



UW PACC

Psychiatry and Addictions Case Conference

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WPHHP AT YOUR SERVICE: HOW MAY WE HELP YOU TODAY?

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SPEAKER DISCLOSURES

- I am employed full time at the Washington Physicians Health Program and occasionally engage in legal consulting work.
- I have no other conflicts of interest to disclose

Planner disclosures

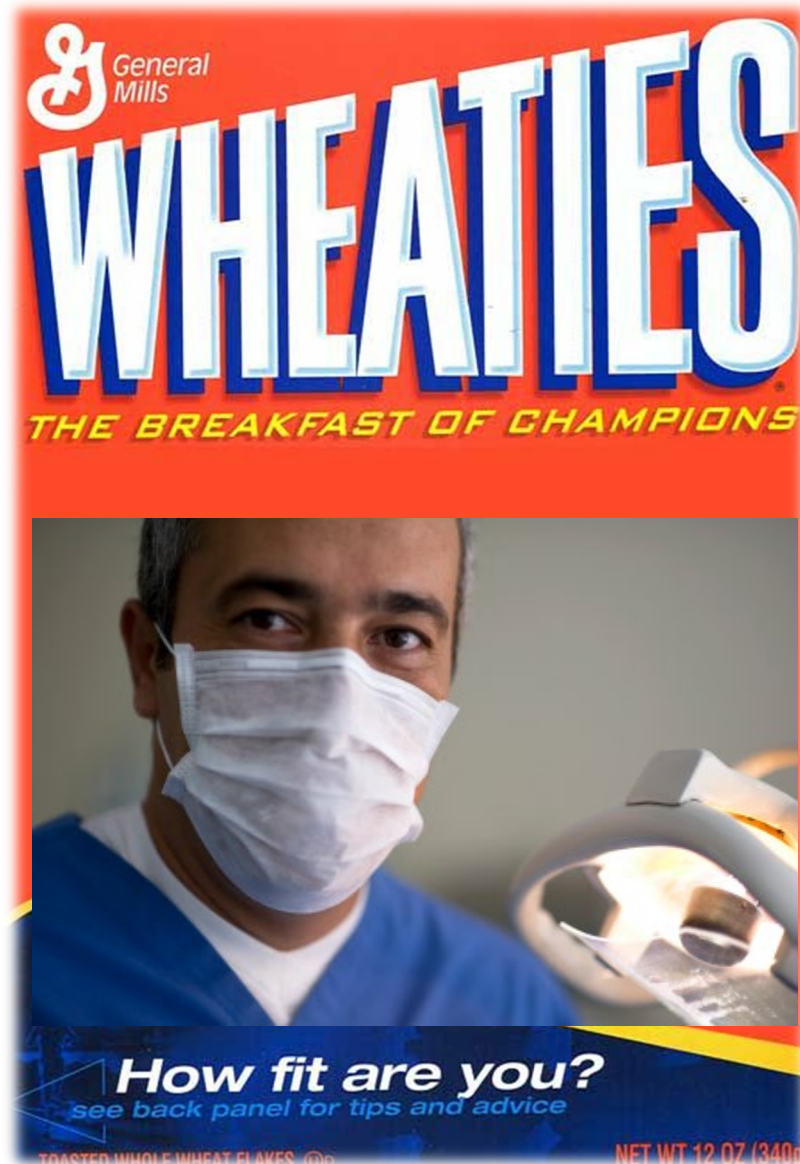
The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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OBJECTIVES

1. Describe the problem of substance misuse and addiction as it presents in health professionals
2. State barriers to effective intervention and access to treatment that may be unique to health professionals
3. Discuss WPHP's role in supporting the health and well-being of the medical community and the public citing key program outcomes



1/3 health professionals will have an impairing health condition during career

1-2% per year are impaired

SUBSTANCE-RELATED PROBLEMS....

- Nobody, especially physicians, thinks it is or will be them
- Physicians have no special protection
- If addiction were a weakness of character or will, physicians would rarely experience it

BIOLOGY OF ADDICTION: GENETIC AND FAMILIAL DETERMINANTS

- Family history is the most important risk factor for substance use disorders (SUD)
- 40-60% of liability for SUD is genetic
- 4 x risk alcohol dependence in family members
- Identical twins have higher risk than fraternal twins or natural siblings
- Adopted children of alcohol dependent parents have 4 x risk; equal to that of non-adopted siblings

Goodwin et al., 1974, Cotton, 1979, Prescott and Kendler, 1999; Mayfield 2008

Stress and Burnout Promote Substance Misuse

“Work hard, play hard...”

Over 30% of medical students have alcohol problems they didn't have prior to medical school

Those with burnout are 20% more likely to report alcohol problems

Jackson ER, Shanafelt TD, Hasan O, Satele DV, Dyrbye LN. Acad Med. 2016.



