success rates by only including patients who a) initially agreed to adhere to the treatment program and b) who were compliant throughout the program - a practice that results in elevated and misleading success rates[5,17,18,19], and

Whereas, 'substantive non-compliance' is considered to be a pattern of non-compliance or dishonesty, or simply an episode of non-compliance (including relapse) which could place patients at risk and result in dismissal from the treatment program[3]; therefore be it

RESOLVED: That MSMS advocate for more oversight and regulation of Michigan's Physician Health Program, the Health Professional Recovery Program, by physician groups without any conflict of interest; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate for more oversight and regulation of Physician Health Programs (PHPs), by physician groups without any conflict of interest with the participating PHPs; and be it further

RESOLVED: That MSMS advocate that the Michigan Health Professional Recovery Program allow physicians access to more than one type of treatment program; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate for Physician Health Recovery Programs that will allow physicians to access more than one type of treatment program.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy:

Impaired Physician Program
Programs for physicians whose capacity to function professionally has been impaired by alcoholism, drug abuse, mental illness, organic brain disease, or physical disability should be motivated by humanitarian concerns for the public and the impaired physician.

All actions with regard to impaired physician programs should be intended to be in the best interest of the physician and the public. They should not be designed to be punitive in nature since the best current evidence indicates none of these conditions are voluntarily acquired or "selfinflicted." (Prior to 1990)
– Edited 1998, 2016

Relevant AMA Policy:

Impaired Physicians Practice Act H-275.964
Our AMA encourages state medical societies that do not have effectively functioning impaired physicians programs to improve their programs and to urge their states to adopt the AMA 1985 Model Impaired Physician Treatment Act, as necessary.

Confidentiality of Enrollment in Physicians (Professional) Health Programs D-405.984
1. Our American Medical Association will work with other medical professional organizations, the Federation of State Medical Boards, the American Board of Medical Specialties, and the Federation of State Physician Health Programs, to seek and/or support rules and regulations or legislation to provide for confidentiality of fully compliant participants in physician (and similar) health programs or their recovery programs in responding to questions on medical practice or licensure applications.
2. Our AMA will work with The Joint Commission, national hospital associations, national health insurer organizations, and the Centers for Medicare and Medicaid Services to avoid questions on their applications that would jeopardize the confidentiality of applicants who are compliant with treatment within professional health programs and who do not constitute a current threat to the care of themselves or their patients.

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