Lessons From the Physician Health Program Model

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WASHINGTON PHYSICIANS HEALTH PROGRAM

Physician Health Program vs. Wellbeing Program

	Physician Health Program (PHP)	Physician Wellbeing Program
Population	Impaired or at-risk individuals	The entire workforce
Purpose	Rehabilitate professional, protect patient safety	Professional fulfillment, personal resilience, systems drivers
Medicalization	High	Low
Regulatory linkage	Yes	No
Method	Reactive individual health support with accountability/health verification	Organizational change and proactive individual wellbeing support
Participation via External Motivation	Often high but not always	Typically none - low

PHPs: How it Works

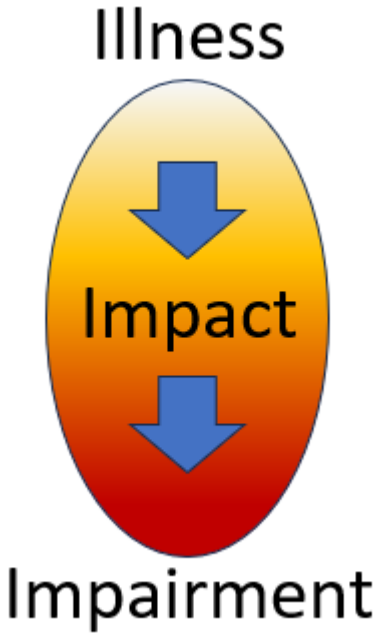
Physician Health Programs
Trusted Help for Healthcare Professionals

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

1-2% may be impaired per year

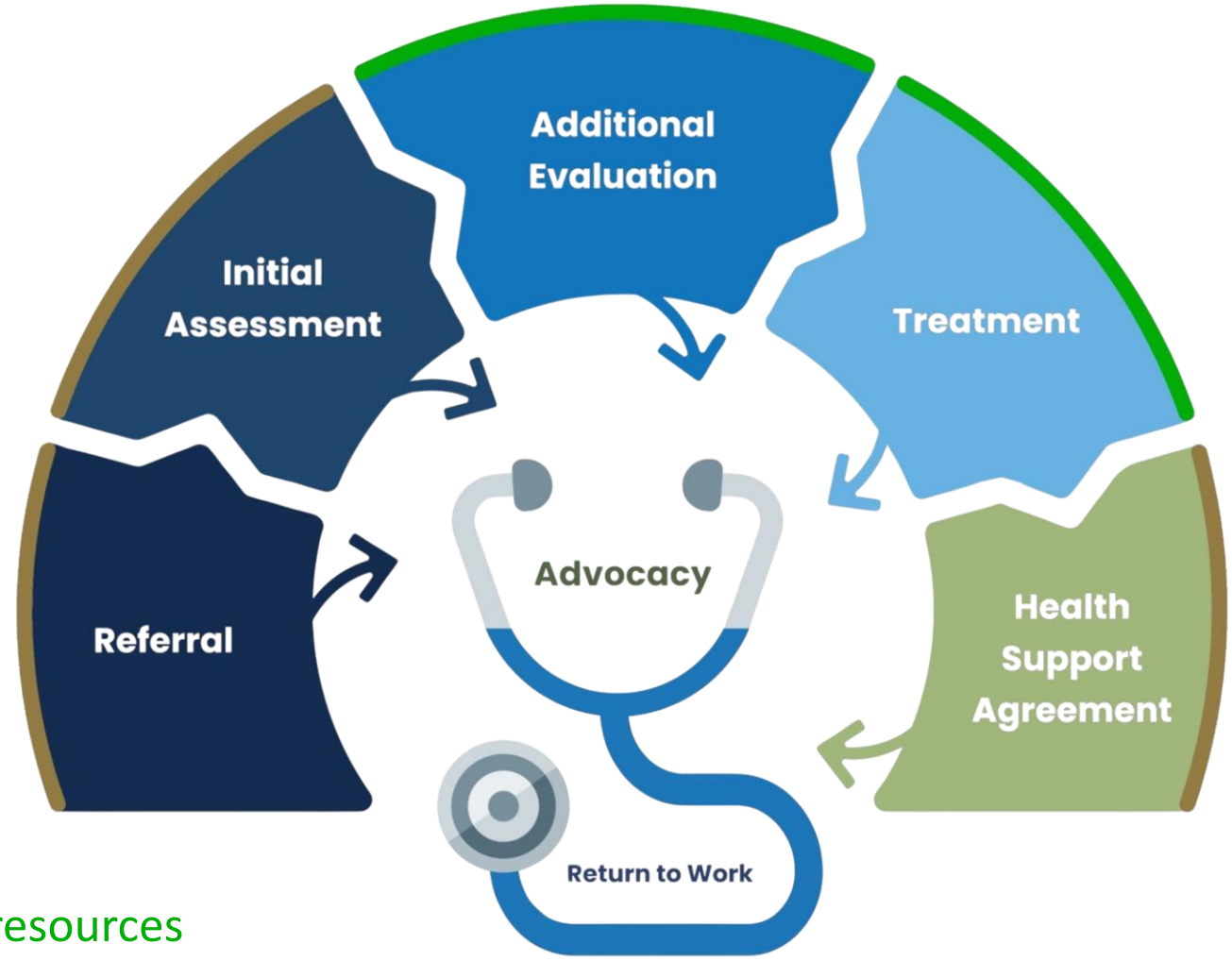
Leape L. and Fromson J. Ann Int Med. 2006