SUD PREVALENCE IN PHYSICIANS

- Lack of clear data
- Hughes JAMA 1992: 8% lifetime prevalence SUD (self-report)
- Oreskovich Arch Surg 2012:
 - 14% male /26% female surgeons AUD
- 80% anesthesia training programs have experience with SUD in trainees
 - 20% pre-treatment fatalities
- Most experts place lifetime SUD risk at 10-15%

Baldisseri MR. Crit Care Med. Feb 2007

TREATMENT OUTCOMES

- **Adherence** improves outcomes across all studied chronic conditions
- Adherent SUD patient outcomes **as good** as any other chronic condition
- Outcomes for medical professionals **better** than for general population

McLellan, et al., JAMA 2000

HOW DOES ILLNESS IMPACT CLINICAL PERFORMANCE?

- Illnesses may impact:
 - Memory
 - Attention/Concentration
 - Psychomotor performance
 - Executive function: **impaired judgement**
- Medical practice requires high cognitive bandwidth
- Proactive vs reactive intervention
 - “My practice has never been affected”
 - “Name one time when _____ caused patient harm”

Intoxication is not required; substance is not required

Does social use of substances impact my ability to practice safety?

- Cannabis intoxication and carry-over effects last for hours if not days
 - Pilots impaired 24 hours after smoking **one 19 mg joint** (Yesavage, AJP 1985)
 - Abnl EEG, PET, and fMRI findings persist **hours and days after MJ use** (Ball, Lancet 2009)
- Prior day alcohol intoxication impairs expert laparoscopic simulator performance even at **4 pm the following day** (Gallagher, Arch Surg, 2011)
- Why would we assume that recovery from powerful brain chemicals would *not* impact practice performance?
- At what point does *impact* become *impairment*?

IMPAIRMENT: DEFINITION AND LEGAL OBLIGATIONS

- Inability to practice with reasonable skill and safety to patients **as the result of a health condition** (RCW 18.71.300)
- Illness ≠ impairment
- Incompetence ≠ impairment
- All DOH license holders and health care institutions are mandated reporters of **concern** for impairment

WHAT IMPAIRS (OR MAY IMPAIR) DOCTORS?

- Substance use
- Psychiatric disorders
- Non-psychiatric medical conditions and their treatments
- Cognitive and neurologic disorders (both age-related and not)
- Chronic burnout and distress
- Personality pathology

WPHP helps with any health condition

CORE PHP MODEL

- Voluntary, confidential, therapeutic, alternative to discipline
- Accountability and chronic care management (monitoring) are the foundations of safety and advocacy
- Report to disciplinary authority when indicated

WPHP MISSION:

To facilitate the rehabilitation of healthcare professionals who have physical or mental conditions that could compromise public safety and monitor their recovery

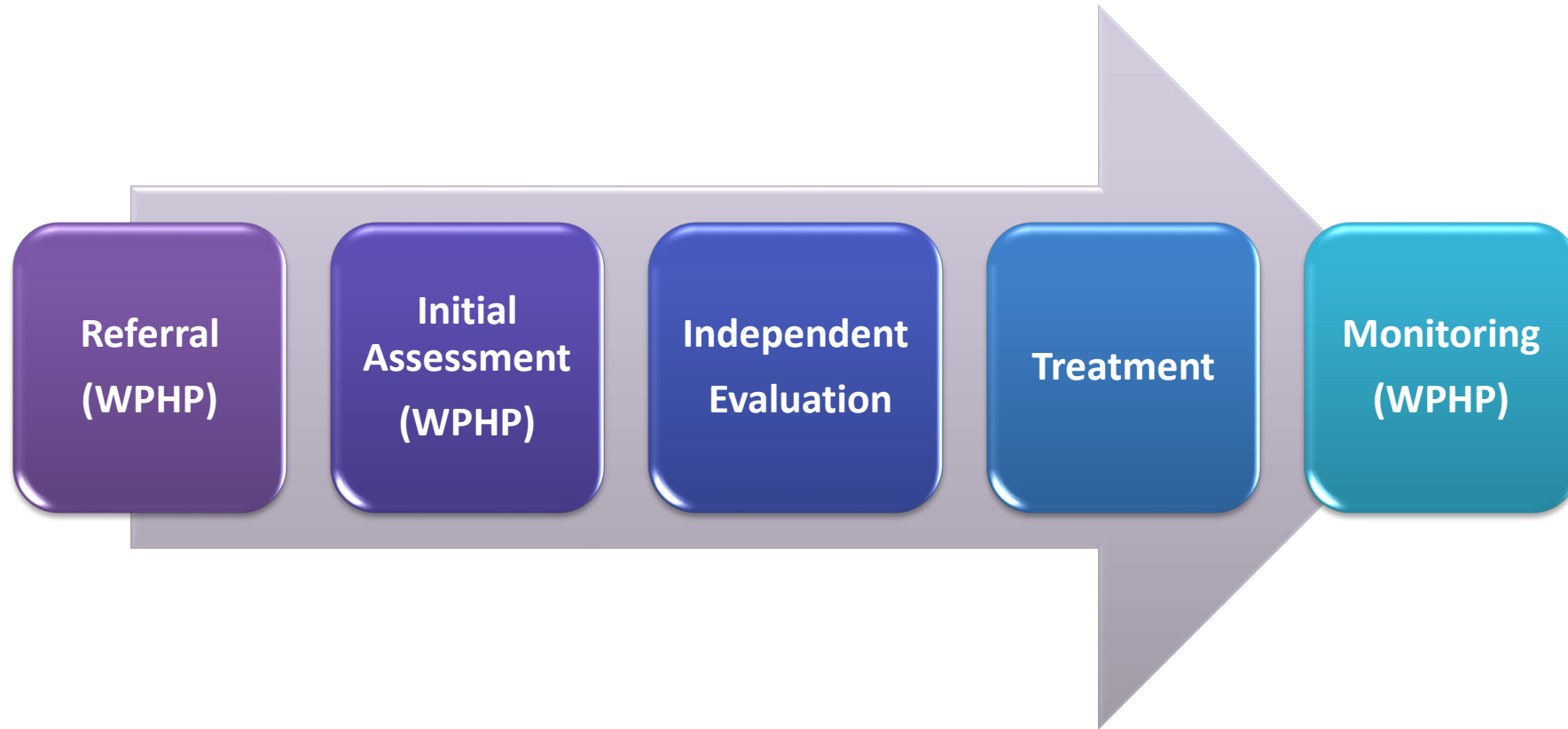
and monitor their recovery
could compromise public safety



