WPHP Report

WASHINGTON Medical Commission
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Financial Barriers to Physician Health Program Utilization

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In the Spring 2023 issue of Update!, I took a moment to celebrate WPHP advocacy efforts particularly with respect to licensure and credentialing question reform. However, I also noted concern that physicians will continue to avoid care for mental health and substance use disorders until we take measures to dismantle the processes and systems that unfairly burden them when seeking care. This is especially true for physicians and PAs needing assistance from the Washington Physician Health Program (WPHP).

Physicians who become involved with WPHP due to concerns of health-related impairment often need specialized assistance so that they can continue or be returned to safety-sensitive work. Well-defined criteria, developed by the Federation of State Physician Health Programs and referenced by the Federation of State Medical Boards, delineate the expertise and elements of evaluation and treatment that a physician health program needs to credibly verify a physician or PA's safety to practice.

Evaluators and treatment providers that serve physicians and other safety-sensitive workers must be willing and able to conduct comprehensive evaluations, including physical and mental health assessment, interviews with collateral family and workplace contacts, cognitive and psychological testing using validated metrics, clinical labs, and forensic toxicology testing. They must rigorously document their findings in exhaustive reports that include assessments of fitness to practice, consideration of the job-specific work demands of the physician, as well as any accommodations that might be required. Unfortunately, these specialized services can be costly, may not be well-covered by health insurance plans, and may be geographically distant from the health professional's residence and psychosocial supports.

In a recent publication that I co-authored, financial strain was found to be a significant barrier to accessing PHP-recommended evaluation, treatment, and monitoring, especially for medical students and physicians in training[1]. Not only does this research confirm our experience, it raises two important questions:

- Why are physicians with mental health or substance use disorders expected to bear disproportionate financial burdens for the care necessary to safely return them to practice?
- What more can the healthcare ecosystem do to ensure that financial barriers do not prevent access to needed care?

A physician or PA suffering severe injuries from a weekend skiing accident would not be expected to carry the same financial burden to treat and rehabilitate that injury as those who suffer from mental health and substance use conditions. Nor would there be any question as to the need for medical leave or time away from work. However, a physician or PA experiencing a mental health or substance use disorder faces relentless stigma and systematized biases as they attempt to navigate their way to recovery. The unfair cost burden borne by PHP-involved health professionals is not just a barrier to health professional recovery and sustainable workforce re-entry. It is, perhaps, a painful reminder that mental health stigma still haunts the house of medicine.

Removing financial barriers to recovery for PHP-involved physicians should be a key advocacy target in all efforts to promote the well-being of health professionals and workforce sustainability. For too long now, physicians and PAs (and the students and trainees of those professions) have shouldered an unfair burden of care when faced with an impairing health condition. Health insurance plans, employers, professional associations, medical schools, graduate medical education programs, and others who benefit from the work of physicians and PAs can do more to alleviate these cost burdens[1].

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The University of Washington School of Medicine, UW Graduate Medical Education, and MEDEX Northwest recently amended their contract with WPHP so that medical students, trainees, and PA students will have the costs of WPHP recommended evaluations, including toxicology testing, covered by the University. Within the University of Florida Health system, all employees under GatorCare are entitled to substance use disorder evaluation and treatment at the UFHealth/Florida Recovery Center at no cost. And, we are aware of at least one large, self-insured, healthcare organization in Washington that authorizes full payment for WPHP involved physicians and PAs at a nationally recognized center specializing in the care of health professionals. WPHP provides grants, fee deferral, and other need-based assistance to program participants such that no program participant is denied WPHP services due to their inability to pay. Finally, and importantly, the Massachusetts Medical Benevolent Society, which has been providing financial assistance to physicians in difficulty since 1857, is a shining example of how state medical associations, and their related foundations, can step up to support physicians in need[1].

These examples demonstrate that it is possible to eliminate financial barriers to recovery for physicians and PAs, that we do not lack the resources, but perhaps the will, to ensure access to the specialized care our workforce often needs. WPHP is working closely with the American Medical Association, the Lorna Breen Heroes' Foundation, and others to elevate awareness of these model programs and inspire action.

Broken healthcare is taking a toll on our physicians and PAs. If we cannot fix the system, at the very least, we need to recognize a shared responsibility to help heal those whom it participates in harming and stop asking the least fortunate among us to fend for themselves.

If you or a colleague need help with your personal health or well-being, please do not hesitate to reach out to us: www.wphp.org / 800-552-7236

References
1. Weinhouse S, Merlo LJ, Bundy CC, et al. Barriers to recovery for medical professionals: Assessing financial support through a survey of Physician Health Programs. Am J Addict. Mar 8 2023;doi:10.1111/ajad.13397

Death with Dignity Act

The Washington Legislature passed Engrossed Substitute Senate Bill (ESSB) 5179 in 2023 that made changes the Death with Dignity Act. The changes become effective on July 23, 2023.

ESSB 5179 did the following:

- Allows more licensed healthcare providers to participate in the Death with Dignity Act.
    - Added a definition of "qualified medical provider" that includes physician, physician assistant, and advanced registered nurse practitioner.
    - Added independent clinical social worker, advanced social worker, mental health counselor, and psychiatric advanced registered nurse practitioner to the "counseling" definition.
- Reduces the timeframe a qualified patient must wait to make a second oral request for medication from 15 days to 7 days.
- Allows pharmacies to accept prescriptions electronically, dispense to a person designated by the patient, and offer secure delivery.
- Allows healthcare providers to submit Death with Dignity forms electronically to the Department of Health.

The Department of Health is updating forms, webpages, processes, and rules to implement the changes. For more information about the Death with Dignity Act and implementation timeline, please visit the Death with Dignity Act | Washington State Department of Health website.

If you want to receive notices by email or have questions, contact DeathwithDignity@doh.wa.gov.