What is a Physician Health/Professional Assistance Program?



- A **confidential** resource supporting health professionals when illness may be adversely impacting clinical performance
- Accepts **confidential** referrals in lieu of regulatory notification
- Receives regulator referrals as an alternative to discipline
- Early intervention with structured, compassionate support and accountability
- Delivers exceptional outcomes that improve health, lives, and careers
- Protects patients and sustains the workforce

PHP Process – Individualized, Concierge Approach



PHP direct services

PHP approved referral resources

Among 3,542 physician referrals to PHPs

2,931(**83%**) underwent formal evaluation

2,386 (**81%**) of those evaluated were recommended for monitoring

Overall, **67%** of all referrals were recommended for monitoring

Not all PHP referrals require monitoring…
Often all that is needed is reassurance of safe practice and supportive resources

Health Support, Accountability, Verification

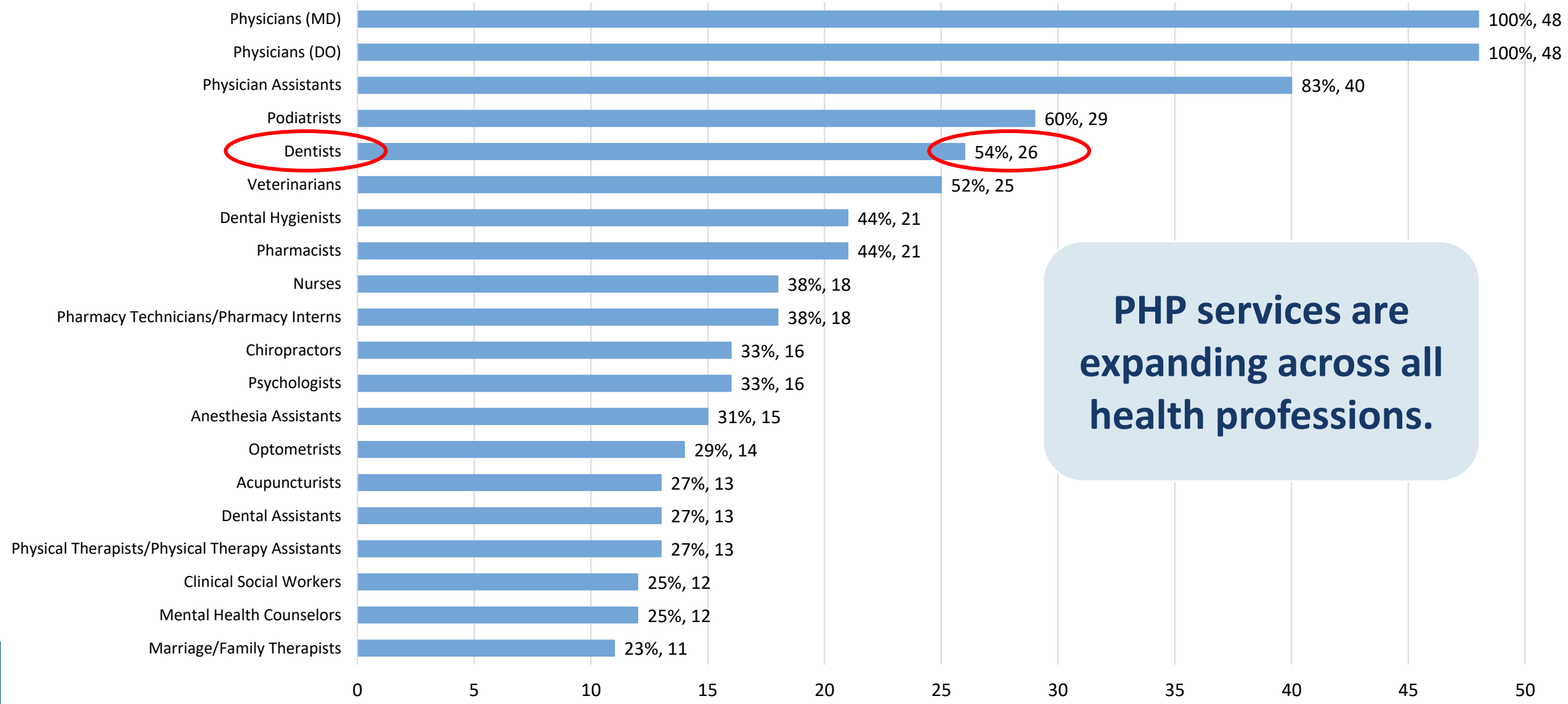
- Individual case management
- Professionally facilitated peer support groups; community mutual support (AA, Recovery Dharma, NAMI groups, etc.); health professional mutual support (IDAA, Caduceus meetings)
- Care provider coordination
- Workplace liaison
- Toxicology testing (when indicated)
- Consented third-party verification of health and safety to practice (when needed)

Unparalleled Outcomes vs Usual Care

- 75-80% **sustained illness remission** over 5 years (Domino 2005, Knight 2007, McClellan 2009)
- 20% **lower professional liability** risk among PHP graduates compared to never-referred (Brooks 2013)
- 88% **continued recovery participation** 5+ years post-completion (Merlo 2022)
- WPHP 2025 Annual Report
  - 48% say program was “lifesaving” at discharge
  - 98% illness improvement; 71% report full remission; 85% SUD are in full remission
  - 11% report current burnout vs 45% national average
  - >85% practicing at program completion
  - 75% report better QOL

PHP participants are 2-3 times more likely to fully recover from illness compared to usual care

For which professions do you provide PHP services? Select all that apply (n=48)



PHP services are expanding across all health professions.

