

The Washington Physician Health Program CARES for Dentists



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Editor's Note: 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 dentist with increasing stress and difficulty at work over the past couple of years. It all seemed to start during the pandemic. Cary had just invested in some expensive but needed equipment upgrades that had increased his overhead just as he was forced to shut the doors of the practice. Almost overnight, he was facing overdue bills and mounting financial strain. To make matters worse, just as the practice reopened he lost two hygienists and has struggled to recruit and retain new staff for those positions.

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. Cary's isolation worsened and the financial fallout of the divorce was compounding the economic pressure on his practice and his stress level. Restful sleep was becoming increasingly elusive without the help of a nightcap or some Ambien, sometimes both.

Cary was having trouble concentrating at work, was chronically behind on his charting, and was sometimes late or hurried for procedures after oversleeping. His staff started to notice and 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 feel a need to know the gory details. Plus, Cary could be surly at times 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

regarding Cary's ability to practice safely and something needed to be done. Fortunately, Cary's office manager knew a close colleague of Cary's and reached out for some guidance. At first, Cary's friend was reluctant to get involved, but as he heard more about the staff's concerns, he knew he needed to try and help, even if it was going to be uncomfortable.

WPHP CAN HELP

The Washington Physicians Health Program (WPHP) has served dentists 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 face 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 Dental Commission. 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 board. Impairment, by definition, is the inability of a license holder to practice with reasonable skill and safety 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 dentists, you are legally permitted to call us instead of the dental 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.

Approximately 85-90% of those receiving WPHP services 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. Others have been referred by employers, credentialing entities, or concerned colleagues or family members. Those who are known to their regulatory authority 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

Cary's WPHP journey began with a call from his colleague to WPHP. He 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 Cary's colleague 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, Cary's colleague decided to talk with Cary and let WPHP know how things went. Two days later, Cary called us. He was not happy that his friend had called WPHP but decided he should talk to us before things escalated. His colleague had expressed concern that he might get reported to the dental commission if he did not reach out for help soon.

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 anyone without his consent. With these reassurances, he gave an overview of his difficulties over 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 supporters and even an attorney if needed. Ultimately, Cary was able to begin trusting WPHP and decided to proceed with the evaluation.

A DIAGNOSIS AND TREATMENT

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 misuse 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 to measure abstinence from drugs and alcohol.

WPHP obtained quarterly treatment updates from his health care providers and, in turn, provided quarterly verification of safety to practice to his practice manager who was also serving as his workplace monitor. At first, he was reluctant to have anyone from his practice involved. However, he came to appreciate having some supportive accountability for his health and well-being at work. He had not been able to see things clearly when he became ill and it was comforting to know that a safety net was there if needed.

After a year of monitoring, toxicology testing was discontinued. However, Cary asked to continue with other program elements for another six 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 giving up 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 his work productivity and income actually improved as his burnout lessened. At program discharge, Cary remarked that not only was he free of depression and burnout, but his practice was thriving. He also let us know that he had stayed in contact with the dental school friend who had suggested he come to WPHP and that he credited him with saving his life.

SUPPORT FOR THE PROFESSION

It might be tempting to imagine that the foregoing narrative is an overly optimistic portrait intended to shamelessly promote WPHP. However, outcomes like Cary's are what 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 dentists 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, and that we are always in your corner and ready to help. With concerns about dentist burnout, mental health, and suicide at an all-time high, our mission and partnership with you could not be more critical. 🌱

WPHP IS HERE TO HELP

Need help or have further questions? WPHP CARES for dentists!

Call **800-552-7236** or visit us online at www.wphp.org

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