



What is the Washington Physicians Health Program & How it Helps the Medical Community

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In this article, we will look at the mission of the Washington Physicians Health Program (WPHP) and some of the common questions about it. An integral part of WPHP's mission is to inform and educate the medical community about physician health and impairment. Our goal is to empower physicians with accurate information so they may make informed decisions should they find themselves, or a colleague, in difficulty.

What is WPHP and who does it serve?

WPHP is the Washington Physicians Health Program. For more than 35 years, WPHP has earned a reputation as Washington's trusted resource for restoring the health of medical professionals. WPHP is an independent physician-led, nonprofit organization. We serve Osteopathic Physicians, Allopathic Physicians, Podiatric Physicians, Anesthesiology Assistants, Physician Assistants, Dentists, and Veterinarians as well as students and residents of these disciplines.

WPHP offers early intervention, assessment, treatment referral, and post-treatment health support for those in the medical workforce with conditions that may negatively impact practice performance. In some cases, brief assessment and referral to services are all that is needed to support health and put concerns at rest. In other cases, more help is needed and WPHP is ready to assist. Referral to WPHP protects the well-being of healthcare professionals and the patients they serve. Our confidential support and exceptional outcomes provide reassurance of safe practice and promote workforce sustainability.

What health conditions does WPHP help with?

WPHP assists healthcare professionals with any health condition that may impact clinical performance. Examples include mental health disorders, non-psychiatric health conditions, cognitive concerns, substance-related concerns, depression, anxiety, suicidal thinking and behavior, burnout, trauma, and stress.

How is WPHP funded?

WPHP is primarily funded by a special license surcharge that is paid by the license holders who are eligible to participate in WPHP. The program is not funded by taxpayer dollars or from regulatory program budgets. In this way, WPHP is truly a peer-to-peer assistance program that is funded by and for the license holders who are eligible for WPHP services. The license surcharge

amounts are set by the legislature with the endorsement of the professional associations that represent the licensees served. WPHP also receives donations which help WPHP assist healthcare professionals, conduct research, and provide scholarships for those who could not otherwise afford treatment, and support education and outreach efforts in the community.

Is WPHP part of the Washington Medical Commission (WMC)?

No, and this is often an area of confusion. WPHP is an independent non-profit organization that is contracted by the Department of Health to assist physicians and physician assistants confidentially without the involvement of the WMC. Physicians and PAs are reluctant to seek help when they believe that a health condition may become known to medical regulators. Understanding that WPHP is completely separate from the WMC can provide reassurance that participation in WPHP will not somehow become known to the regulator.



How confidential is the program?

One of the reasons Physician Health Programs (PHPs) were developed was to provide confidentiality for healthcare professionals with stigmatized health conditions. Healthcare professionals are more likely to seek assistance if they believe their information will be kept confidential. Under these circumstances, they can participate in the PHP without involvement of state medical boards. Strong confidentiality protections encourage early intervention in the illness process before impairment occurs and when the prognosis for full recovery is most favorable. Confidential participation in WPHP begins at the initial assessment, following completion of a thorough informed consent procedure.

Existing state and federal laws allow WPHP to protect the identity of participants and referent(s) when they follow WPHP recommendations and do not pose a risk to themselves or their patients. In 90% of cases, WPHP participants' identities, circumstances, and participation remain confidential and do not involve disclosure to the applicable state regulatory entity. Most WPHP participants known to their regulator were involved prior to referral to WPHP. A small minority (2.5-5% per year) forfeit program confidentiality when risk of unsafe practice or program non-compliance require WPHP to notify the regulatory entity.

Washington state statutes and rules provide for a confidential physician health program and set out its definitions and requirements. RCW chapters [18-71](#) (Physicians) and [18-130.070](#) (especially [18-130-175](#)) are the most relevant statutes. WPHP is a Part 2 program under 42 CFR Part 2 - Confidentiality of Substance Use Disorder Patient Records. Together these laws and regulations provide exceptional privacy protection and reassurance that participant records are safe from subpoena or disclosure in legal proceedings and will not be released without the participant's consent.

With limited exception, WPHP does not release its records to participants or third parties. This policy protects the identities of referral sources and prevents participants from being compelled to produce the WPHP record during discovery in a legal proceeding.

WPHP is not a HIPAA covered entity and its records are not subject to the HIPAA privacy rule. However, the legal protections noted above provide greater assurance of privacy than typically afforded under HIPAA.

WPHP's commitment to confidentiality and privacy is unwavering. That said, there are important practical and legal limitations to confidentiality that should be considered. WPHP participants may be asked to provide consent for WPHP to communicate with evaluation and treatment providers, key supports, or concerned others as a condition of program participation. Such communications are critical for WPHP to effectively carry out its mission and support the health and advocacy needs of program participants. WPHP makes every

effort to limit disclosures to their intended purpose. For example, communications with healthcare providers would likely include protected health information, while verification of health status and safety to practice for employment or credentialing purposes would not.

WPHP has a statutory obligation to notify the applicable regulatory entity when a participant is unable to practice with reasonable skill or safety or fails to comply with program requirements (RCW [18.130.175](#)). Such notifications are uncommon. In such cases, WPHP provides ample opportunity for remedy prior to notifying the regulator. Following notification, WPHP must release program records to the regulator if requested.

Danger to self or others, abuse of a child or vulnerable adult, and medical emergencies are other examples in which WPHP may have a legal reporting obligation that supersedes a participant's confidentiality protections.

Conclusion

In WPHP's more than 35-year history, we have facilitated the rehabilitation and successful return of health professionals to practice. In addition, we have provided support and resources to medical professionals who sought WPHP assistance but did not require our program. To learn more about WPHP and stay up to date on issues in physician health, please visit our [website](#) and or follow us on [Facebook](#) or [LinkedIn](#).

Expansion of Buprenorphine Treatment via Telemedicine Encounter

*The U.S. Drug Enforcement Administration (DEA) has issued **a final rule** to update and refine regulations surrounding the prescribing of controlled substances via telemedicine, with a particular focus on balancing public health needs and the prevention of substance misuse. This rule is part of an effort to clarify how the practice of telemedicine, which grew significantly during the COVID-19 pandemic, can continue to support patient access to necessary care without compromising the safety measures associated with controlled substances. **Learn More***