Note. Checkbox items; 40 options; multiple selections possible

States with FSPHP Member Programs Serving Dentists

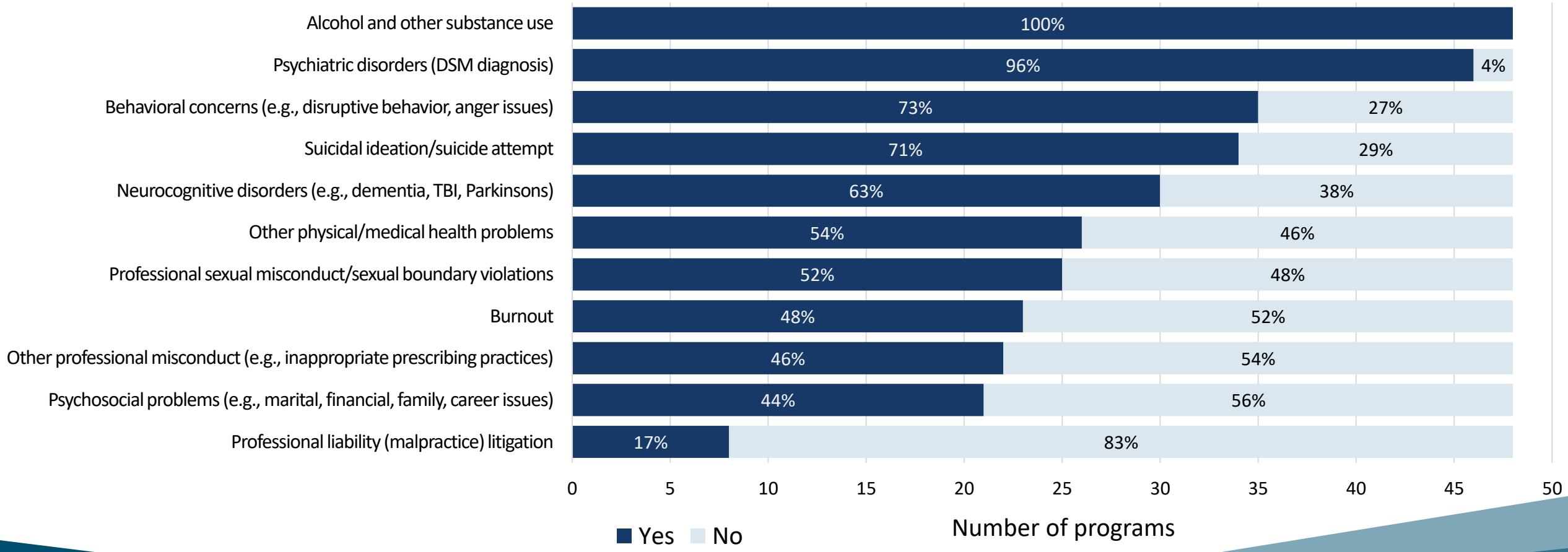
1. Arizona (2)
2. Arkansas
3. Connecticut
4. California
5. Delaware
6. Florida
7. Hawaii
8. Illinois
9. Louisiana
10. Michigan
11. Minnesota
12. Missouri
13. Montana
14. Nevada
15. New Hampshire
16. New Jersey
17. New Mexico
18. Ohio
19. Oklahoma
20. Oregon
21. Pennsylvania
22. Rhode Island
23. South Carolina
24. Utah
25. Virginia
26. Washington
27. Wyoming

Find Your
FSPHP STATE PROGRAM

PHPs consistently monitor SUDs and other psychiatric disorders, as well as a broad range of other health and professional concerns.