WPHP: OVERVIEW

- 40-year history in Washington
- Physician led, independent non-profit (not the medical board)
- Confidential, voluntary support for physicians/PAs with concern for impairment
- Legally authorized alternative to discipline (DOH contract)
- Governance relationship with WSMA
- WPHP is a leader among physician health programs nationally
 - Thought leadership
 - Advocacy
 - Innovation and setting new standards for best practices

WPHP: Process



- Case management model

WHY WOULD YOU REFER TO A PHP?

- **C**onfidentiality
- **A**dvocacy: health-related advocacy in the workplace, credentialing, or disciplinary matters
- **R**eport: discharge a legal or ethical reporting obligation
- **E**ase: reduce stress, ease worry
- **S**upport: access world class care for a health pro in distress

BARRIERS TO WPHP UTILIZATION

- Culture of silence
- Lack of awareness
- Mis/disinformation
- Confused with state medical boards
- Real and perceived burdens of participation
- Lack of clear policies and procedures that direct referrals to WPHP when concerns of impairment arise

WPHP: KEY STATISTICS

- 85-90% **confidential participation**
- 95% report needing and benefitting from WPHP advocacy
- **Half** of referrals are resolved **without need for monitoring** – help is provided, concerns are put to rest
- **One in four** participants report WPHP was **lifesaving**
- WPHP participants report less than half the rate of burnout as other physicians
- 85% full remission of health condition at discharge
- **84% SUD participants abstinent at 60 months**
- WPHP consistently receives **high ratings** (4+/5) for program **service and satisfaction** from participants and stakeholders



MONITORING = SAFETY

- Monitoring is the cornerstone of advocacy
 - Accountability
 - Adherence to effective treatment
 - Awareness of health status lowers risk of impairment should illness recur
 - Reassurance of known (PHP) vs unknown (non-PHP population) health status
- Colorado PHP Malpractice Risk Study: Brooks et al. Occ Med 2013
 - Retrospective claims data for 818 PHP participants vs. 656 reference physicians
 - Pre-monitoring: PHP cohort 111% worse
 - Monitoring: PHP cohort 50% improved, still 28% below reference group
 - Post-monitoring: PHP cohort 20% better than reference group



WPHP ADVOCACY

- Removing intrusive health questions from physician licensing and credentialing applications (and awareness campaign)
 - WMC licensing application
 - Washington Practitioner Application
 - Medical Professional Liability carriers (PI, MICA, Constellation, COPIC, Coverys, and more)
- SSB 5496: Expanding confidentiality protections for WPHP participants; destigmatizing statutory language
- Governors Sunshine Review Committee: Preserving confidentiality protections for WPHP records in public records act
- Payment reform: University of Washington School of Medicine/MEDEX/UWGME contract includes funding for independent medical evaluations

ADDITIONAL SERVICES

- Education and Outreach
- Consultation: Hospital and HCO's
- Annual Reunion
- Family Services
- Wellness Resources
 - [Website](https://wphp.org/) and Blog (<https://wphp.org/>)
 - Mindfulness Northwest
 - [Quarterly Newsletter](#)
 - Social Media
 - Resource/Publications Library
 - [Website Video](#): WPHP Participant Shares a Message of Hope



Questions?

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Thank You!

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