SPOTLIGHT: Physician Health Programs

Background

The publication of a paper on "the sick physician" in the *Journal of the American Medical Association* launched the physician health movement in the 1970s and increased recognition within the medical profession that addiction is a disease and affected doctors need treatment—not disciplinary measures. Since then, physician health programs (PHPs) have been established in 47 states and the District of Columbia to intervene early for physicians with substance use disorders and to support doctors' treatment and recovery. These programs have a dual goal: one, to prevent harm to patients and two, to provide doctors with a safe haven to receive treatment. PHPs' effectiveness has raised interest in developing similar programs to treat other populations.

> "We think that the model of physician health programs is the gold standard for high quality, evidence-based care that tracks people over five years or more. No other model comes close. It has immense applicability—in a modified way—for other populations as well."
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> — Paul H. Earley, M.D., Medical Director, Georgia Professionals Health Program Inc., and President, Federation of State Physician Health Programs

How It Works

According to the Federation of State Physician Health Programs (FSPHP), a national member organization, PHPs coordinate effective detection, evaluation, treatment and monitoring of physicians suffering from addictive, psychiatric, medical, behavioral or other potentially impairing conditions. Central to their mandate is upholding the trust of medical licensing boards, hospitals, medical practices and other health care organizations that employ doctors; they are responsible for documenting participating physicians' compliance with treatment and continuing care recommendations.

While PHPs share best practices, their structure, operations and sources of funding vary considerably across the country. This is because doctors are regulated at the state level by medical licensing boards, and these programs operate under different state laws, rules and regulations. (This is in contrast to a similarly successful monitoring and recovery program for commercial airline pilots, called HIMS, which has national oversight in collaboration with the Federal Aviation Administration.)

After completing their initial intensive residential or outpatient treatment, doctors enter an extended period of active care management, monitoring and supervision that typically lasts for five years. During this time, they participate in weekly support group meetings with affected peers (who could include physicians and/or other health care professionals) and are subject to random drug screening. If toxicology tests show a physician has relapsed, he or she is typically held out of practice while additional therapeutic and monitoring interventions are implemented. As their compliance and length of time in monitoring increases, physicians' frequency of drug screening decreases—though some choose to continue monitoring following successful completion of the program.

How It Is Innovative

A hallmark of the PHP model is allowing doctors who self-refer to sign voluntary agreements that exempt them from disclosing their disease to state licensing boards. It is only if they fail to honor the terms of their agreement that they risk being reported for disciplinary action and potentially losing their license to practice medicine.

PHPs provide doctors who have a substance use disorder with an intensity, duration and quality of care that is not available to most people suffering from addiction. The key pieces of the intervention are: 1.) intensive and prolonged residential and outpatient treatment, 2.) five-year, extended support and monitoring, and 3.) engagement of employers, peers and family in support and monitoring.

Demonstrating Success

Physicians involved in running PHPs agree that no single element has led to the low rates of relapse among those who complete their programs. Instead, it is the longer assistance, guidance and support they provide doctors, in combination with the accountability and contingency management.

There is considerable data on the ability of PHPs to successfully treat physicians with substance use disorder. The most widely cited study, published in the Journal of Substance Abuse Treatment in 2009, found that 78 percent of the 904 physicians followed "had no positive test for either alcohol or drugs over the five-year period of intensive monitoring." Further, 72 percent of these physicians had no restrictions on their medical licenses and were actively practicing medicine five to seven years after entering treatment. Among the 19 percent who had at least one relapse, only 22 percent had any evidence of a second relapse.

PHPs also have been found to teach physicians skills that have long-lasting, beneficial effects on their practice of medicine. Specifically, an assessment of 818 doctors who had completed PHPs found they had a 20 percent lower risk of malpractice than both their pre-PHP selves and a similar group of doctors who had not entered treatment.

At the state level, West Virginia, which launched its PHP in 2007, experienced a more than 1000 percent growth in its program in its first five years. The data that the West Virginia Medical Professionals Health Program collects show that over 80 percent of its participants are licensed, working and abstinent from all substances after five years in the program.

In the state of Washington, where the PHP has been in place since 1986, only 40 percent of physicians referred to the Washington Physicians Health Program last year needed monitoring. Of these doctors, 90 percent were compliant with the program and their substance use has not been reported to the medical licensing board.

The PHPs in both of these states also treat medical students and residents, with the goal of preventing these young professionals from having substance use problems later in their careers. They account for 25 percent of the PHP population in West Virginia and 15 percent in Washington.

Stakeholders & Partners

The Federation of State Physician Health Programs (FSPHP) works at the national level to promote physician health and assist state PHPs. Though these programs' authority is mandated at the state level, PHPs are increasingly looking to standardize their programs. They base their clinical guidelines and treatment protocols on recommendations from professional associations including the American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Psychiatric Association and FSPHP, and work in collaboration with the Federation of State Medical Boards, which represents the state licensing boards at the national level.

The Future of PHPs

PHPs work, in part, because the contingency for physicians—losing their medical license and their ability to practice medicine—is powerful. But other programs such as drug courts, where people risk being incarcerated or facing other criminal justice consequences also have strong incentives to encourage those with a substance use disorder to enter treatment and remain in recovery. Though the length of treatment and cost of continued monitoring have been identified as barriers to PHPs' broader adoption, some operate their programs on a limited budget. Georgia Professionals Health Program Inc., for example, has developed a cost effective and scalable model since forming in 2012. It relies on a virtual phone system, staff who work remotely and an automated monitoring system, which alerts participants of random drug screen times and reports back their results.

Resources & References

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