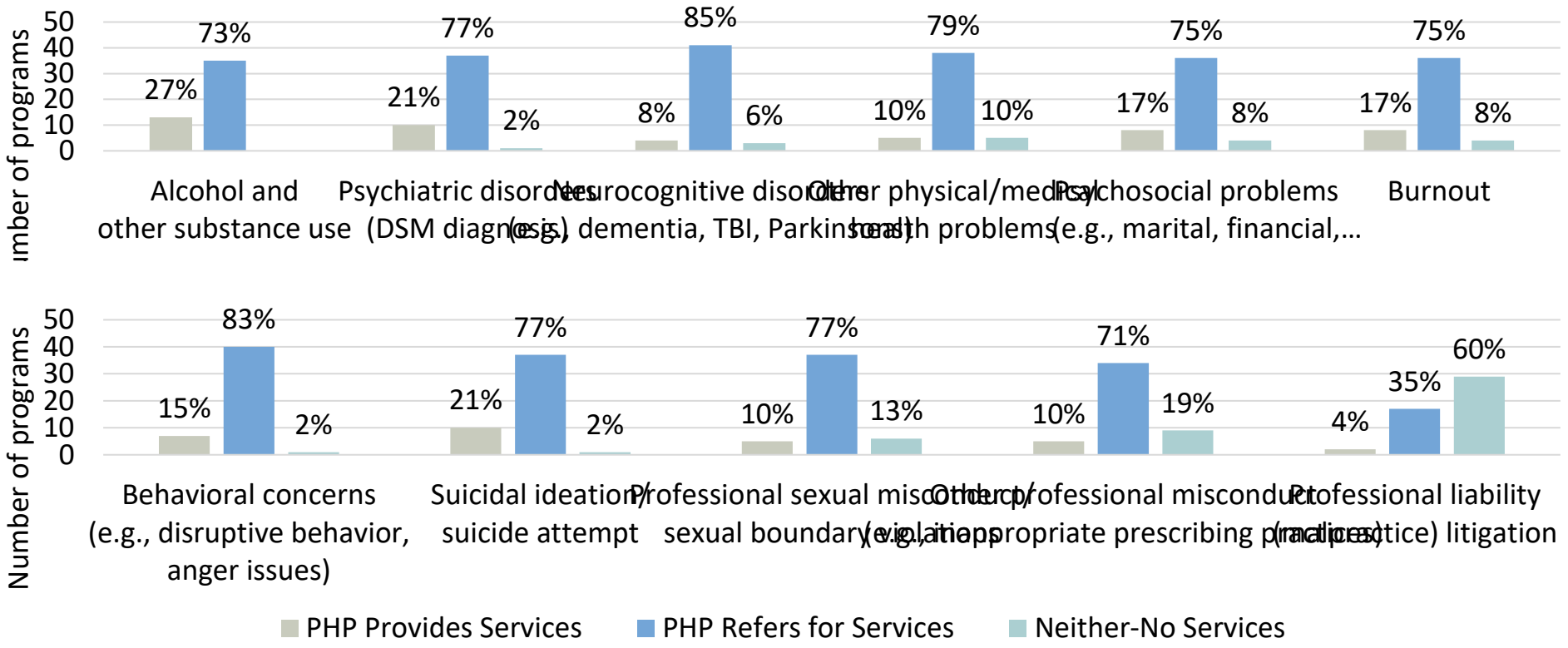
Some PHPs have statutory limits on their ability to monitor for certain issues.

Does your program ordinarily provide monitoring for the following issues? (n=48)



PHPs often facilitate access to problem-specific support, even if the PHP does not provide direct service or monitoring for that condition.

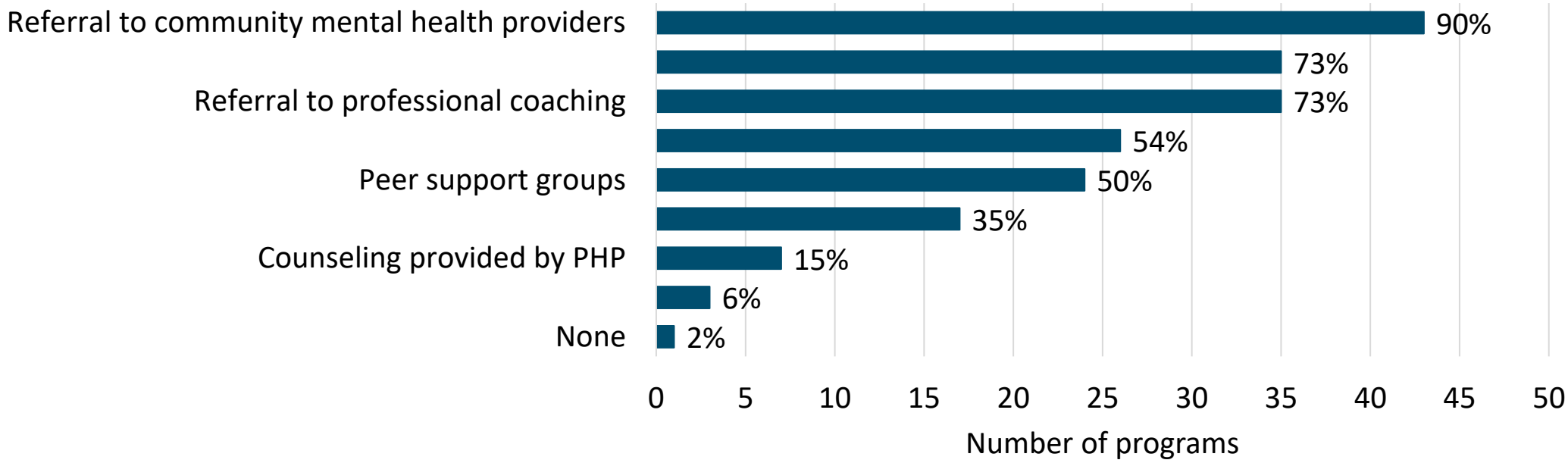
For which issues does your program ordinarily provide advocacy/support services other than monitoring (e.g., referrals/connection to educational, in-person, online, or other resources)? (n=48)



Note. Participants selected one of the response options (PHP provides services, PHP refers for services, neither-no services) for each category.

Many PHPs also provide supportive services for conditions that are not monitored, or for individuals who do not require monitoring services.

What specific supportive services (not monitoring) does your PHP provide that promote resilience, mental health, and wellness? Check all that apply (n=48)



Note. Checkbox items; multiple selections possible.
*Screening instruments: e.g., burnout or suicidal ideation screenings.
**Other write-in responses (n=3) included biweekly or monthly check-ins (n=2) and employment assistance (n=1).

What Can Wellness Programs Learn from PHPs?

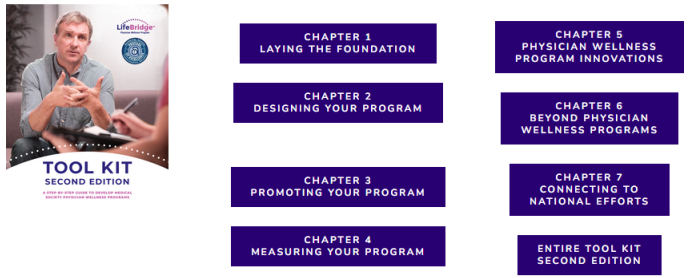
AKA: The Secret Sauce

Lesson 1: There is tremendous unmet need

- Dentist utilization of PHPs is half that of physicians (0.5% vs 1.0%)
- For a state with 5000 dentists: minimally 25 with likely impairing health condition; another 50-100 with silent distress
- Dentists have unique challenges with more limited profession-specific resources
- Elevated suicide risk
- Elevated health-related disability and early retirement
- Need for early, proactive support

Lesson 2: Build Structured, Expert-Informed Support

- Screening
- Intake
- Triage and Referral
- Resource networks



https://www.physicianwellnessprogram.org/

American Foundation for Suicide Prevention | VITAL WORK·LIFE

VITAL WorkLife Launches American Foundation for Suicide Prevention's Interactive Screening Program

Physicians Anonymous

Doctors supporting doctors

IDAA

A Recovery Fellowship for Healthcare Professionals and Their Loved Ones

Lesson 3: Confidentiality is King

FSPHP Safe Haven – Triad of Confidentiality

Regulatory Protection

- PHP participation need not be reported or known to regulators
- PHP is an authorized alternative to mandated reporting

Record Protection

- PHP records are protected from disclosure in legal proceedings

Application Protection

- Licensure and credentialing applications permit non-disclosure of PHI
- Applications do not require disclosure of PHP participation

Many states have enacted legislation extending protections to wellbeing programs
https://www.ama-assn.org/system/files/issue-brief-physician-health-wellness.pdf

Lesson 4: Address Barriers to Access

- Confidentiality
- Cost
- Inconvenience
  - Online screeners and access points
  - After hours resources
- Stigma
- Invisibility

Lesson 5: Cultivate Trust and Partnerships

- County Dental Societies
- Journal Clubs
- Dental Schools and Residencies
- Regulators
- DSOs
- Legislators
- Hygienists, Assistants, Auxiliaries
- Coaches, counselors, consultants

Lesson 6: Raise Awareness

- Education/Outreach
- Advocacy
- Policymaking
- Influence

Advocating for the profession and patients is a powerful wellbeing activity

Lesson 7: There is no free lunch

- Sustainable funding models are critical
- Build the business case for wellbeing
- Fundraising and charitable giving

Questions and Reflections

1. What are our take aways on the day so far?
2. What are critical areas that need further discussion?
3. What are system barriers to increasing wellbeing support for dental professionals?
4. How will we overcome those barriers?

Thank you!

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